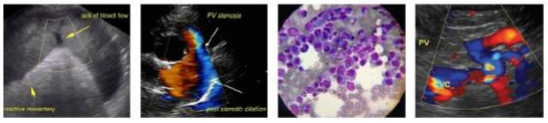


Feline

BREED

Viszlaa

SEX

Spayed Female

AGE

11 Years

WEIGHT

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal*

IMAGING PERFORMED BY

ɔetitia Saint-Jacques RVT LVT

HOSPITAL NAME

Donner Truckee Veterinary

REFERRING VET

Dr India Vannini

INVOICE

101392

DATE

1/12/21

PRESENTING CLINICAL SIGNS

History: Follow up AUS-B ella Brown : 11y FS. Hx liver mass (see prev report 5.10.21) dx hepatoma via cytology and dx Cushings rx trilostane 30mg Sid. Painful L cr abdomen. Pupd. Increased appetite in general. BP -205/141 (170), 193/141 (175),199/128(170) ALP severe elevation 7143/ALT 179/GGT wnl
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (6.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged (1.02 cm at cranial pole) (1.15 cm at caudal pole) (2.76 cm in length); with a slightly irregular shape. A 1.85 x 0.93 cm hyperechoic to slightly heterogenous nodule is observed the caudal aspect. A smaller nodule measuring 0.64 x 0.56 cm, is observed at the cranial pole. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.16 cm at cranial pole) (0.95 cm at caudal pole) (3.32 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogenous in appearance with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.48 c in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

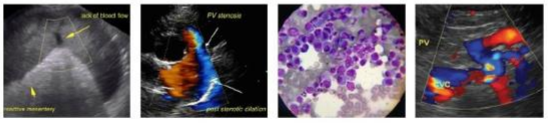
Liver

The liver is enlarged with normal irregular peripheral contours. A >8cm isoechoic, slightly irregular, somewhat vascular mass is observed on the left side. The mass causes capsular expansion and mild displacement of the gall bladder. The remaining hepatic parenchyma is subtly heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm)



Feline

BREED

Viszlaa

SEX

Spayed Female

AGE

11 Years

WEIGHT

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal*

IMAGING PERFORMED BY

ɔetitia Saint-Jacques RVT LVT

HOSPITAL NAME

Donner Truckee Veterinary

REFERRING VET

Dr India Vannini

INVOICE

101392

DATE

1/12/21

with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A 1.53 cm medial ileac lymph node is visualized. The node is normal in shape and echogenicity.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

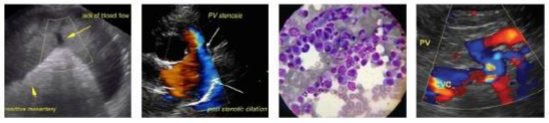
- Large left hepatic mass, previously diagnosed as a hepatoma via cytology. The mass is similar in size to slightly larger than the previous sonogram.
- The bilateral adrenal changes are likely due to hyperplasia (nodular on the left side) and are consistent with the previous diagnosis of pituitary-dependent hyperadrenocorticism. Changes are similar to the previous sonogram.

Secondary Findings

- Minor age-related renal changes
- Age-related pancreatic remodeling +/- fibrosis. Low-grade pancreatitis is possible, however there is no obvious evidence of active inflammation.
- An obvious cause for the patient's abdominal pain is not identified in this study. However, the pain may be caused by the large hepatic mass, low-grade pancreatitis, or referred orthopedic or neurologic pain.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thorough orthopedic and neurologic evaluations +/- radiographs to assess for bony lesions should be considered.
- Consider a CPLI to further assess for low-grade pancreatitis.
- If the patient is persistently hypertensive, consider initiation of an anti-hypertensive agent (i.e., amlodipine).
- Consider a repeat fine-needle aspirate of the liver mass, if clotting status is appropriate. Alternatively, referral to a board-certified surgeon to discuss mass removal or debulking can be considered. An abdominal CT scan would be useful in pre-surgical planning. Three-view thoracic radiographs should be performed prior to any anesthetic event.



