



PATIENT PRESENTING CLINICAL SIGNS

Girle Ridout Clinical Exam Findings: Diarrhea, Anemic, Lethargic, new 3cm hernia, Weight loss, ataxia, abdominal mass suspected based on radiographs. Patient has had rapid muscle wasting recently.

SPECIES Abnormal lab-work values: Elevated ALT, Hematocrit and Hemoglobin low, Platelets 27. Bloodwork from yesterday revealed a normal CBC, normal chemistry panel, mildly elevated Precision PSL, USG 1.031. 1+ proteinuria. T4 normal.

Feline

BREED Current Medications: Gabapentin, Prednisolone 15mg/5ml, Cerenia 16mg.

Domestic Shorthair Radiographic Findings: Suspect mass in cranial abdomen, cannot definitively discern presence of mass in connection with kidneys or GI tract. Kidneys and stomach appeared shifted towards the thorax. Serosal detail normal. No free fluid or obstruction.

SEX

Female Spayed

AGE

7/26/2021

WEIGHT

6.64

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastrò DVM
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HOSPITAL NAME

Waterway AH

REFERRING VET

Dr Walker

INVOICE

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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A few, small, cystic calculi are observed near the cystourethral junction. The remaining luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.35 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.26 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.95 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.50 cm width) with smooth peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.66 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 with slightly irregular peripheral contours. At the caudal aspect, a 2.3 x 1.3 cm hypoechoic macronodule/swelling is visualized. The remaining hepatic parenchyma is slightly mottled in appearance. Intrahepatic biliary stones are present. Hepatic vasculature is of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are tortuous and dilated. The walls are subjectively thickened. There is no obvious evidence of an intraluminal obstruction. The duodenal papilla is normal-in-size (0.26 cm in width).



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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. 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 base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is borderline dilated (0.25 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

Several prominent mesenteric lymph nodes are visualized (one measuring 2.6 x 0.69 cm). Surrounding mesentery is slightly hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's long-term clinical history is recommended.
- The pancreatic changes are consistent with chronic pancreatitis with minor age-related parenchymal remodeling.
- The hypoechoic hepatic macronodule/area could be consistent with neoplasia (i.e., round cell tumor, other, or a benign process (i.e., inflammatory focus). The diffuse hepatic parenchymal changes are nonspecific and could be secondary to an inflammatory hepatopathy (i.e., cholangiohepatitis, lymphoplasmacytic hepatitis), emerging neoplasia (less likely), emerging hepatic lipidosis, and/or other hepatopathy. Intrahepatic biliary stones are present.
- The cystic and common bile duct changes are suggestive of cholangitis.
- Small cystic calculi

Secondary Findings

- Bilateral nonspecific age-related renal changes. The left pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), or some combination thereof.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.



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*Given the sonographic changes, "triaditis" is a consideration in this patient.

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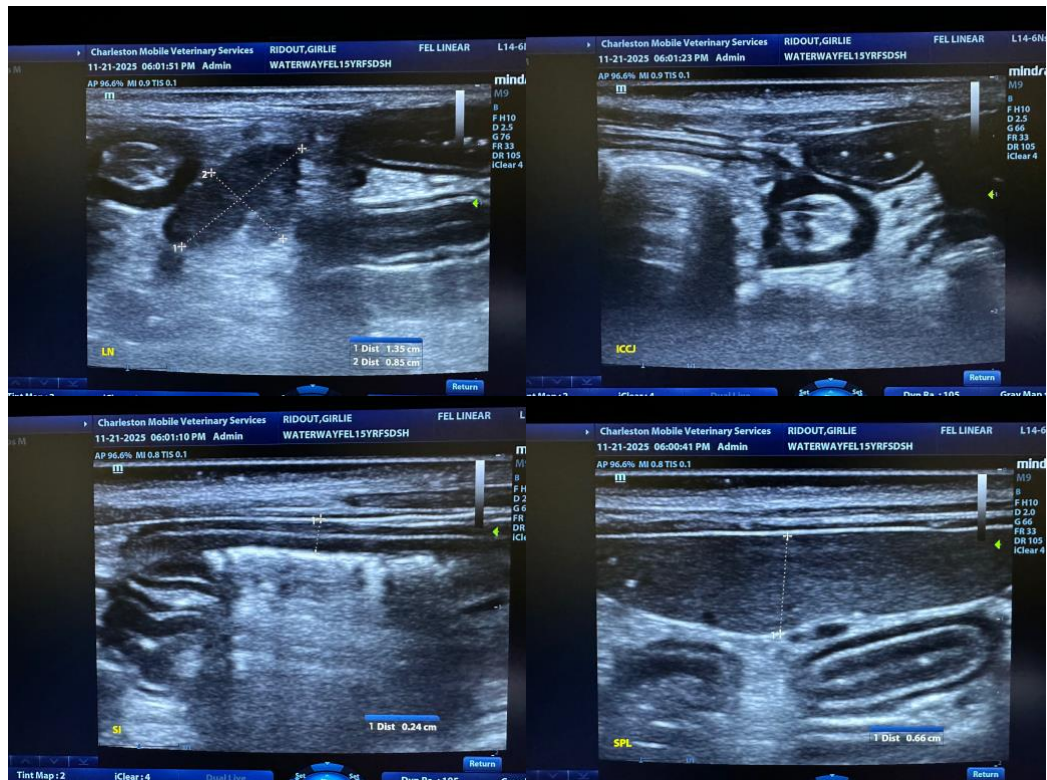
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider obtaining surgical GI and liver biopsies with particularly attention to the hypoechoic macronodule in the hepatic parenchyma. Lymph node biopsies should also be obtained. If surgery is not pursued, palliative care for "triaditis" is recommended.
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI.
- Given the patient's age, three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Regarding the cystic calculi, a cystotomy with stone removal, analysis and culture can be considered. Alternatively, consider an attempt at medical dissolution.





