



**PATIENT**

Sherpa Smith

**SPECIES**

Feline

**BREED**

Domestic mediumhair

**SEX**

Female, spayed

**AGE**

15 Yrs. 1 month

**WEIGHT**

9.4 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Sarah Green

**HOSPITAL NAME**

Healing Spirit Animal  
Wellness

**REFERRING VET**

Dr. Sarah Green

**INVOICE**

12355

**DATE**

10/13/21

**PRESENTING CLINICAL SIGNS**

**History:** Presented due to abdominal distention, coat changes and a mild decrease in energy levels, eating well with no c/s/v/d observed.

**Abnormal PE/Chem/CBC/UA Results:** markedly distended abdomen, dull greasy coat. Ascites fluid: yellow, slightly hazy, TP=3.4 g/dL IH cytology: mild to moderate numbers of neutrophils with macrophages/mesothelial cells, no overtly neoplastic cells appreciated. CHEM: ALP=127 (10-90) U/L, ALT=172 (20-100) U/L, Tbili=2.2 (0.1-0.6) mg/dL, BUN=33 (10-30) mg/dL, Cr=0.9 (0.3-2.1) mg/dL, T4=3.2 (1.5-4.8) ug/dL, cholesterol=266 (90-205) mg/dL CBC: NSF

**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. A small to moderate amount of aggregated echogenic debris is observed within the lumen. 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 (3.19 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal size (4.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The adrenal glands are not definitively visualized due to the diffuse abdominal pathology.

**Spleen**

See *Other*.

**Liver**

The liver is severely enlarged with irregular peripheral contours. A >8 cm heterogeneous reticulated mass effect is present. The mass has numerous cavitations, the largest measuring >6 cm in diameter. The remaining hepatic parenchyma is mottled in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The stomach is not definitively visualized. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.34 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discrete masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**Pancreas**

The pancreas is not definitively visualized due to the diffuse abdominal pathology, however no obvious abnormalities are observed in this region.



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**Free Abdomen**

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A large amount of echogenic free fluid is visible within the abdomen. A 0.69 cm cavitated lesion is observed within the mesentery in the mid-abdominal region. The abdominal lymph nodes are normal/not visible.

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A 7.62 x 2.49 cm irregular, curved-shaped mass effect is observed craniolateral to the left kidney. The lesion is hyperechoic and homogeneous in appearance.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

**SEX**

- A large cavitated hepatic mass. Neoplasia is considered likely with a lower possibility of abscessation.
- The mass effect cranial lateral to the left kidney may represent an enlarged spleen or nodular/irregular mesentery.
- The diffuse ascites is likely secondary to hepatic pathology.
- The small cavitated lesion within the mesentery may represent a metastatic lesion or a small abscess.

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**Secondary Findings:**

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

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider an abdominal exploratory with hepatic mass biopsy +/- removal or debulking as well as a biopsy of the mass effect cranial lateral to the left kidney and any other abnormalities. An abdominal CT scan would be useful in pre-surgical planning. Unfortunately, however, given the diffuse abdominal pathology, the prognosis for this patient is considered guarded.

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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.**

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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.

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