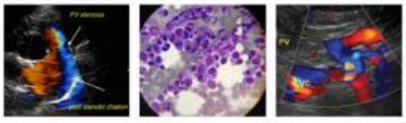

PATIENT

Jewel Haney

SPECIES

Feline

BREED

Siberian

SEX

Spayed Female

AGE

6.5 years

WEIGHT

6.26 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

11965

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12.29.22

PRESENTING CLINICAL SIGNS

History: Current Medications: Prednisolone 10mg/mL- 0.15mL PO - started last night, dose given yesterday and today for anemia, poss hepatitis Patient History: Has not been seen for 5yrs, not UTD with vaccines, not on prevention. Prev wt 5yr ago was 11lbs, P now 6lbs. Sounds like wt loss has been present for at least a few weeks, poss months. ADR, clingy, hiding in weird spots. Presented for exam due to falling off couch on 12/27. Hx of urinating out of box this month - cysto sample was obtained 12/28/22. Not showing as much interest in water, will drink if water is brought to her. Has been eating per O- has been offering lunch meat, more canned food, and treats to encourage wt gain. O was out of town for 2 weeks this month, unclear how well P ate while away.

Abnormal PE/Chem/CBC/UA Results: ADR, very dehydrated, pale/white MM, jaundice appearance to skin/pinna Weak, mild ataxia. Mild Horizontal nystagmus appreciated. Normothermic, weak, but palpable pulses in hindlimbs, hindlimbs responsive to deep pain. Occ concern for vestibular disease during exam as P would roll to the side/roll head awkwardly and hx of recently falling off couch at home. Very anemic, high Tbili and all liver values mildly to moderatly elevated. Low TP, low Ca/Mg. Very difficult to obtain blood sample- unable to check for autoaggluination, minimal blood available for blood smear (howell jolly bodies, On exam, painful on abdominal palpation- growling, not tolerate for handling. Concern for cranial organomegaly. Poss hx of FB ingestion- hx of eating balloon strings per O, but nothing recently. No known toxin ingestion. O unable to do recommend hospitalization/transfusion, after further discussion, approved some supportive care and imaging, but diagnosis open at this time. Started steroid therapy yesterday as attempt for supportive care, has not been on any other medications.

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 is distended. A small to moderate 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 (3.57 cm in length) with a normal shape, architecture and 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 hydroureter.

The right kidney is normal size (3.84 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

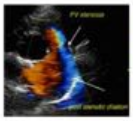
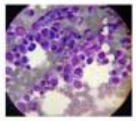
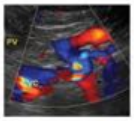
The right adrenal gland is normal size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is contracted (0.43 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is enlarged with irregular peripheral contours. An approximately 5.50-6.00 cm cystic heterogenous mass appears to be arising from the left lateral lobe. The remaining hepatic parenchyma is hypoechoic relative to the spleen with several varying-sized cysts observed throughout the organ.

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Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. (See also "Other" category).

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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. 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 pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. Cystic lesions are observed in the parenchyma and the left limb. The pancreatic duct is visible but not overtly dilated (0.17 cm in diameter). Surrounding mesentery is hyperechoic.

Free Abdomen

The mesentery in the cranial to midabdomen is hyperechoic. A small amount of free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

An approximately 6.50 cm heterogenous cystic mass with numerous foci of mineralization are observed within the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The origin of the mineralized cystic mass in the cranial abdomen is unclear. It may be arising from liver, pancreas, mesentery, lymph node, other. Neoplasia is suspected, with a lower possibility of a benign process.
- Left cystic hepatic mass. Differentials include biliary cystadenocarcinoma, cystadenoma, other.
- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, FIP), infiltrative neoplasia (i.e., lymphoma), other.
- The individual hepatic cysts are likely benign incidental findings.
- The pancreatic changes could be consistent with moderate to severe pancreatitis with parenchymal cysts. Alternatively, a neoplastic process (i.e., adenocarcinoma) is possible.
- Peritonitis is present, likely secondary to cranial abdominal pathology.

