



PATIENT PRESENTING CLINICAL SIGNS

Libby Menas
History: Newly diabetic. R/O any underlying causes. Current meds: PZI insulin 2U.
Abnormal PE/Chem/CBC/UA Results:

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

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 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.

BREED

DSH

The left kidney is normal size (4.15 cm in length); normal shape and architecture with 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. Renal vasculature is normal.

SEX

Spayed Female

The right kidney is normal size (4.33 cm in length); normal shape and architecture with 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.

AGE

14 Years

Adrenal Glands

The left adrenal gland is normal size (0.23 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

WEIGHT

9 Pounds

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.71 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, a light micronodular pattern is observed throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Shari Reffi, CVT

Liver

The liver is enlarged with irregular peripheral contours. A >9 cm irregular, heterogenous cavitated mass is observed mid to left liver. In the remaining parenchyma, in the mid to right liver, the parenchyma is more normal-appearing, but is still slightly heterogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The mesentery surrounding the liver is hyperechoic.

HOSPITAL NAME

Westwood Regional
Veterinary Hospital

The gall bladder is being displaced by the large hepatic mass and is moderately distended. The wall is normal in thickness. A moderate amount of mineralized sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Murphy

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 ileocecal colic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

INVOICE

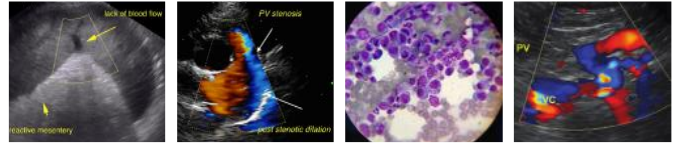
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DATE

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Pancreas

The pancreas is diffusely prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct



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is visible, but not overtly dilated (0.19 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

SPECIES

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Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes are observed adjacent to the ileocecal junction, the largest measuring 0.73 cm.

BREED

DSH

Other

A 1.92 x 1.77 cm well circumscribed round, thin-walled, heterogenous mass is observed in the caudal abdomen, just cranial to the urinary bladder. It is unclear whether the lesion contains fluid. Surrounding mesentery is hyperechoic

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A large hepatic mass. Neoplasia is considered likely, with low potential for benign pathology (i.e., an inflammatory process). Caudal-abdominal mass differentials include neoplasia, abscess granuloma. Regional peritonitis is present.
- The pancreatic changes are consistent with mild to moderate acute or chronic active pancreatitis.

AGE

14 Years

Secondary Findings

- Minor age-related renal changes
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Mineralize gall bladder sand
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

WEIGHT

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Internal Medicine)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss hepatic mass debulking and removal of the caudal abdominal mass. An abdominal CT scan would be useful in surgical planning.
- Given the size of the hepatic mass and the potential for metastatic disease, the prognosis for this patient is considered guarded. Therefore, palliative care should be considered.

