



Client: Brookside Veterinary Clinic  
Organization: Brookside Veterinary Clinic  
Email: info@brooksidevetclinic.com  
Phone / fax: 315-253-0240 / 315-253-3576  
Owner: Maria Drabicki  
Practitioner: Dr. Jennifer Hostetler  
Patient: Bixby  
Species/Breed: Cat : DSH  
Age: 11 Years  
Gender: male, neutered  
Submitted Date: 1/19/2015 3:31:30PM  
Completed Date: 1/28/2015 2:20:19PM

**Case status:** Completed

## Case notes:

Scheduled for 1/29 at Brookside Vet Clinic

Bixby had an intestinal adenocarcinoma surgically removed in 4/2014. His first ultrasound was performed on 4/22/14 (Case # 271791) prior to surgery. His last monitor abdominal ultrasound was performed on 8/8/2014 (case # 281173). O would like another ultrasound to screen for regrowth/new tumors. Bixby has been doing very well post op. He has been managed with holistic medicine via Dr. Gellman at The Wellness Center for Pets in Ithaca. His last blood work screening was in 8/2014 and all was WNL.

Thank you!

## The report:

294851 KW/lb

An ultrasonographic examination of the abdomen was performed on 01/27/15.

### Ultrasonographic Findings:

The kidneys were normal in size measuring 3.98 to 4.11 cm in length.

There was good distinction between the renal cortex and renal medulla of both kidneys.

No dilation of the renal pelvis was present.

The urinary bladder was distended.

No calculi or mass lesions were identified in the urinary bladder.

The urinary bladder wall was uniform measuring 1 mm in thickness.

The mucosal lining of the urinary bladder wall was smooth.

Echogenicity and architecture of the liver and spleen were uniform; however, small hyperechoic areas were identified in the hepatic parenchyma consistent with mineralization within the biliary system.

The gallbladder was moderately distended.

The majority of the bile within the gallbladder was anechoic; however, small hyperechoic foci consistent with small mineralized choleliths were adhered to the gallbladder wall.

The bile duct was prominent measuring 4.5 mm in diameter.



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The body and left limb of the pancreas were uniform in echogenicity and architecture and the left limb of the pancreas measured 6.4 to 6.8 mm in thickness and the body of the pancreas measured 5.8 to 6.7 mm in thickness.

In the distal aspect of the right limb of the pancreas two focal hypoechoic nodules were identified which measured 3.3 to 5 mm in diameter. This portion of the pancreas measured 6.1 to 7.8 mm in thickness.

The nodules were surrounded by hyperechoic pancreatic tissue.

The fat adjacent to the pancreas was normal.

No peritoneal fluid was identified.

Normal layering of the small bowel wall was present.

The small bowel wall was normal in thickness measuring 2.7 to 3.1 mm in thickness.

Focal thickening of the small bowel wall to suggest a mass lesion was not identified.

No mesenteric lymphadenopathy was identified.

**Ultrasonographic Diagnosis:** Mild biliary distension with small mineralized choleliths. Small areas of biliary mineralization. Slightly altered right limb of the pancreas.

**Comments:** An ultrasonographic abnormality to suggest regrowth of the previously removed small bowel tumor was not identified. Because of the changes involving the liver and pancreas assessment of liver and pancreatic function with clinicopathological data may be of benefit. Treatment for liver disease will need to be based on the results of the clinicopathological findings. Follow-up ultrasonographic examinations could be used to monitor the liver and pancreas.

## Consulting Radiologist:

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