



**PATIENT**

Bubba Lamet

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

16.9 years

**WEIGHT**

9.4 lbs

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

**IMAGING  
PERFORMED BY**

Dr. Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Santora

**INVOICE**

43036

**DATE**

2/28/23

**PRESENTING CLINICAL SIGNS**

History: Ultrasound in 11/21 suggestive of IBD and chronic renal disease. A 2x3cm mass was noted at that time in the cranial abd, suspected liver origin. Patient has done well on pred since that time, but recently began coughing and losing weight. Chest rads unremarkable. On labwork neutrophils 28k, ALT 240, ALP 174, Globs 5.2

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to (3.0) cm.

The left kidney is hyperechoic and exhibits mild loss of corticomedullary differentiation. There is trace pyelectasia present. There is no evidence of nephrolithiasis, mineralization or hydronephrosis. The proximal urethra is not visible (normal). The left kidney measured 4.2 cm in length.

The right kidney is small with complete loss of normal architecture and measures 1.4 cm in length.

**Adrenal Glands**

The left adrenal gland is identified in its normal locations. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (3.1) mm at the caudal pole. The right adrenal gland height is not distinctly visualized due to the presence of the large mass in the region.

**Spleen**

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at (5.4) mm).

**Liver**

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There is a (6.7 cm x 6.6 cm) inhomogeneous mass located in the region of the caudate lobe. The portal and hepatic vasculature and caudal vena cava, as well as the gallbladder and urinary tract are all involved in the tissue of the mass. are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The large hepatic mass impinges on the gallbladder and cystic duct. The gallbladder wall is continuous with no focal lesions.



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**Gastrointestinal**

The stomach is empty. The gastric wall is (2.7) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures (2.3) mm. The jejunal wall measures up to (2.0) mm. . Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to (1.1) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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**Pancreas**

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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**Free Abdomen**

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. The colic lymph nodes were moderately enlarged and hypoechoic with a rounded shape, measuring up to (1.6) cm. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

- Large, inhomogeneous hepatic mass.
- Enlarged, rounded, colic lymph node.

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**SECONDARY FINDINGS:**

- Vestigial right kidney.
- Resolution of the previously noted small intestinal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The size and location of the hepatic mass make resection impossible, although CT scan can be considered if debulking were desired. The mass most likely represents a carcinoma although a benign neoplasm is possible, but unlikely.

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Recommendations include:

- Laparoscopic or ultrasound-guided biopsy for a definitive diagnosis.
- Three view chest radiographs.

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The changes to the right kidney are likely incidental as renal function is reportedly normal. It appears that the previously noted infiltrative bowel changes are controlled with the current prednisolone therapy.

