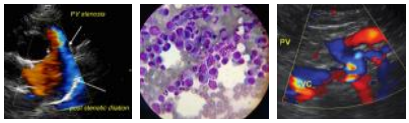
IMAGING PERFORMED BY

IntraPet.com



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DATE

10/20/21

PATIENT

Sebastian Hostetter

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

2008

WEIGHT

21.52 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Franchini

INVOICE

13910

PRESENTING CLINICAL SIGNS

History: Pet presented on 10/06 for new patient exam for loose tooth.
Owner reported no other concerns. Pet's canine was hanging out of mouth and was manually removed. Dental prophylaxis was recommended so bloodwork done.

Current Medications: Clindamycin and onsior given due to loose/infected tooth.
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity dependent mineralized sand is observed within the lumen. No discreet calculi are seen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.48 cm in length); with an irregular shape. The cortex is hyperechoic and variably thickened. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized +/- 1-2 small nephroliths. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.34 cm in length); with a slightly irregular shape. The cortex is hyperechoic and variably thickened. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.54 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.83 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 subjectively prominent in size with slightly irregular peripheral contours. A 4.66 cm x 4.22 cm heterogeneous cavitated mass is arising from the right side. The mass causes capsular expansion. In addition, a 0.84 cm cystic nodule is observed on the left. The remaining parenchyma is hyperechoic relative to the spleen. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic duct is moderately dilated (0.47 cm in diameter)

possibly due to compression from the right hepatic mass. The common bile duct is normal in size (0.15 cm in diameter).

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 thickness is normal to mildly thickened (up to 0.28 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. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated (0.13 cm in diameter).

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic mass is most likely neoplastic in origin. Biliary cystadenoma and biliary cystadenocarcinoma are the primary differentials. The small cystic hepatic lesion may represent a benign process or emerging neoplasia. The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, inflammatory/immune mediated disease, infiltrative neoplasia (less likely), other.
- Bilateral chronic nephropathy with left dystrophic mineralization +/- non-obstructive nephrolithiasis

Secondary Findings

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Urinary bladder sand

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Regarding the hepatic mass, if an aggressive approach is desired, consider consultation with a board-certified veterinary surgeon to discuss removal or debulking.
- Regarding the azotemia, consider the following:

