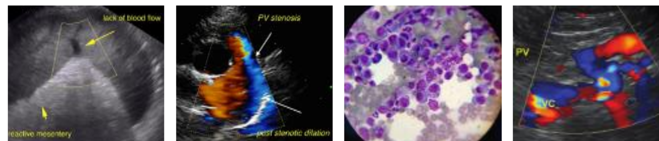

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PATIENT

Magic Fraser

SPECIES

Feline

BREED

Exotic Shorthair

SEX

Neutered Male

AGE

13 Years 10 Months

WEIGHT

6.4 kg

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Callihan/PCMV

HOSPITAL NAME

Pacific Crest MV

REFERRING VET

Dr. Harvey/Skagit AC

INVOICE

10107

DATE

1/5/22

PRESENTING CLINICAL SIGNS

History: 12/18/2021: Urinating frequently, presented to Pet Emergency Center for straining/painful to defecate. Was given SQ fluids and prescribed lactulose, tx as outpatient. Presented for follow up to primary care on 12/22 reporting some improvement since ER visit

Abnormal PE/Chem/CBC/UA Results: PE abnormalities: BCS 7/9; heart murmur 3/6 parasternal; quite tense to abd palpation, Radiographs on12/18 w/Radiologist interp: hepatomegaly, colonic redundancy, poss right caudal abd mass. Labs 12/22 at recheck w primary care: CBC: Normal Full chems normal other than slight hypochloremia T4 is normal UA showed cocci and some crystals

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. Several small cystic calculi as well as mineralized sand and echogenic debris are observed within the lumen. The region of the trigone and the portion of the proximal urethra are normal.

The left kidney is normal size (4.11 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The left kidney is normal size (4.11cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

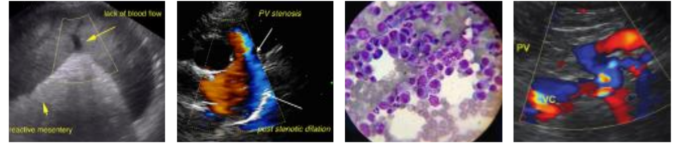
The right adrenal gland is normal size (0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively elongated with normal peripheral contours and a folded contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. At least 2-3 irregular heterogenous cystic nodules/masses are observed, particularly on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal



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volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.31 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The descending colonic lumen contains shadowing fecal material. There is no obvious evidence of obstruction.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. At least two prominent mesenteric lymph nodes are visualized, the largest measuring 0.96 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

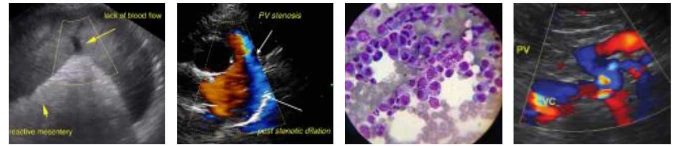
- Small cystic calculi with urinary bladder sand and debris
- Bowel changes consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The cystic hepatic nodules/masses are most consistent with biliarycystadenoma or biliary cystadenocarcinoma.

Secondary Findings

- Bilateral age-related renal changes.
- The elongated spleen may be a normal variant for this patient or may be secondary to lymphoid hyperplasia or extramedullary hematopoiesis. Infiltrative neoplasia is possible but considered less likely.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the urinary bladder changes, a urine culture and sensitivity it recommended to assess for a UTI as a cause for the patient's straining.
- A cystotomy with stone removal, analysis and culture can be considered. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy



