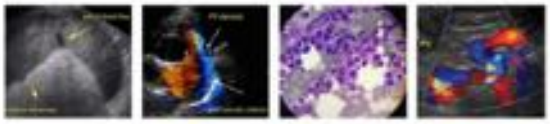


PATIENT

Clooney Westerbeck

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

Geriatric

WEIGHT

7.75 kg

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr Kevin Willitz

INVOICE

11810

DATE

10.11.22

PRESENTING CLINICAL SIGNS

History: Abdominal breathing noticed by owner Tues 10/4. Dental procedure at ARH w anes 2 weeks prior (records pending). Seen at AEC 10/4 diagnosed with Chylothorax and cavitaing mass mid abdomen. Addl 300 cc of chyle tapped 10/8 at AAH. CAt acts normal once fluid is removed. No GI signs.

Physical exam findings: Abdominal breathing Abnormal CBC values: reported normal mid sept at ARH (records pending) Abnormal Chemistry Values: reported normal mid sept at ARH (records pending) Reason for Ultrasound: Attempt to determine more about abdominal mass and if chest pathology identifiable Removed additional 220ml thoracic fluid mid echo.
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The **left kidney** is normal size (427 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (3.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the **adrenal glands** is evaluated. No obvious pathology is observed.

Spleen

The **spleen** is normal in size (0.97 cm 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.

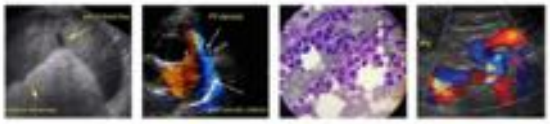
Liver

The **liver** is enlarged with irregular peripheral contours. On the left side, a large (>5.00 cm) ill-defined, multiseptated, cystic mass effect is visualized and extends to the mid to caudal abdomen. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** is moderately distended. The wall is normal in thickness. A small amount of echogenic debris is observed within the lumen. The distal common bile duct is dilated (up to 0.62 cm) and the lumen is echogenic, yet avascular. The common bile duct can be seen at its entry point into the duodenal papilla.

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 is normal to mildly thickened (up to 0.32 cm) with retention of the normal layering pattern. There is disruption in the



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normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb is enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. There is a focal dilation of the pancreatic duct (0.96 cm in diameter) approximately 1.00 cm from the duodenal papilla. Within the duct, echogenic material is observed. The mesentery surrounding the pancreas is hyperechoic.

Free Abdomen

Trace free fluid is observed. The mesentery throughout the abdomen is hyperechoic with a mass effect near the ileocecal colic junction.

Lymph nodes

There is no obvious evidence of lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large left cystic hepatic mass. Differentials include biliary cystadenoma, cystadenocarcinoma, hemangiosarcoma, other.
- The pancreatic changes in the left limb could be consistent with moderate to severe pancreatitis or infiltrative neoplasia (i.e., adenocarcinoma). The focal dilation of the pancreatic duct and common bile duct is consistent with obstruction near the duodenal papilla. This obstruction may represent a mucus plug, neoplasia, or less likely, a small stone.
- Diffuse peritonitis, likely secondary to hepatobiliary and pancreatic pathology.
- The mesenteric changes in the mid to caudal abdomen may represent reactive mesentery or infiltrative neoplasia.

Secondary Findings

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- Bilateral chronic age-related renal changes

*It is unclear how the abdominal pathology relates to the chylothorax unless bicavitary neoplasia is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider thoracic and abdominal CT scans to better assess for thoracic neoplasia and to further characterize the hepatobiliary and pancreatic lesions, respectively.

The pleural fluid should also be submitted for analysis and cytology.

Also consider a fine-needle aspirate of the inflamed mesentery in the mid to caudal abdomen to assess for neoplastic cells. Care should be taken to avoid cystic areas.

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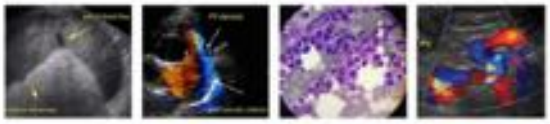

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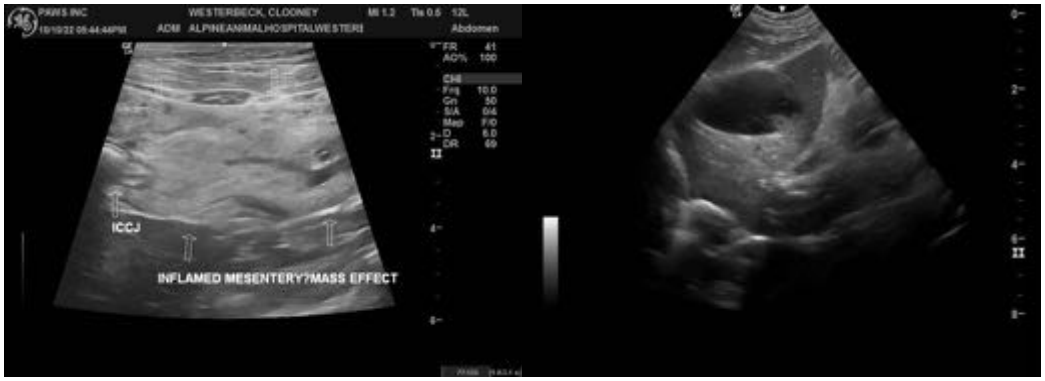

