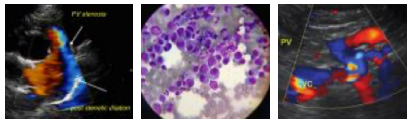
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

3/21/23

PATIENT

Piper Kruger

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

9/1/2011

WEIGHT

18 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Care Center

REFERRING VET

Dr. Anderson

INVOICE

14773

PRESENTING CLINICAL SIGNS

Presented for bloated abdomen in 3/14, 3/6 left systolic and 2-3/6 right systolic murmur. Chest clear on rad, abdomen showed fluid- drained 620mL from abdomen on 3/16.
CBC mild monocytosis. Mild hyperglobulinemia. T4 normal. Feline leukemia/FIV/Feline coronavirus negative.
Abdominal fluid cytology results modified transudate.
Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined at this time.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.21 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.

The right kidney is normal size (4.06 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.

Adrenal Glands

The left adrenal gland is normal in size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.96 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small ill-defined hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

Liver

A >11.5 cm hyperechoic to heterogeneous cavitated vascular mass is observed in the cranial abdomen and is thought to be arising from liver. A small section of normal appearing liver is observed adjacent to the diaphragm. In this region, the margins are curvilinear and the parenchyma is homogeneous. What is thought to be gallbladder is mildly to moderate distended. The wall is normal in thickness. a small amount of partially dependent aggregated echogenic debris/sludge is observed within the lumen.

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 some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas
The pancreas is largely obscured by the cranial to mid-abdominal mass. See *Liver.*

Free Abdomen
A large amount of echogenic free fluid is present. The mesentery throughout the abdomen is hyperechoic and slightly irregular. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Large cranial abdominal mass, suspected to be of hepatic origin. However, a different origin (i.e., pancreas, lymph node, mesentery, other) cannot be excluded. Neoplasia is suspected with a lower possibility of a focal inflammatory process.
- The diffuse ascites and peritonitis is likely secondary to the presence of the large abdominal mass.

Secondary Findings:

- Bowel pattern suggestive of inflammatory bowel disease.
- Mild bilateral, chronic, age-related renal changes.
- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas) with a lower possibility of emerging neoplasia (i.e., mast cell disease).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspiration of the cranial abdominal mass, if clotting status is appropriate. Care should be taken to avoid the cavitated portions of the mass during the procedure. If cytology results are inconclusive, laparoscopic or surgical biopsies may be necessary to get a definitive diagnosis. However, given the size of the mass and the guarded prognosis, consider palliative care in lieu of aggressive diagnostics and treatments.

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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