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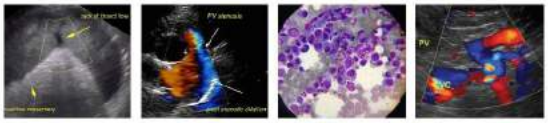


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Sherlock Richards

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

15 Years

WEIGHT

14.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Mount Rose Animal Hospital

REFERRING VET

Dr. Weldon

INVOICE

11988kk

DATE

10/8/21

PRESENTING CLINICAL SIGNS

History: P is a MN DSH Feline, 15 years old Weight: 14.9 lbs. HISTORY: P has a history of elevated renal values – much improved recently. I palpated a large liver on yesterday's physical exam. Physical Exam: Weight: 14.9 lbs. T- DNO P- 250 R- 50/purr CRT: < 2 sec mm: pink/moist Dehydration: 0% BCS: 4/5 Dental Score: 1+/-2 / 4 EENT: Thyroid slip on L. Teeth look great, grade 0-1/4 tartar. Eyes and ears WNL. CV/Resp: WNL. No murmurs ausculted, normal bv sounds all lung fields GI: Abdomen palpates w/ possible enlarged firm liver (??? - P squirmy so difficult to tell); otherwise non- painful, no masses or other organomegaly. P's liver was briefly checked w/ the ultrasound - the liver is mottled w/ multiple hypoechoic regions (possible biliary "masses ???). Musk: No joint abnormalities. Muscles are symmetrical. No pain elicited on manipulation/exam. Obese. Integ: Multiple sebaceous gland adenomas and granular cysts. LN: Palpate WNL Neuro: WNL Urogen: WNL, no obvious visible or palpable abnormalities Bloodwork Results: BUN = 46 (sl high) Creat = 2.0 (WNL) SDMA = 10 (WNL) CK = 553 (high) T4 = 3.5 (grey zone) U/A Results: S.G. = 1.025 pH = 6.5 2+ protein 0-2 WBC 0-2 RBC no bacteria seen REASON FOR ULTRASOUND: Check liver "masses"

Abnormal PE/Chem/CBC/UA Results:

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 scant amount of suspended 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 (4.20 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. At least one small nephrolith is visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal size (3.26 cm in length) with a normal shape and smooth peripheral contours. The cortex is mildly thickened and hyperechoic and there is moderate loss of corticomedullary distinction. A few nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

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

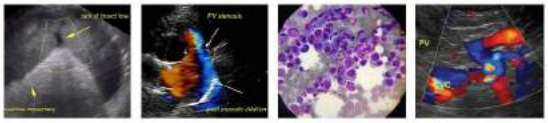
The right adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.89 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 enlarged with irregular peripheral contours. A > 7 cm cystic mass is arising from the caudal aspect and appears to be originating from the right side. In addition, an approximately 2 cm multi-septated cystic lesion is observed adjacent to the diaphragm on the right side. A third multi-



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septated cystic lesion measuring 1.66 cm in diameter is also seen approximately deep left to mid-liver. 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 to moderate amount of suspended echogenic debris is observed within the lumen. The cystic duct is moderately dilated but the tapers appropriately and the common bile duct is normal in diameter (0.20 cm) and is seen entering the duodenal papilla.

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 prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance with 1-2 small cystic areas. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter).

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Multiple multi-septated, cystic hepatic masses. Biliary cystadenoma and biliary cystadenocarcinoma are the top differentials.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. A few small pancreatic cysts are seen.
- Bilateral nephropathy with non-obstructive nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If the hepatic masses are causing clinical signs, consider referral to a board-certified veterinary surgeon to discuss removal or de-bulking. An abdominal CT scan would be useful in pre-surgical planning.