Secondary Findings

- Minor bilateral age-related renal changes
- Urinary bladder debris

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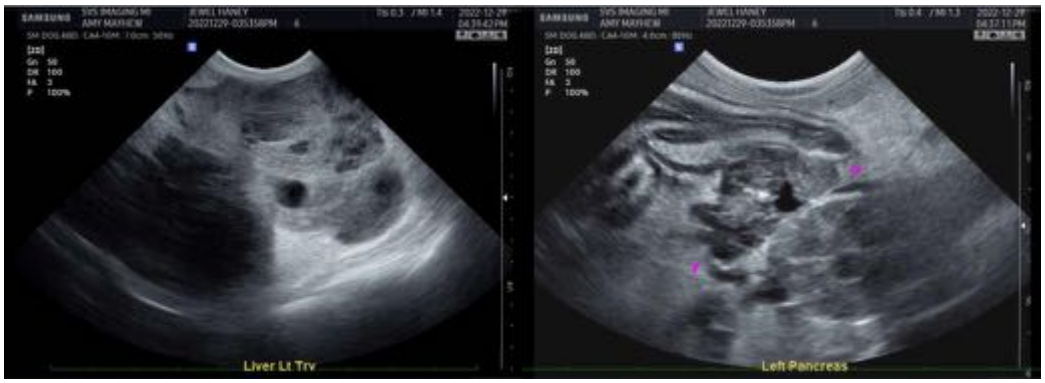
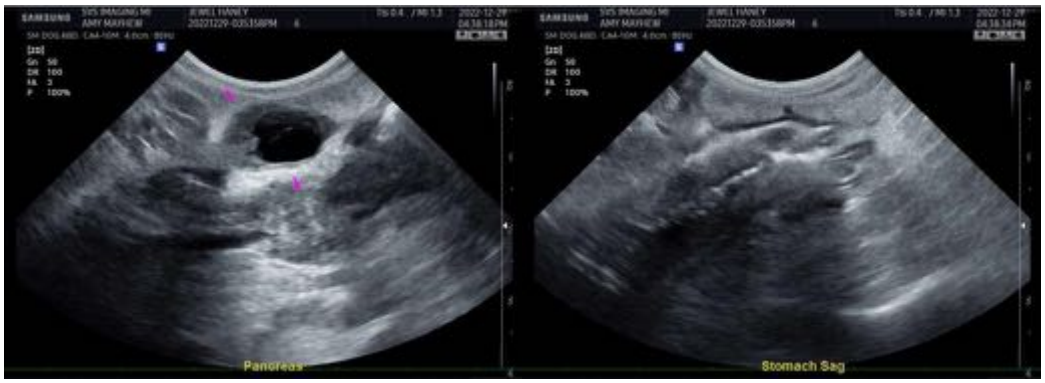
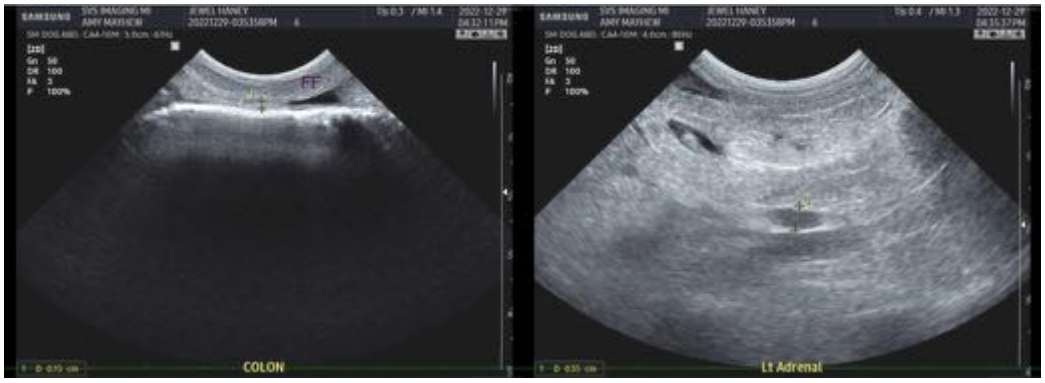
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the mineralized cranial abdominal mass and pancreas as well as the more solid-appearing hepatic parenchyma can be considered if clotting status is appropriate. A 25-gauge needle should be used. If cytology results are inconclusive surgical biopsies may be necessary to get a definitive diagnosis. If tissue sampling is not pursued, symptomatic care, along with broad-spectrum antibiotics and nutritional support (i.e., via a temporary feeding tube) can be considered. However, given the multitude of abnormalities and concern for neoplasia in the abdomen, the prognosis for this patient is considered guarded.







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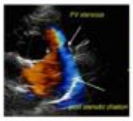
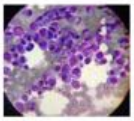
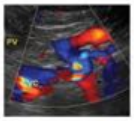

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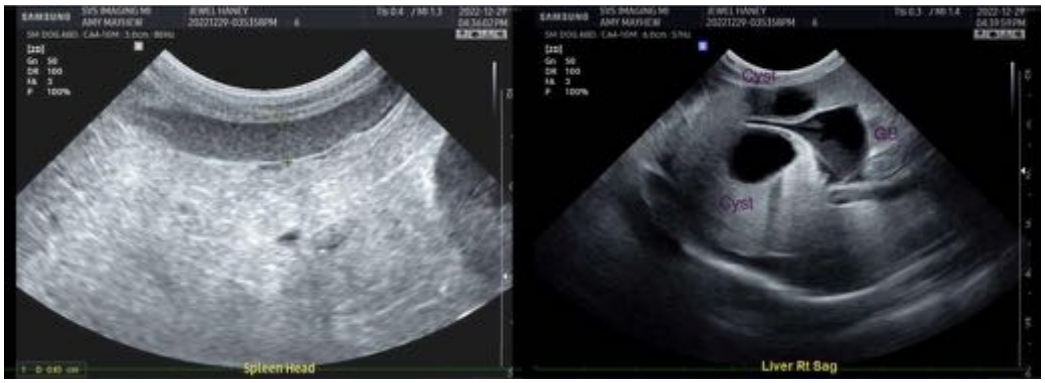

