



PATIENT PRESENTING CLINICAL SIGNS

Blondie Garcia History: Presented to the rDVM for evaluation as pt has not been doing well at home. No eating much and pt has been icterus. Abdominal ultrasound was done to further evaluate.

SPECIES Abnormal PE/Chem/CBC/UA Results: PE: PT is extremely icterus. BW: Hct: 18% (30-52), Hemoglobin 6 (9.8-16), RDW: 30 (15-27), WBC: 20 (2-17),neutrophils: 18 (2-10), Platelets: 705 (151-600) CHEM: Glu: 180 (74-159), Creat 9 (0-14), BUN: 8 (16-36), ALT: 290 (12-130), ALP: 240 (14-111), Bilirubin: 25 (0-0.9), Cholesterol: 286(65-225)Lipase: 1767 (100-1400)

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH **Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Neutered Male

The left kidney is normal in size (3.73 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. Mild pyelectasia is present (0.30 cm). There is no evidence of nephroliths, infarcts or hydroureter.

AGE

3 years

The right kidney is normal in size (4.20 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. Trace pyelectasia is present (0.14 cm). There is no evidence of nephroliths, infarcts or hydroureter.

WEIGHT

10 lbs

Adrenal Glands

The left adrenal gland is normal size (0.49 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*)

The right adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

Spleen

The spleen is normal in size (0.93 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.

HOSPITAL NAME

Pulse:Pet
Ultrasound Svc

Liver

The liver is subjectively enlarged with irregular peripheral contours. Throughout the liver, numerous, varying-sized, coalescing-multiseptated cystic lesions are observed. There is minimal normal-appearing liver tissue. The mesentery surrounding the liver is hyperechoic.

REFERRING VET

Dr. Javier Rodriguez

The gall bladder is difficult to discern from the cystic lesions within the hepatic parenchyma.

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 colonic wall is normal. There is no evidence of an obstructive pattern.

INVOICE

12594

DATE

3.30.23

Pancreas

The left limb is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

A small amount of free fluid is present. One to two mesenteric lymph nodes are visible but not enlarged. The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic changes could be consistent with polycystic liver disease (a rare finding in cats). Alternatively, biliary cystadenoma or cystadenocarcinoma is possible.
- Ascites, likely secondary to hepatic pathology

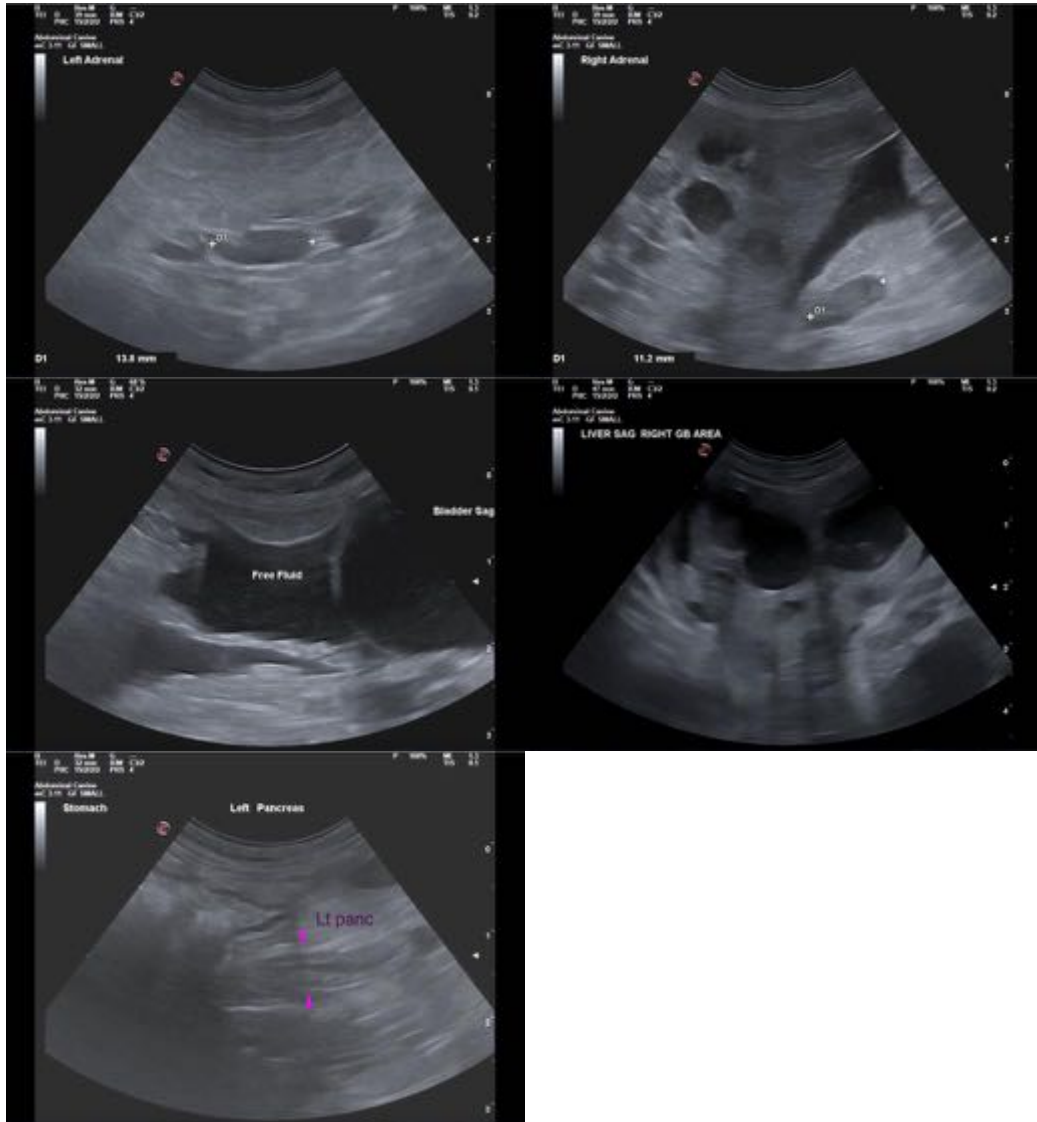
Secondary Findings

- The mild pyelectasia seen in both kidneys could be secondary to pyelonephritis, IV fluid therapy (if applicable) or some combination thereof.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, unless the ultrasound findings represent a large biliary cystadenoma or cystadenocarcinoma that is overshadowing more normal-looking liver, medical management (i.e., broad-spectrum antibiotics, hepatic antioxidants, nutritional support, and other supportive measures) is likely the only treatment option. An abdominal CT scan may be beneficial in helping to identify if one, severely enlarged, cystic liver lobe is present, overshadowing normal-appearing lobes. In this case, surgical removal or debulking of the affected lobe would be an option.





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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