

**DATE PRESENTING CLINICAL SIGNS**

10/17/22

Anorexia.

**PATIENT**

Callie Miralia

Current Medications: Nutritional support at home- Nutrical syringe fed, SQF and electrolytes started 10-13, Cerenia SID started 10-13, Mirtazapine transdermal started 10-13.

Lab Results: ALT(550), AST (466) and ALP elevations. Lipase mildly elevated with high PSL. WBCs very high (27,000) with a mature neutrophilia and lymphopenia. T4 normal. USG 1.021 with 1+ proteinuria and inactive sediment.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED**

Domestic Longhair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder wall is 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. The region of the trigone is normal.

**SEX**

Female, spayed

The left kidney is normal size (3.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

7/25/2006

The right kidney is normal size (3.94 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

10.38 lbs.

**Adrenal Glands**

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

**INTERPRETED BY**

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

**Spleen**

The spleen is normal in size (0.70 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.

**HOSPITAL NAME**

Everhart VH

**Liver**

The liver is subjectively normal in size. A 1.68 x 1.40 cm heterogeneous multi-septated cystic nodule is observed on the left side, at the caudal aspect. The lesion causes slight capsular expansion. In the remainder of the liver, the margins are curvilinear and the parenchyma is homogeneous. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**REFERRING VET**

Dr. Farris

**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 0.31 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. The ileocecolic junction and colonic wall are normal. There is questionable invasion of the pancreatic mass into the bowel wall in the cranial abdomen.

**INVOICE**

10495

**Pancreas**

In the region of the pancreas, a 3.4 cm irregular, hypoechoic cavitated vascular mass is visualized. Surrounding mesentery is hyperechoic. In the remainder of the pancreas, the parenchyma is hypoechoic and the pancreatic duct is dilated (up to 0.27 cm).

### *Free Abdomen*

There is no obvious evidence of free fluid. At least one prominent hypoechoic lymph node is observed adjacent to the pancreatic mass. The node measures 0.62 cm in length).

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

- Cranial abdominal mass, which is thought to be of pancreatic origin. Neoplasia (i.e., adenocarcinoma) is suspected. Regional peritonitis is present. There is questionable invasion of adjacent bowel.
- The regional lymphadenopathy could be consistent with metastatic disease or reactive change.

### Secondary Findings:

- Minor, bilateral, age-related renal changes.
- The left cystic hepatic nodule is most consistent with a biliary cystadenoma with a lower possibility of cystadenocarcinoma.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the cranial abdominal mass, if clotting status is appropriate. A 25-gauge needle should be used. Care should be taken to avoid vasculature. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. However, if pancreatic adenocarcinoma is present, the prognosis for this patient should be considered guarded and palliative care should be considered.





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.

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