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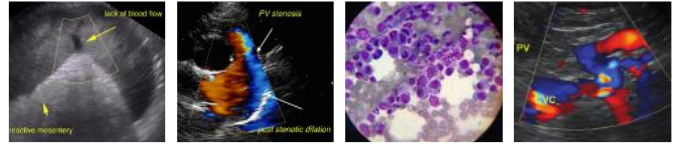
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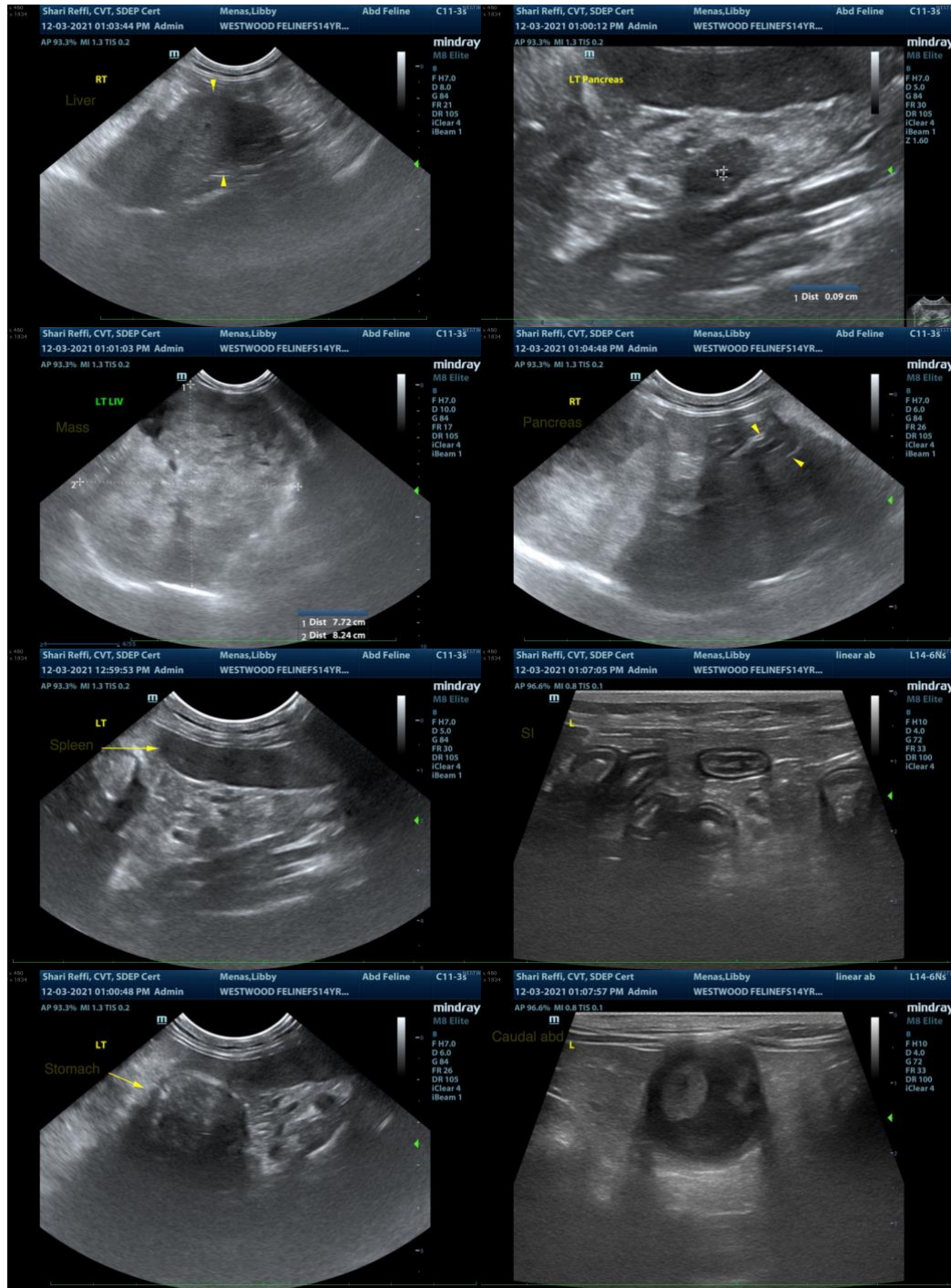
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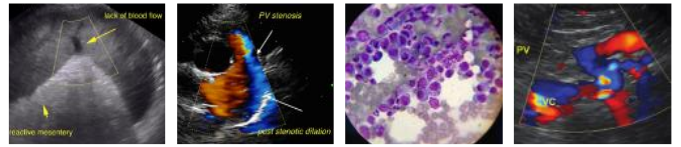
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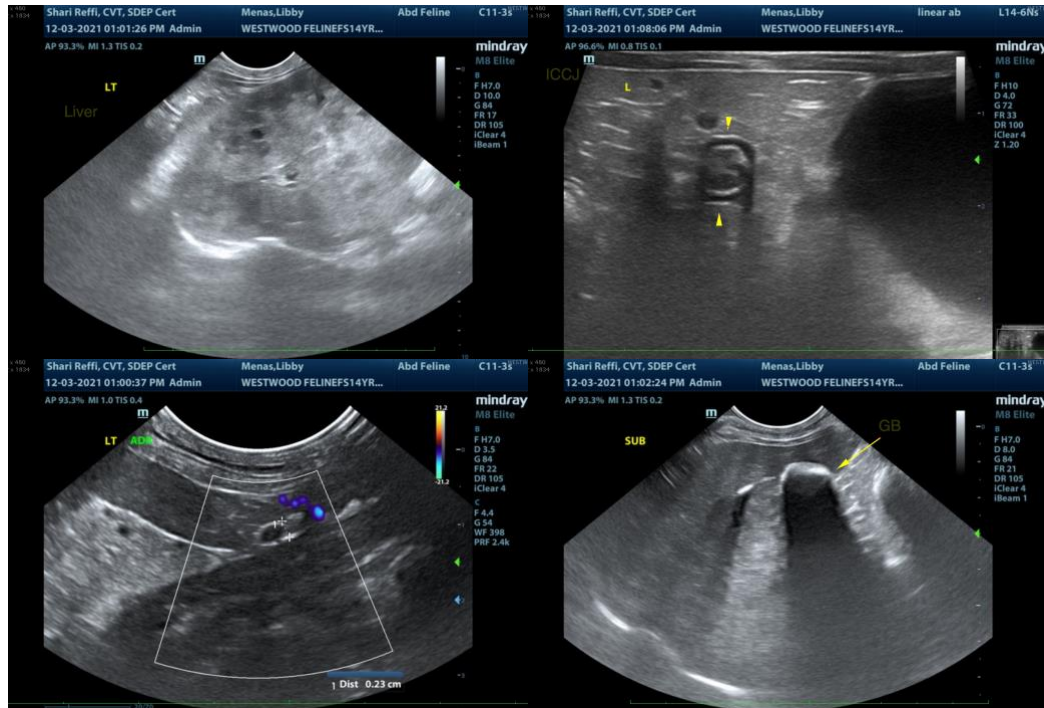
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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