

**DATE**

2/18/2022

**PRESENTING CLINICAL SIGNS****PATIENT**

Cracker Jack Rayman

History: Presented for ingrown nail on Tuesday. He had lost 2.5# since 7/2020. Masses were felt on palpation and radiographs confirmed the masses. Suspect they are both enlarged kidneys, suspect neoplasia.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

5/1/2005

**WEIGHT**

16.5 lbs

**INTERPRETED BY**

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

**HOSPITAL NAME**

Cat Sense Feline  
Hospital

**REFERRING VET**

Dr. Sinclair

**INVOICE**

10418

Current Medications: Buprenex 0.03mg tm bid for the ingrown nail.

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Declined.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**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 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.

The left kidney is normal size (4.16 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic.

The right kidney is normal size (3.92 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic.

**Adrenal Glands**

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

**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 enlarged with swollen, irregular peripheral contours. Numerous varying sized cysts and cystic masses are present throughout the organ, the largest mass measuring >8 cm. In addition a few hypoechoic nodules are seen. 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. Luminal contents are anechoic. 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 is diffusely thickened (up to 0.45 cm) 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 colonic wall is normal. There is no evidence of an obstructive pattern.

#### ***Pancreas***

The pancreas is largely obscured by the hepatomegaly. In the visualized portions, no obvious pathology is observed.

#### ***Free Abdomen***

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

#### ***Other***

A small amount of pleural effusion is noted.