  1. Urine culture and sensitivity

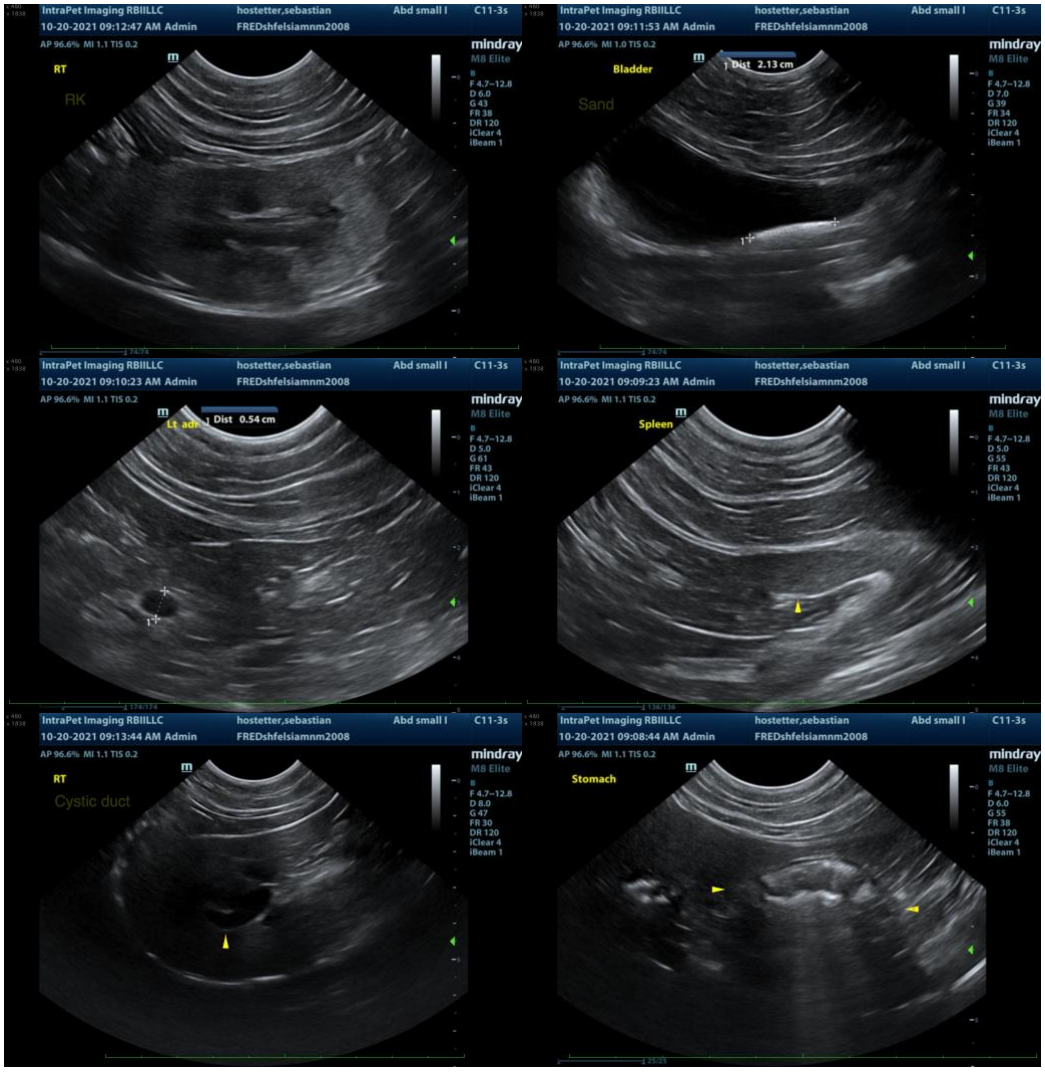
2. Baseline blood pressure measurements

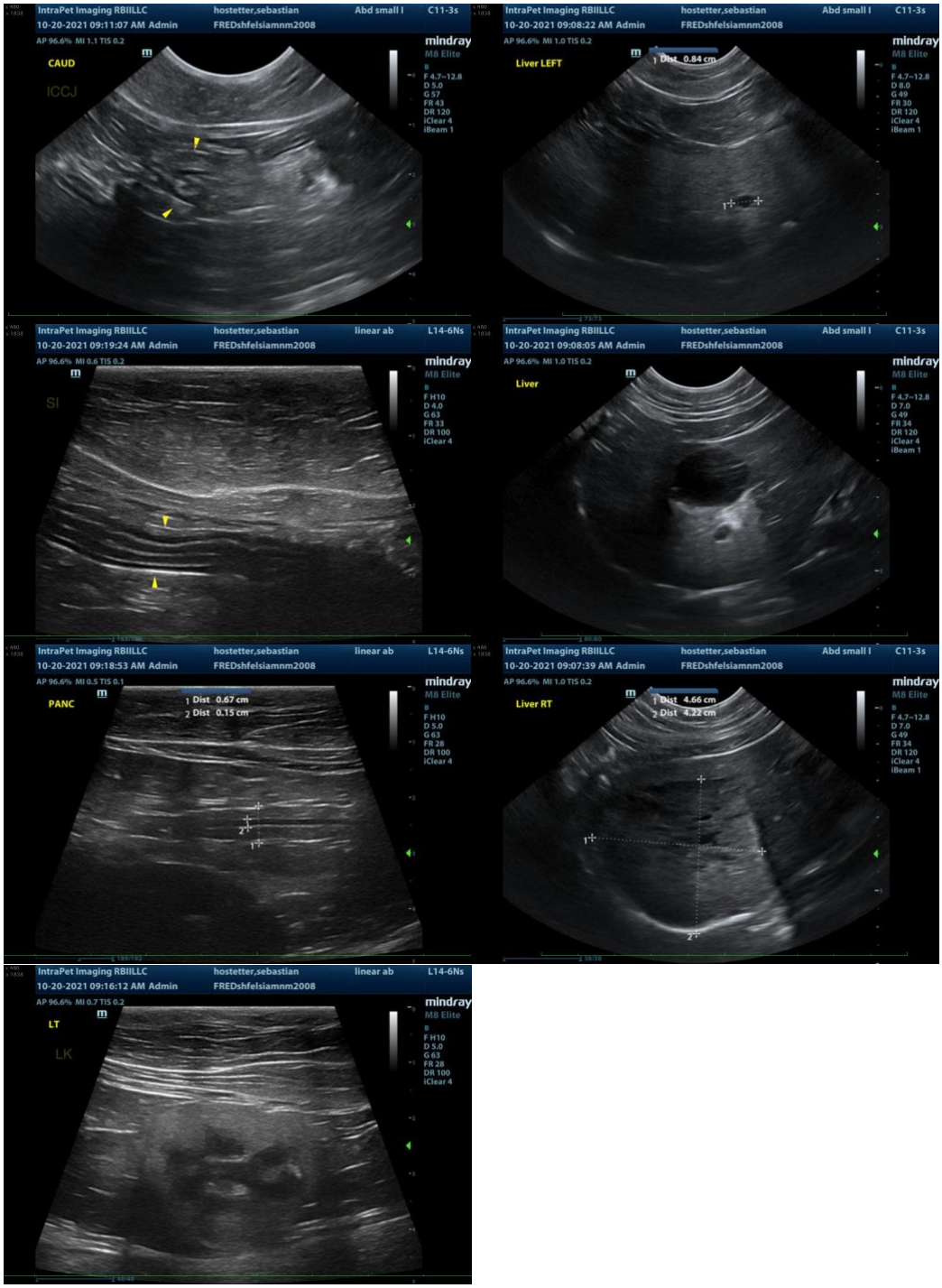
3. Supportive care +/- initiation of subcutaneous fluid therapy

4. Transition to a prescription renal diet, if the patient will tolerate it

5. Repeat a UPC when hematuria is not present to get a more accurate value

6. Serial monitoring (i.e., every 3-4 months) of the patients' renal values is recommended to assess for progression.





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)
info@SonoPath.com