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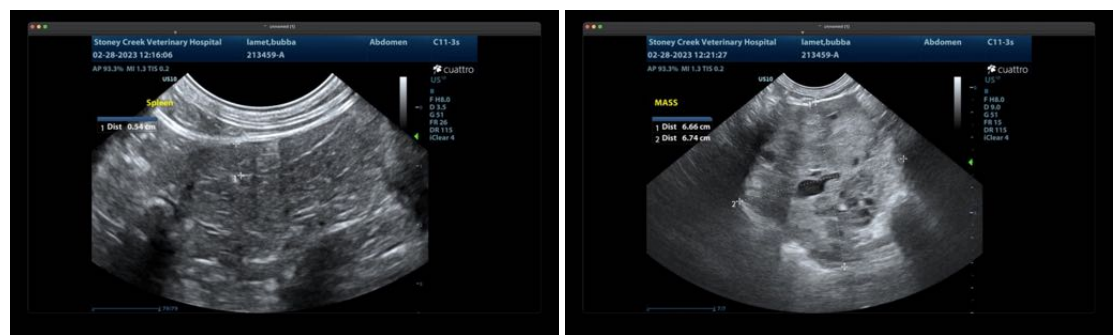
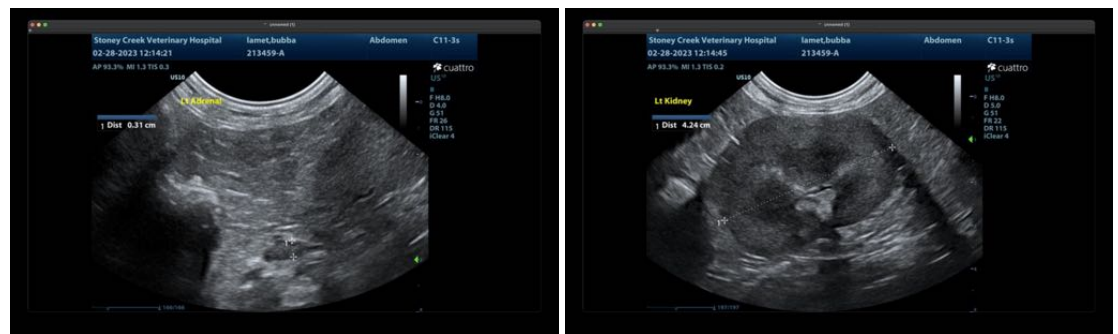
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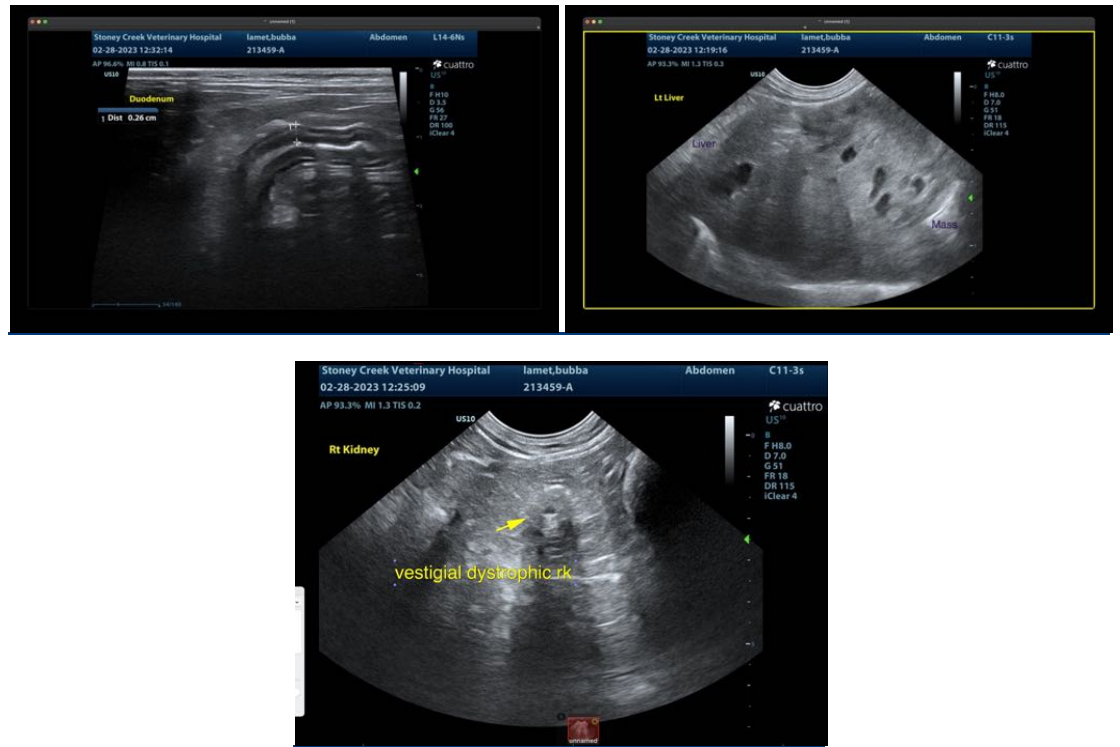
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Tam Mengine, DVM, DABVP (canine/feline practice)**

info@SonoPath.com