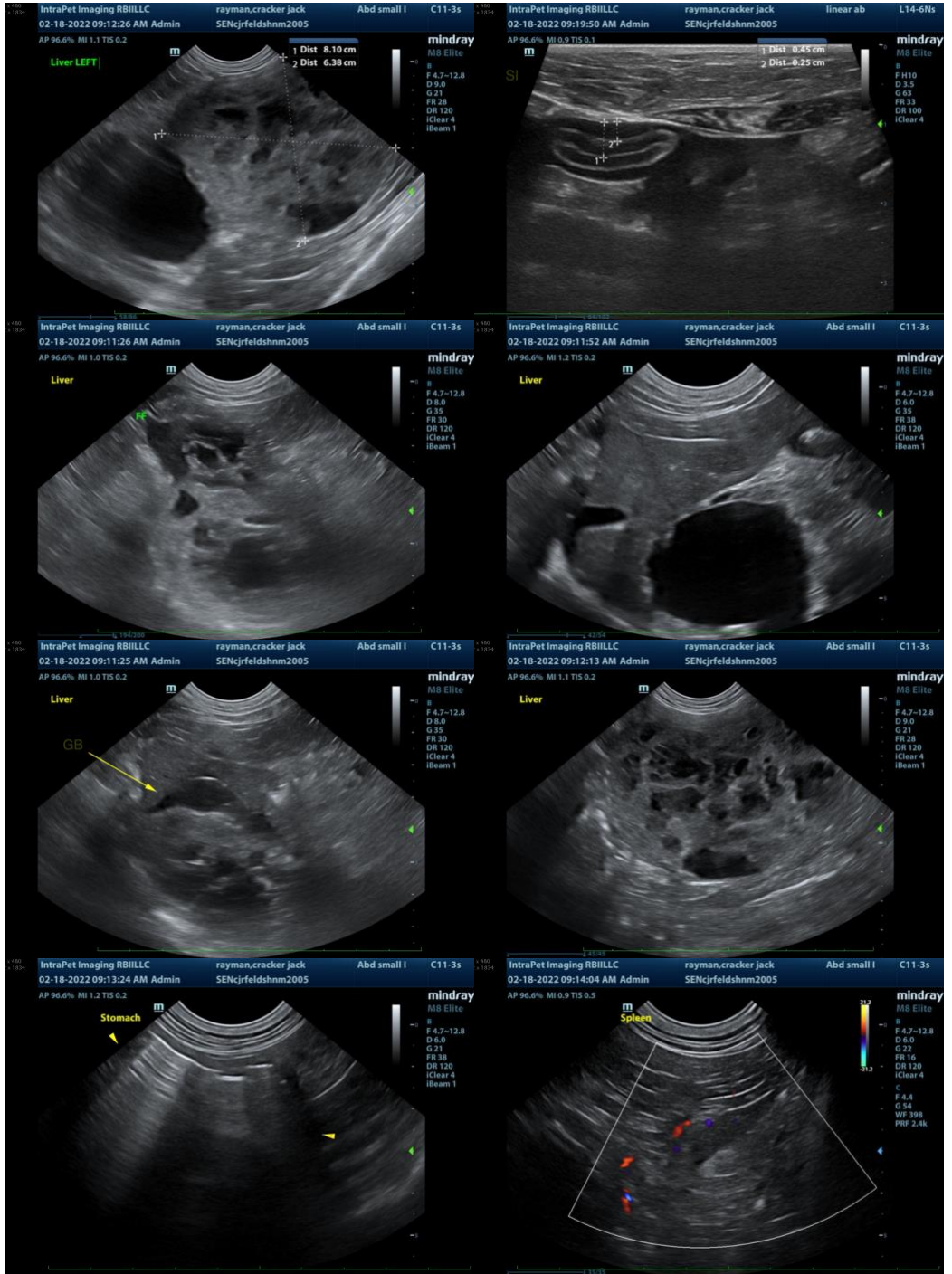
### **ULTRASONOGRAPHIC FINDINGS**

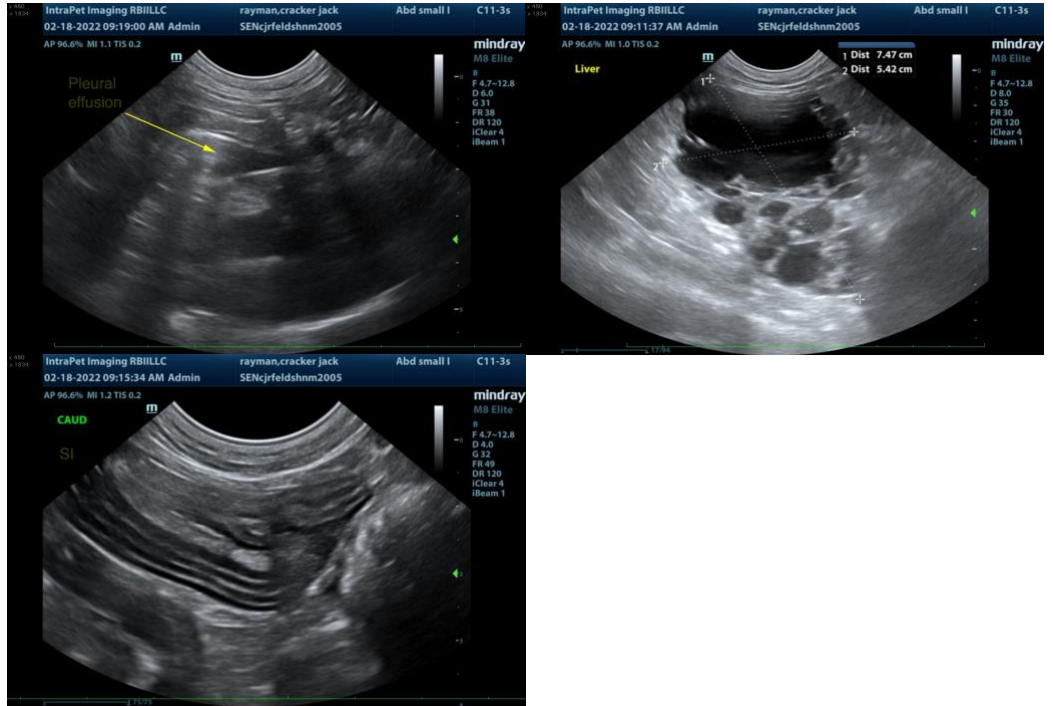
#### **Primary Findings**

- Diffuse cystic hepatic masses. Differentials include biliary cystadenoma or cystadenocarcinoma, other
- The bowel changes are most consistent with inflammatory bowel disease with potential for emerging lymphoma.
- Bilateral chronic nephropathy with regional retroperitonitis.
- The cause for the pleural effusion is unclear. Differentials include increased hydrostatic pressure (i.e., secondary to congestive heart failure), low oncotic pressure, increased vascular permeability.

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

- Given the presence of pleural effusion, three-view thoracic radiographs and an echocardiogram are recommended.
- Baseline lab work, including a CBC Chemistry panel, urinalysis and T4, +/- a urine culture and sensitivity is recommended, if not already performed.
- If the patient develops gastrointestinal signs, further GI workup may be warranted.





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.

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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