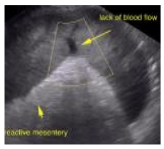

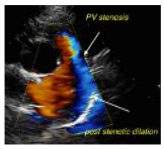

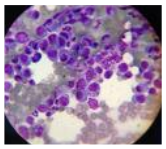
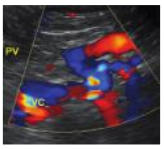

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1-800-838-4268 info@sonopath.com

PATIENT

Carlos Palmer

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

9 years

WEIGHT

21.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great and Small VC, Corvallis, OR

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PRESENTING CLINICAL SIGNS

History: Hx of liver lobectomy 8/21 - hepatic carcinoma excised w/ clean margins. Since then improved but persistent elevated ALT. Acute onset agitation/abdominal discomfort noted 3 days ago - resolved w/ enema administration. Possibly Pu/Pd

Abnormal PE/Chem/CBC/UA Results: Obese, otherwise NSF on exam BW: CHEM 15/lytes: Hyperglycemia (318), increased ALT (318) CBC: leukocytosis (18.7) w/ neutrophilia (14.48); suspect L shift. Mild thrombocytopenia (128K) Urinalysis: USG = 1.067 3+ glucosuria 1+ proteinuria (UPC WNL @ 0.2) AUS performed today to R/O re - occurrence of hepatic carcinoma as well as for further evaluation of elevated WBC and symptoms.

*Patients' name is Carlos Palmer, images are labeled Carlos Raushell.

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 mildly distended with 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 (5.64 cm in length); with a normal shape and smooth peripheral contours. The cortex is mildly thickened and hyperechoic and there is mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.62 cm in length); with a normal shape and smooth peripheral contours. The cortex is mildly thickened and hyperechoic and there is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm cranial, 0.32 cm caudal, 1.21 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

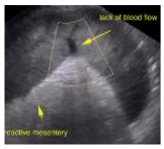
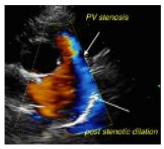
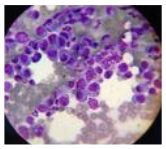
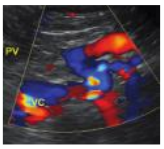
The right adrenal gland is normal size (0.33 cm cranial, 0.27 cm caudal, 1.33 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.87 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 normal in size. The parenchyma is hypoechoic relative to the spleen. A 1.56 cm x 0.95 cm isoechoic to slightly heterogeneous cystic nodule is observed in the left lateral lobe. The lesion causes slight capsular expansion. There is also of rounding of a liver lobe at the caudal

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aspect in one video clip. The remaining parenchyma is homogeneous. Hepatic vasculature and intrahepatic 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 gravity dependent mineralized sand (+/- small cholelithes) is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. 1-2 small ill-defined nodules are observed in the left limb. The pancreatic duct is visible, but not overtly dilated. There is no evidence of peripancreatic effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The left hepatic nodule may represent recurrence of the hepatocellular carcinoma. Alternatively, this lesion may represent other pathology (i.e., biliary cystadenoma, biliary cystadenocarcinoma). Cytology or histopathology would be necessary to differentiate these lesions.

Secondary Findings

- Bilateral age-related nephropathy
- The pancreatic changes could be consistent with mild chronic pancreatitis with benign age-related hyperplasia. However, correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of liver nodule (if clotting status is appropriate). a 25-gauge needle should be used. If cytologic evaluation is inconclusive or if a more conservative approach is desired, consider a repeat ultrasound in 4-6 weeks to assess for progression.
- Given the presence of hyperglycemia and glucosuria, consider a serum fructosamine level to further assess for the presence of diabetes mellitus.

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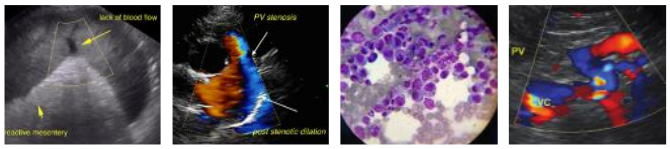

