**PATIENT**

Josie Bruce

**PRESENTING CLINICAL SIGNS**

History: Patient presented for vaccines, and owner noted pet seemed to not be eating as much. Owner thought food was just more calorie dense. Pet is currently on Hill's Kidney diet.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Palpated mass form on abdominal palpation. Bloodwork showed mild elevated liver values. Please see attached rads and bloodwork. ALT 167. GGT 7. Tbili 2.7.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

DSH

**Urinary System**

The urinary bladder is minimally to mildly distended with mostly anechoic urine. The wall is of approximately thickness for the level or repletion. The mucosal surface is slightly irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Spayed Female

The left kidney is small in size (2.95 cm in length) with a slightly irregular shape. The cortex is variably thickened. There is mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter.

**AGE**

15 years

The right kidney is normal size (3.37 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.

**WEIGHT**

13.11 lbs

**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 upper limits of normal size (0.52 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

**Spleen**

The spleen is normal in size (0.76 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.

**IMAGING PERFORMED BY**

Amy Mayhew LVT

**Liver**

A >9.00 cm heterogenous, multiseptated cystic mass appears to be arising from the caudal aspect, on the left side. In the remainder of the liver, the margins are curvilinear. The parenchyma is homogenous and hypoechoic relative to the spleen. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**HOSPITAL NAME**

SVS Imaging Michigan

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

**REFERRING VET**

DePorre VH

**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.

**INVOICE**

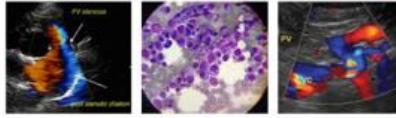
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**DATE**

12.29.22

**Pancreas**

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in

**PATIENT**

Josie Bruce

appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**Free Abdomen**

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

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS****BREED**

DSH

**Primary Findings**

- Large cystic mass at the caudal aspect, on the left side. Differentials include biliary cystadenoma, biliary cystadenocarcinoma, hemangiosarcoma, inflammatory/abscessed lesion, other.

**SEX**

Spayed Female

**Secondary Findings**

- Bowel pattern suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered unlikely at this time.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**AGE**

15 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****WEIGHT**

13.11 lbs

- Given the cat's reduced appetite and the large cystic hepatic mass, consider the following:
  1. Three-view thoracic radiographs to assess for pulmonary metastatic disease
  2. Surgical excision of the hepatic mass with submission for histopathology. An abdominal CT scan may be useful in presurgical planning
- Given the bowel changes, consider a fecal evaluation for ova and Giardia and a malabsorption panel, including serum cobalamin and folate, TLI and PLI. If surgery for the liver mass is pursued, also consider obtaining GI biopsies if the patient is stable under anesthesia.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

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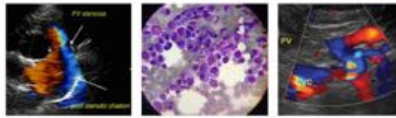
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**PATIENT**

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**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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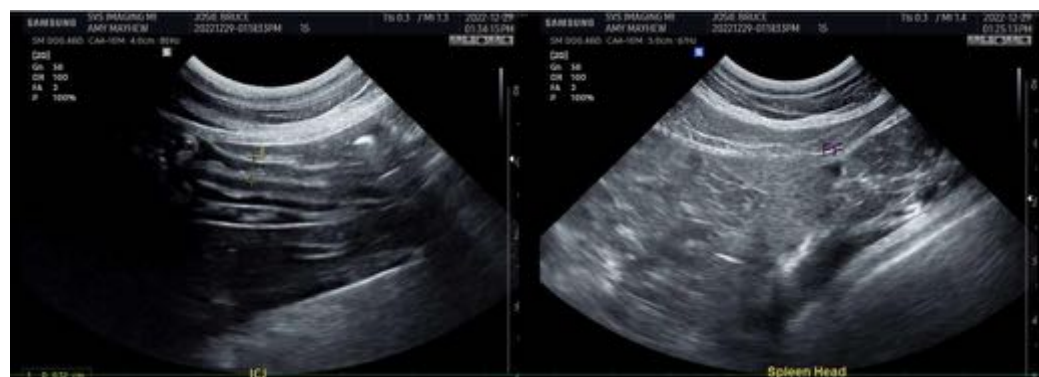
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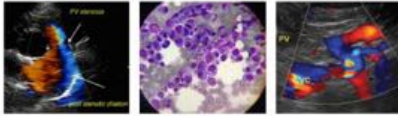
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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.

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

**BREED**

DSH

**SEX**

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**AGE**

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**WEIGHT**

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