Feline

BREED

Viszlaa

SEX

Spayed Female

AGE

11 Years

WEIGHT

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal*

IMAGING PERFORMED BY

ɔetitia Saint-Jacques RVT LVT

HOSPITAL NAME

Donner Truckee Veterinary

REFERRING VET

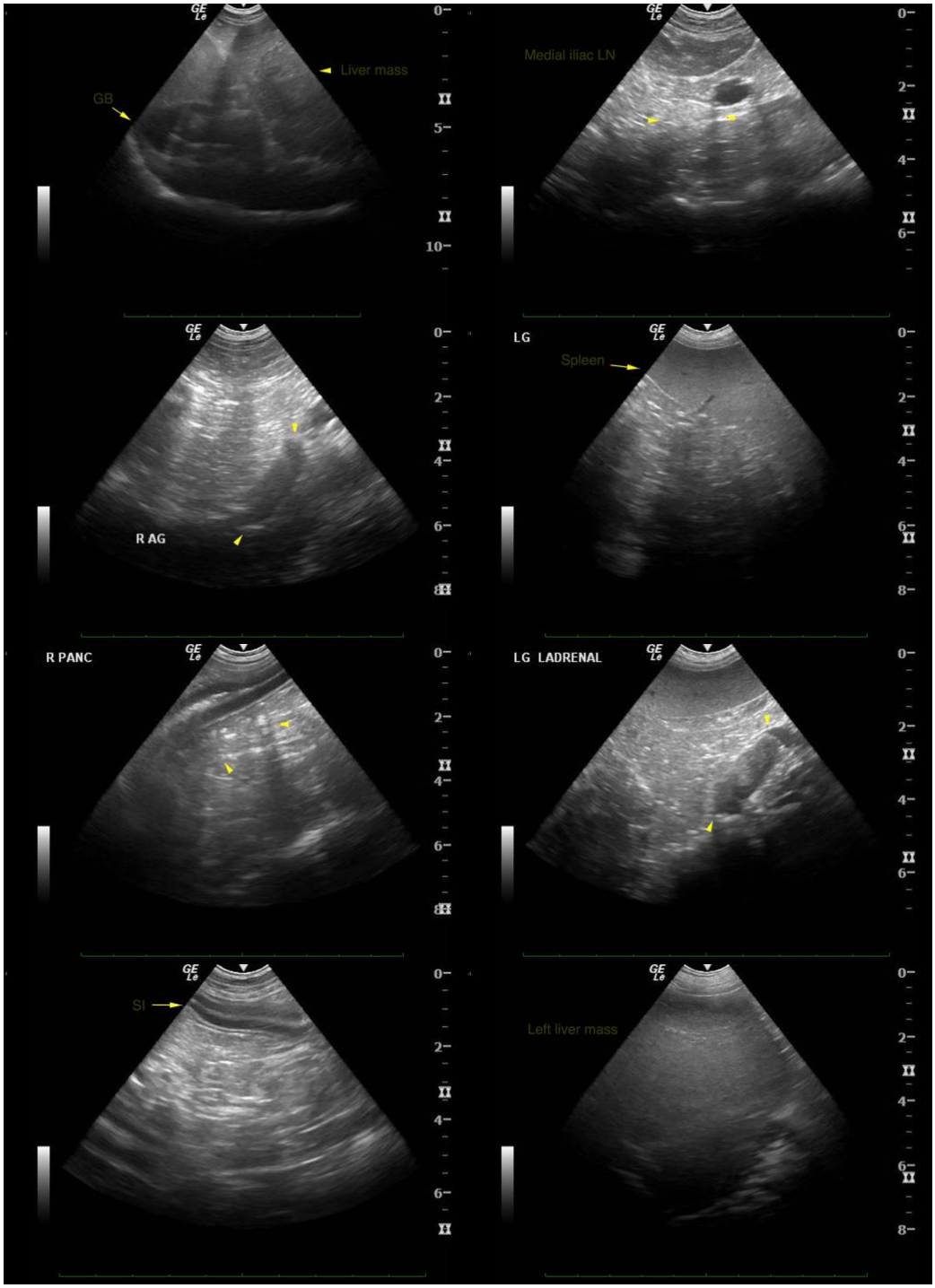
Dr India Vannini

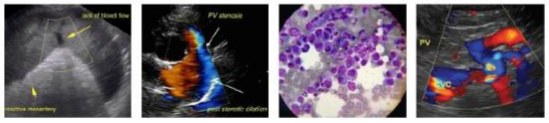
INVOICE

101392

DATE

1/12/21





Feline

BREED

Viszlaa

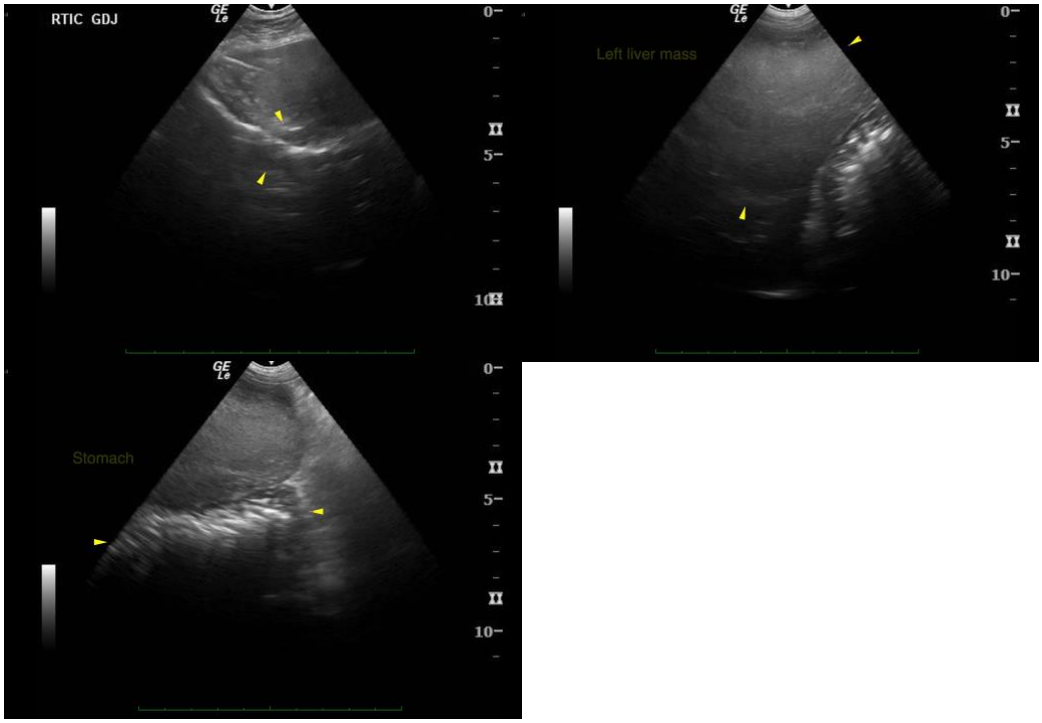
SEX

Spayed Female

AGE

11 Years

WEIGHT



INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal*

IMAGING PERFORMED BY

ɔetitia Saint-Jacques RVT LVT

HOSPITAL NAME

Donner Truckee Veterinary

REFERRING VET

Dr India Vannini

INVOICE

101392

DATE

1/12/21

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com