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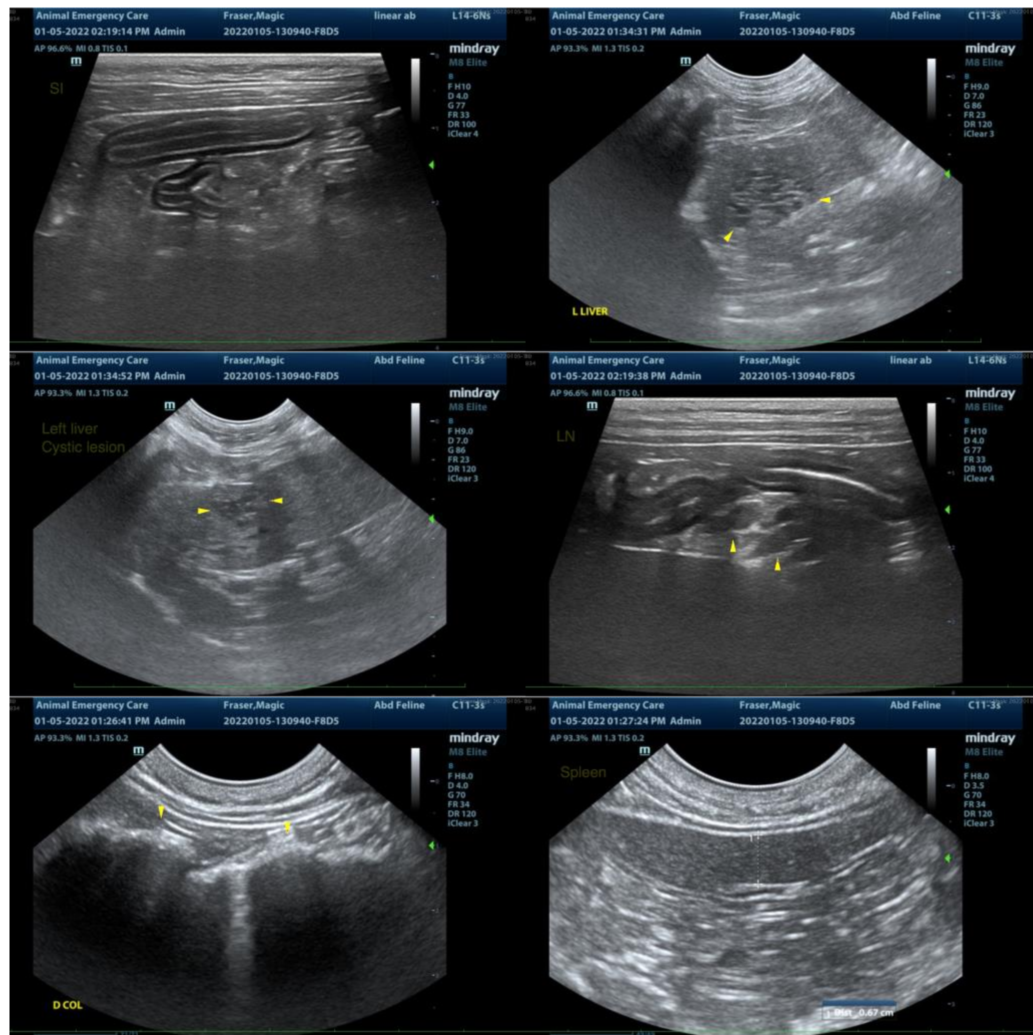
until complete dissolution has been achieved. If surgery is pursued, a liver biopsy is recommended given the recent hepatic cytology results. Also consider further testing for FIP.

- If GI signs are present, consider a more advanced workup (i.e., malabsorption panel, fecal evaluation for ova and Giardia +/- gastrointestinal biopsies (which could be performed at the time of cystotomy)).
- Given the patient's age, three-view thoracic radiographs are recommended prior to any anesthetic event.



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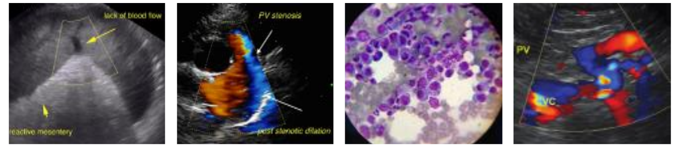

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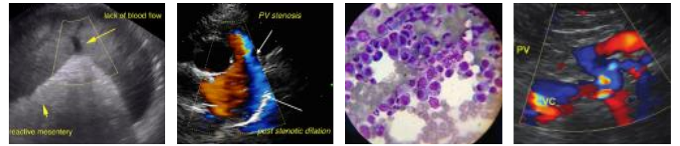

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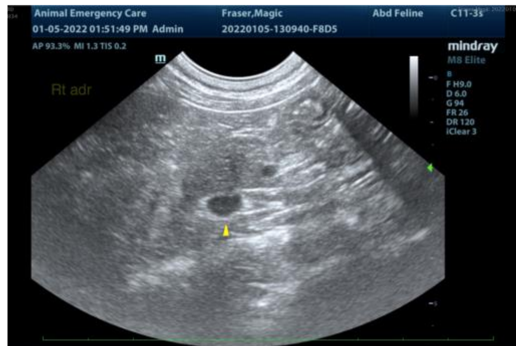

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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