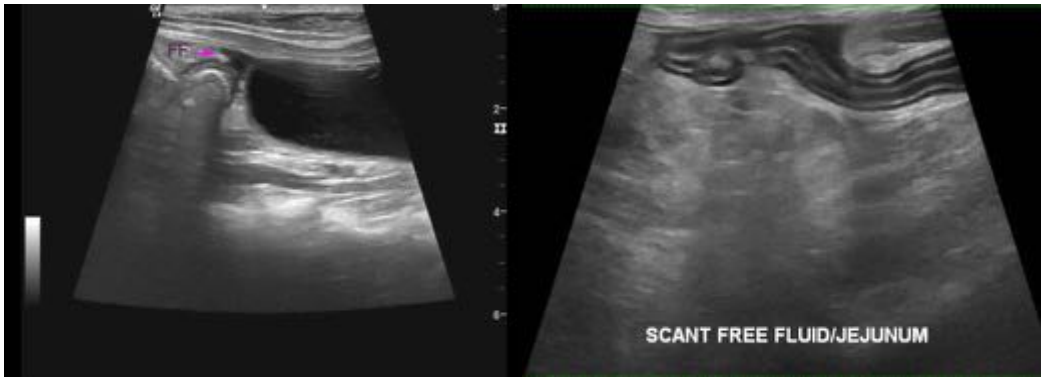

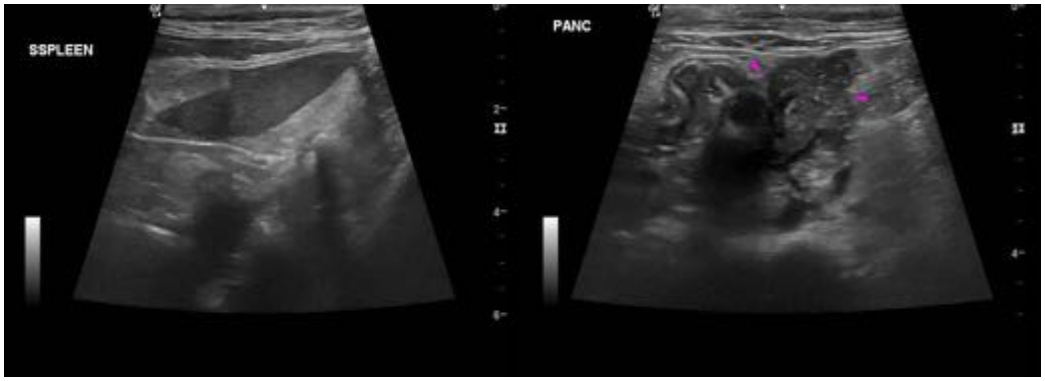

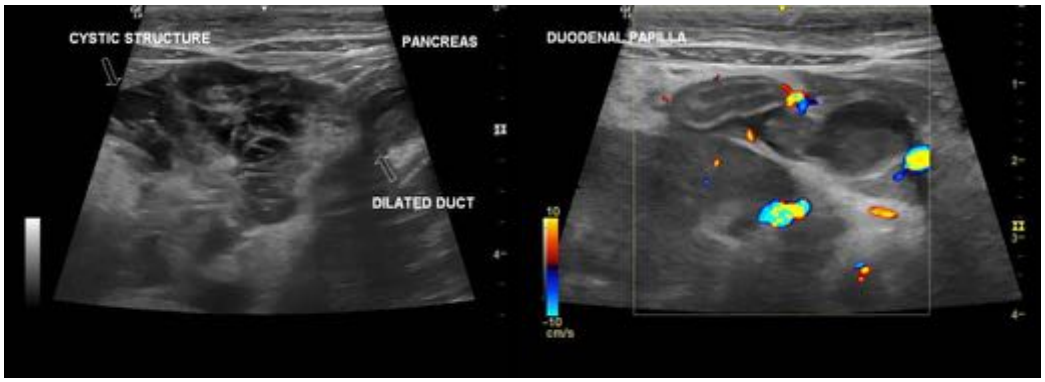

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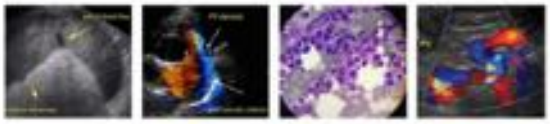

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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