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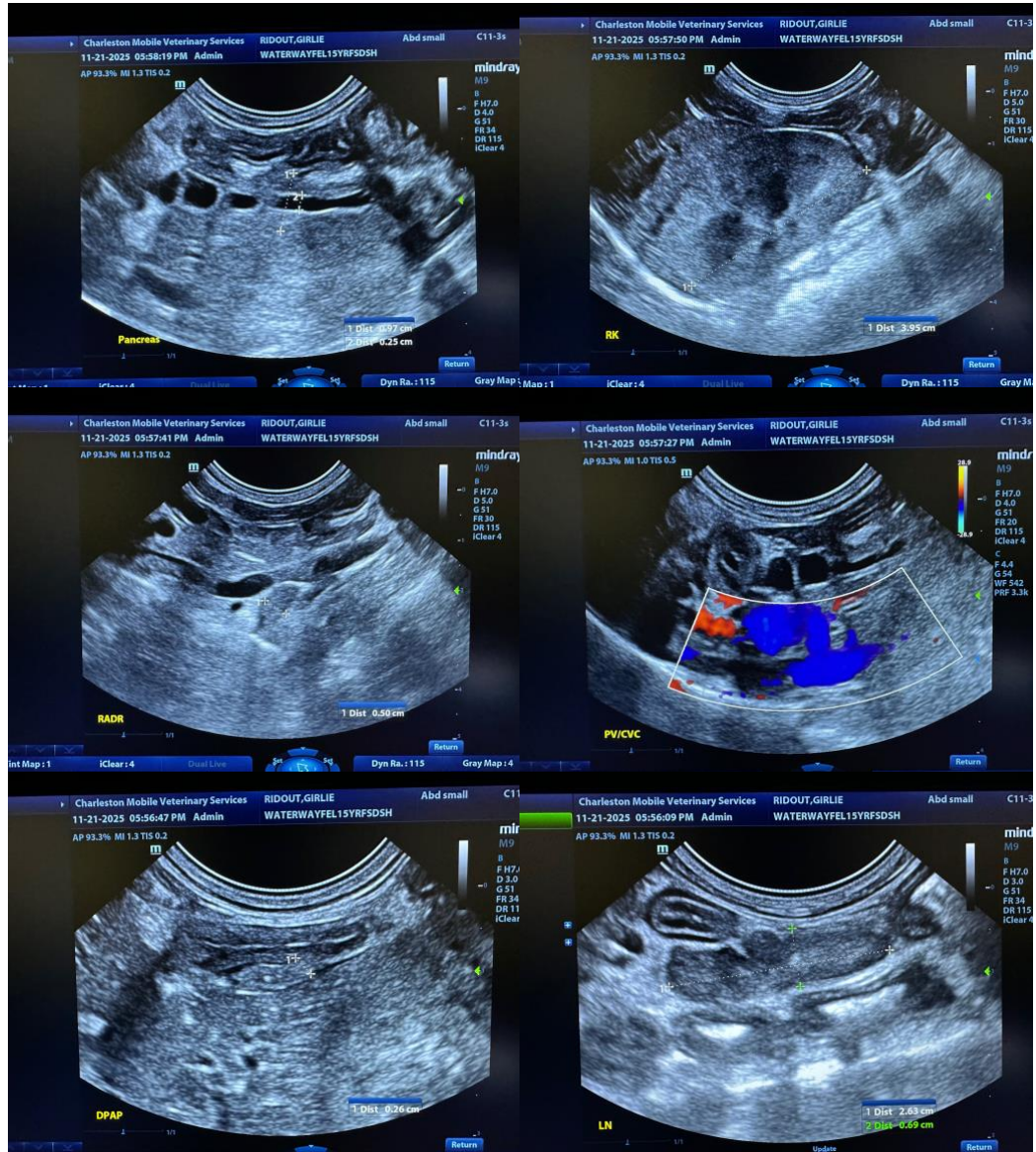
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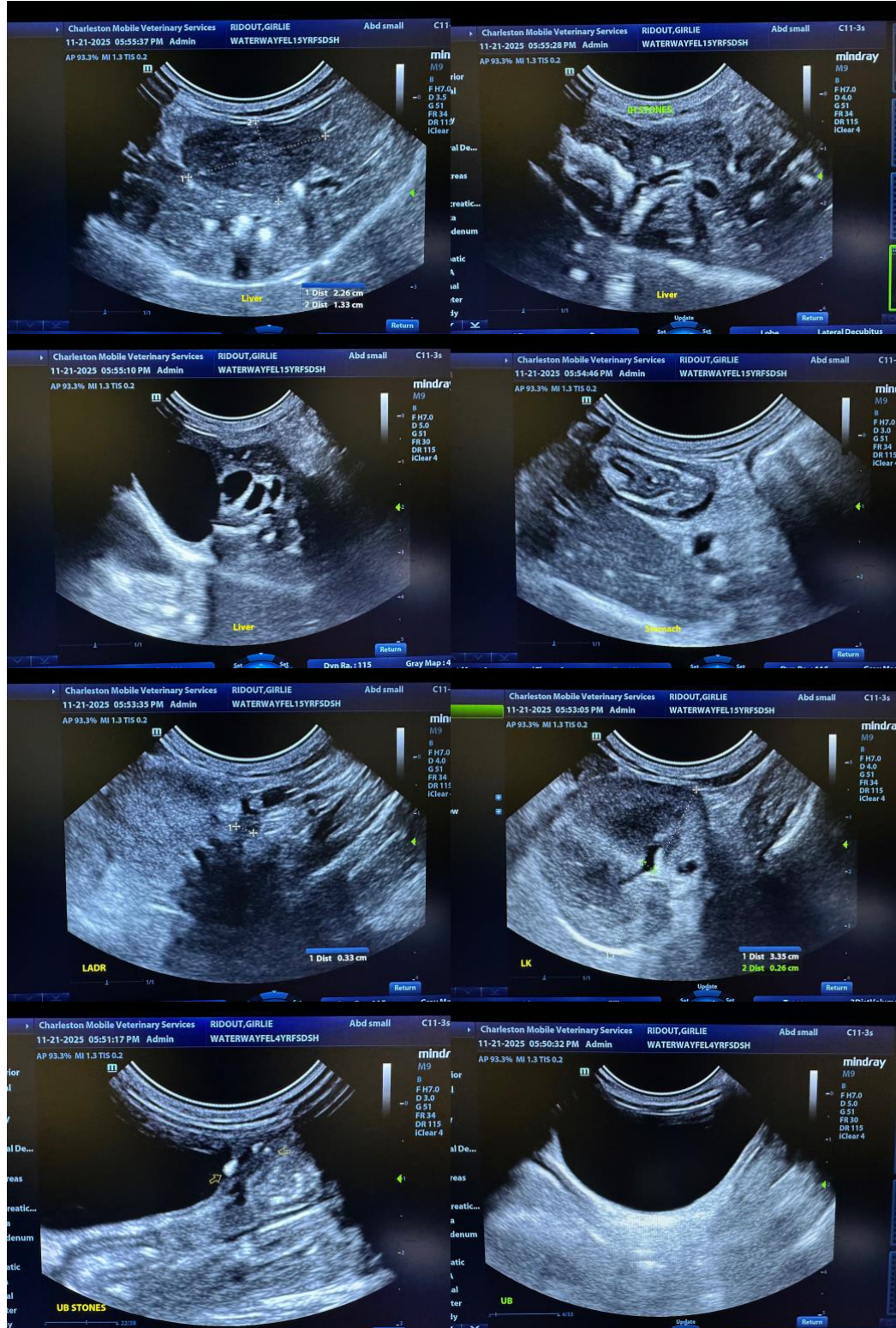
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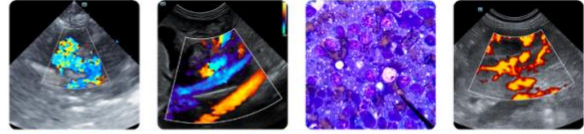
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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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