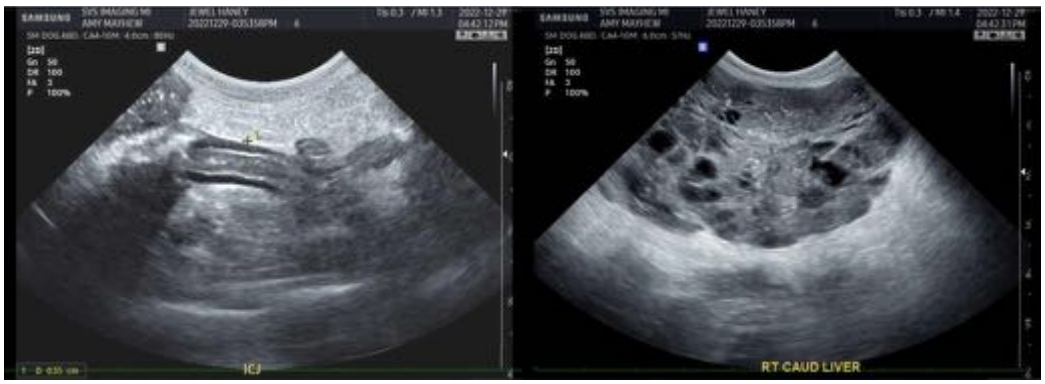

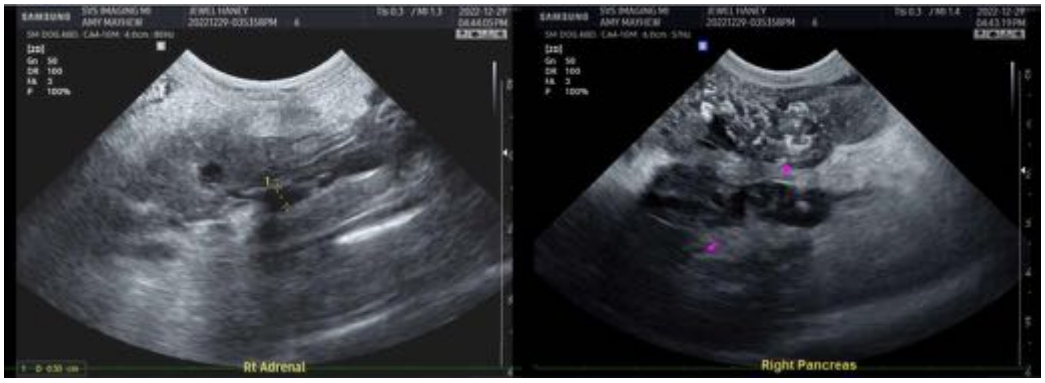

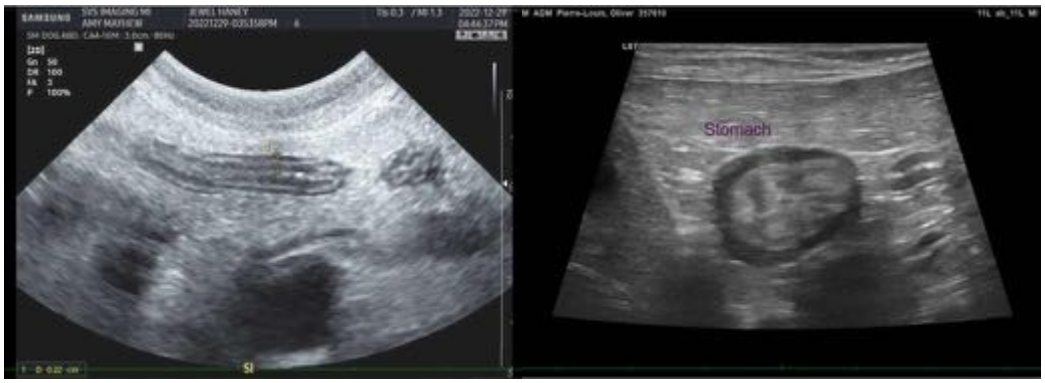

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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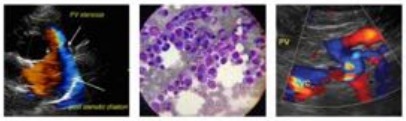

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com