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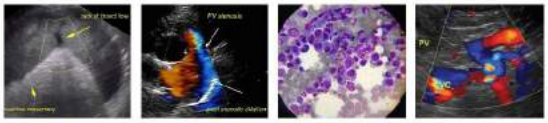

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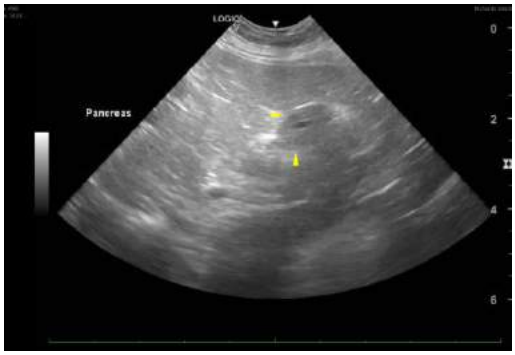

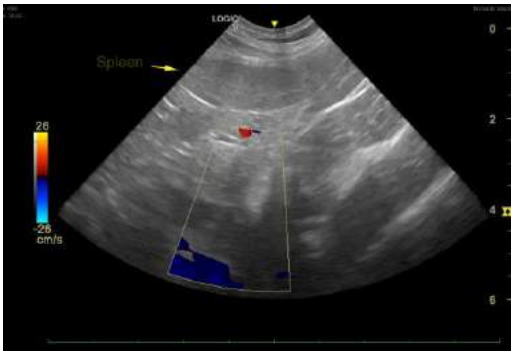

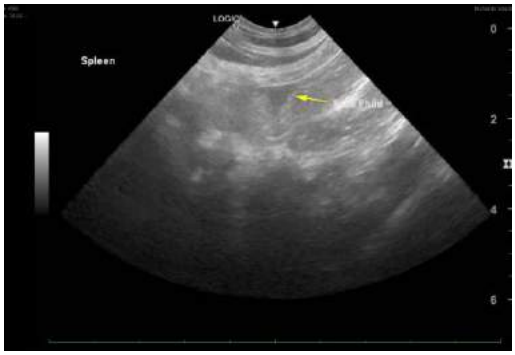

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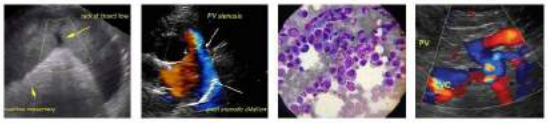

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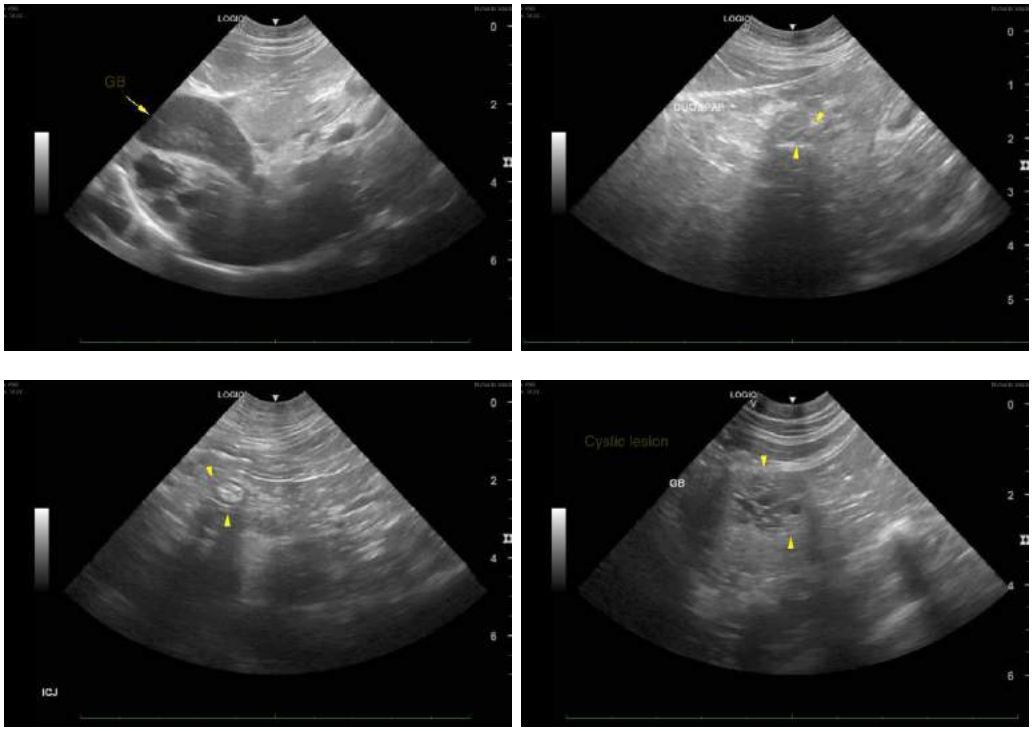

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com