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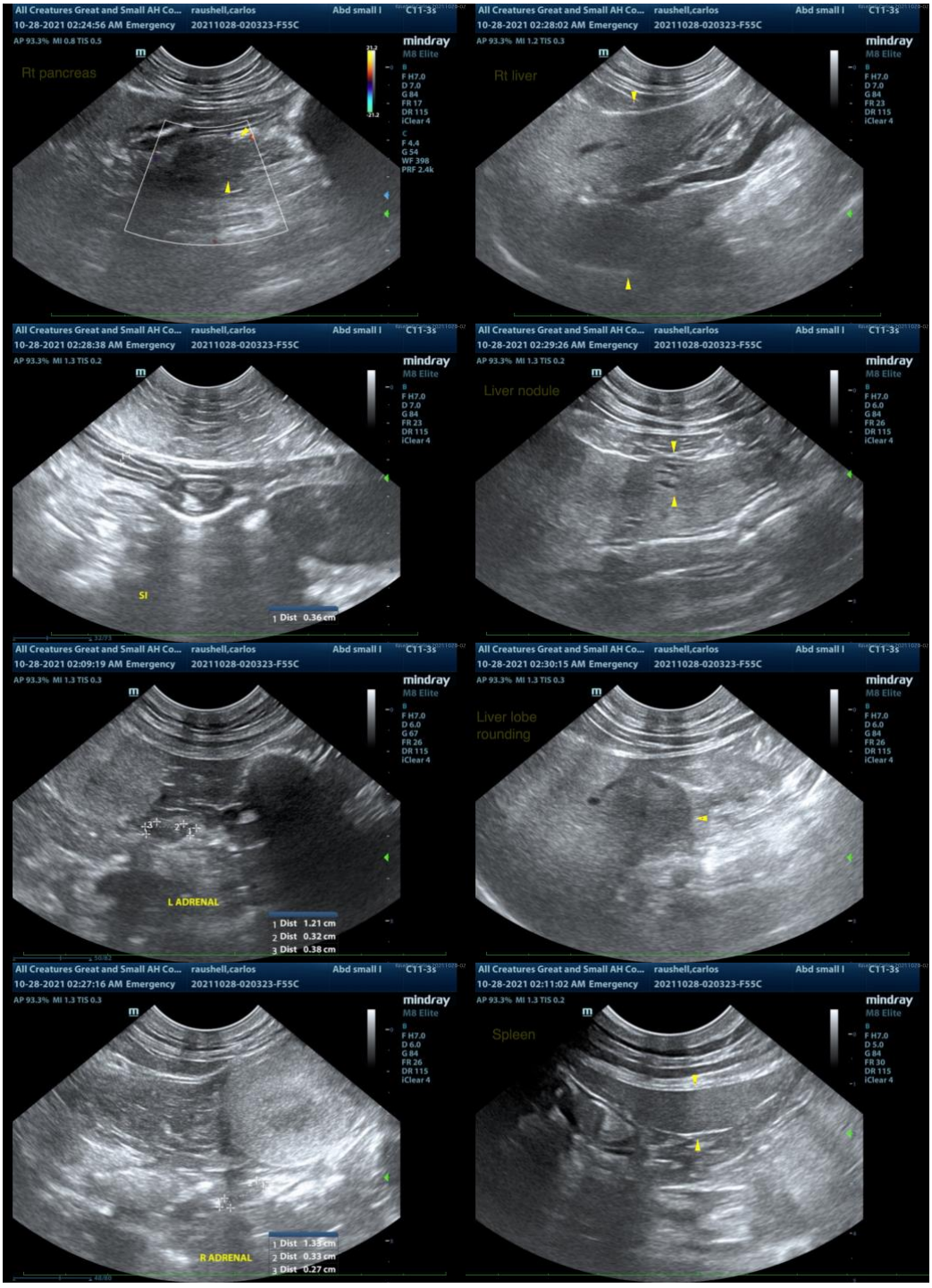

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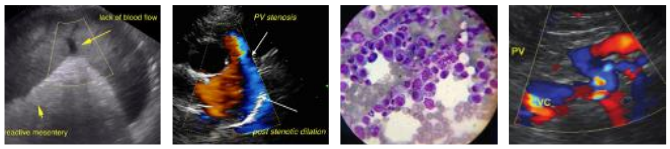

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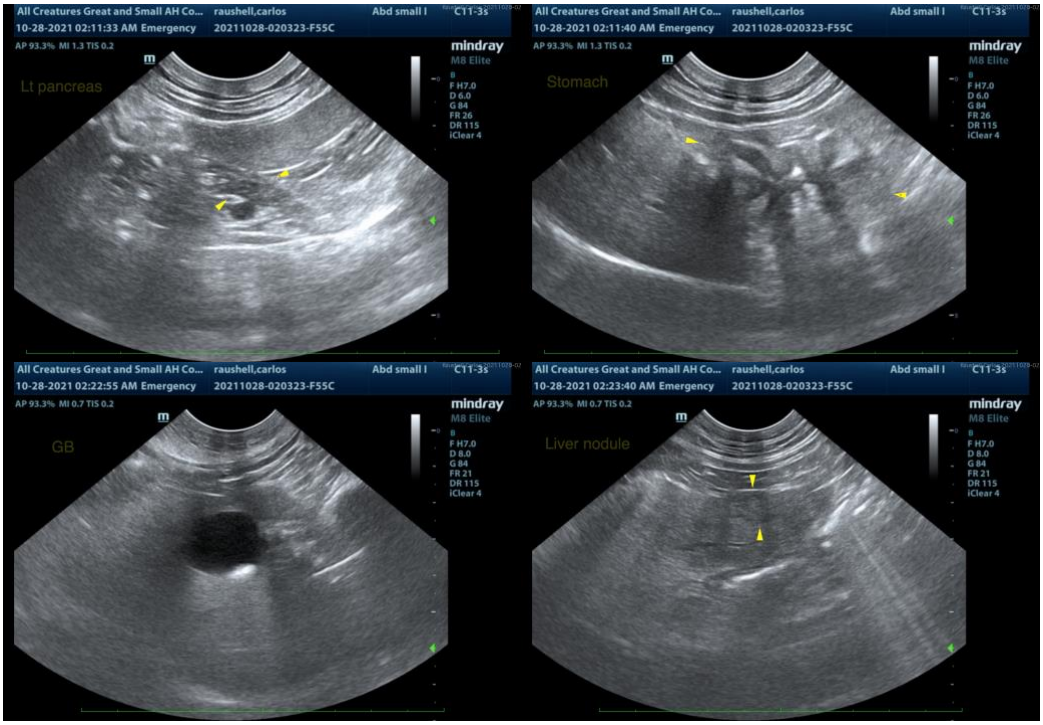

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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