

**DATE PRESENTING CLINICAL SIGNS**

10/20/21 History: Distended abdomen, weight loss, intermittent vomiting.

**PATIENT**

Panda McVicker

Current Medications: Onsior 6mg PO sid  
 Date of Previous IntraPet Ultrasound: No previous  
 Sedation: declined  
 Stat Report: not requested / declined

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

DSH

**SEX**

Intact Male

**AGE**

2013

**WEIGHT**

14.98 Pounds

**INTERPRETED BY**

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

**HOSPITAL NAME**

Claws N Paws AH

**REFERRING VET**

Dr. Hooman

**INVOICE**

13907

**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 mostly 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 (4.34 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.

The right kidney is normal size (4.98 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**

The spleen is subjectively normal in size (0.66 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

**Liver**

The liver is severely enlarged with an irregular mass effect. The mass is >11.0 cm, heterogeneous and cavitated. It occupies the majority of the hepatic parenchyma. More normal appearing tissue is observed on the right side, although, even in this region, there is mottling of the hepatic tissue. Hepatic vasculature appears normal.

The gall bladder is not definitively visualized. It is difficult to discern from the hepatic mass effect.

**Gastrointestinal**

The stomach is not definitively visualized due to the hepatic mass. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern. Discreet masses are not identified. There is no evidence of an obstructive pattern.

### **Pancreas**

The region of the pancreas is largely obscured by the hepatic pathology. No obvious abnormalities are observed in the visible portions.

### **Free Abdomen**

A large amount of slightly echogenic free fluid is present within the abdomen. Several hypoechoic nodules are observed within the mesentery and along the serosal surface. No obvious lymphadenopathy is seen.

### **Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

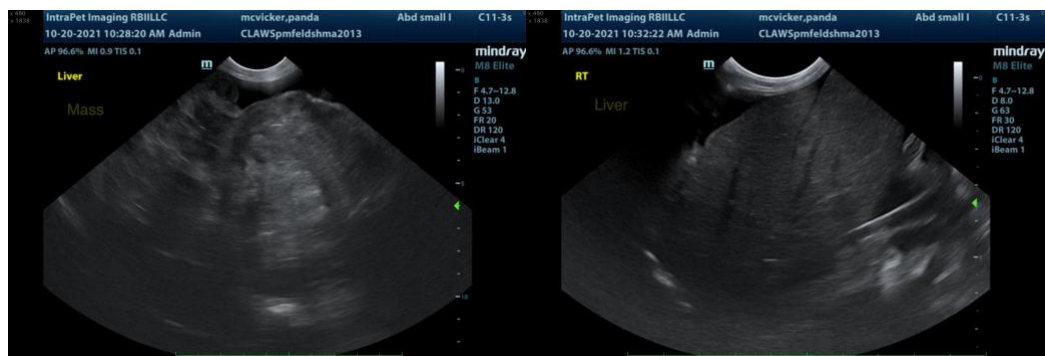
- Large hepatic mass- Neoplasia (i.e., carcinoma) is considered likely with a low possibility of a severe inflammatory process.
- Metastatic disease to the mesentery and serosal surface is suspected.
- The diffuse ascites is likely secondary to the mass.

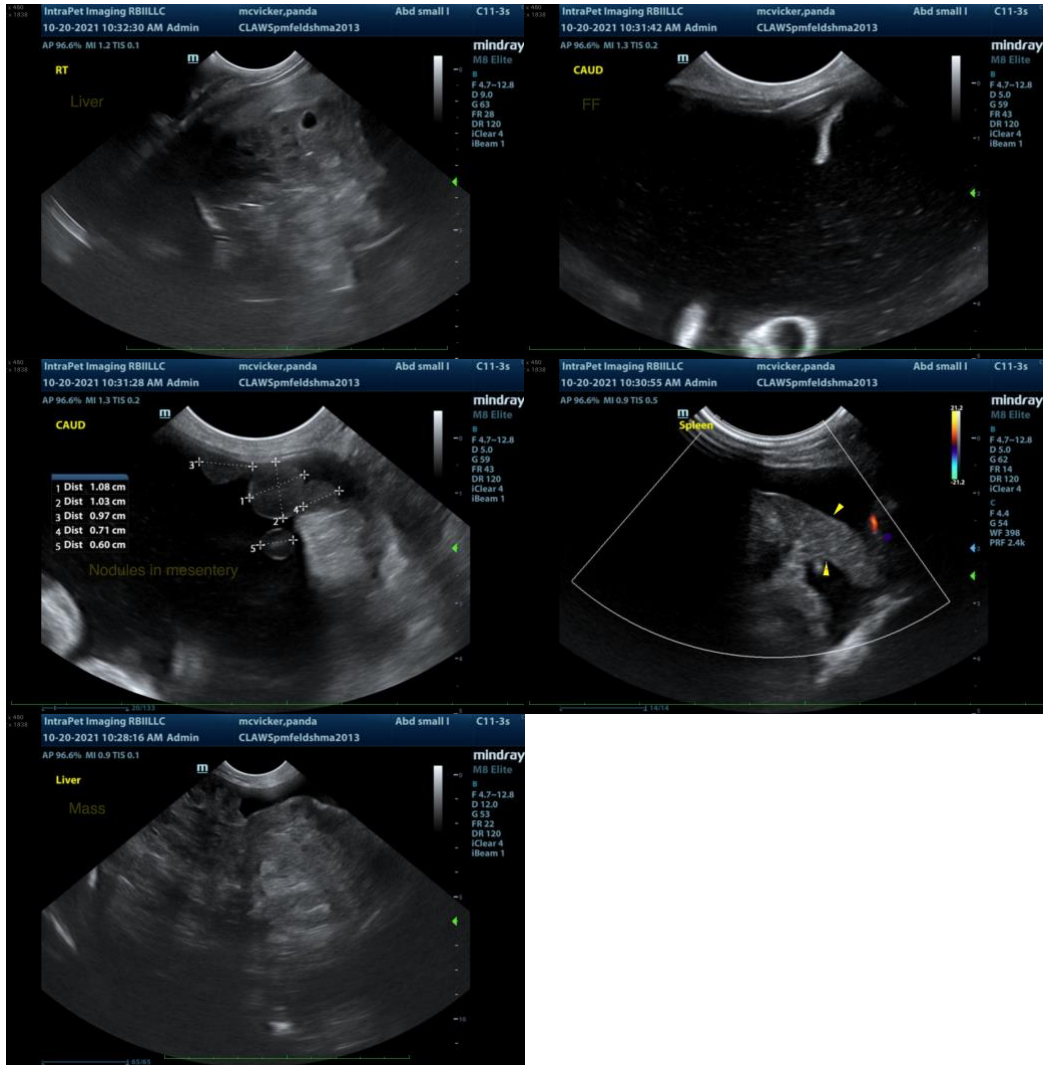
### **Secondary Findings**

- Minor age-related renal pathology
- The splenic changes could be consistent with benign pathology (i.e., extramedullary hematopoiesis or lymphoid hyperplasia). Alternatively, metastatic disease may be present.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the high probability of metastatic disease, palliative care is recommended





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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