



PATIENT

Goldie Mascaro

PRESENTING CLINICAL SIGNS

Has been inappetent for several days. Decreased urinations. Bloodwork shows borderline anemia. White count of 43000 with a mature neutrophilia. Albumen 2.2. tBili 0.5. 2+ bilirubinuria. USG 1.058. 3+ proteinuria. T4 normal.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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

SEX

Female Spayed

The left kidney is normal in size (3.41 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

AGE

10 years

The right kidney is normal in size (3.47 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

5.46 lbs

Adrenal Glands

The left adrenal gland is normal size (0.30 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 (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

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

Spleen

The spleen is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is subjectively hypoechoic. Using the high-frequency probe, a light micronodular pattern is observed throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

HOSPITAL NAME

Foxbank VH

Liver

The liver is enlarged with irregular peripheral contours. The parenchyma is isoechoic-to-hyperechoic relative to the spleen and diffusely mottled in appearance. An approximately 5.00 cm ill-defined isoechoic-to-heterogenous slightly cavitated mass effect is observed in the region of the right lateral lobe. The mass extends into the region of the region of the right limb of the pancreas and appears attached to +/- invading the duodenal wall. Surrounding mesentery is hyperechoic.

REFERRING VET

Nolan Harris

The gall bladder is moderately distended. The wall is mildly thickened (up to 0.17 cm), hyperechoic and irregular. Luminal contents are mostly anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated (up to 0.21 cm in diameter).

Gastrointestinal

INVOICE

12639

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. In the region of the proximal duodenum, there is a large mass that is attached to +/- invading the wall. The small intestinal wall is otherwise normal in thickness. There is slight disruption in the normal 1:3 muscularis:

DATE

4.4.23

mucosal ratio in most segments. The ileocecal colic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

(See "Liver")

Free Abdomen

The mesentery throughout the abdomen, particularly in the cranial aspect, is hyperechoic. Small ill-defined hypoechoic foci are observed just caudal to the liver. A small to moderate amount free fluid is present. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

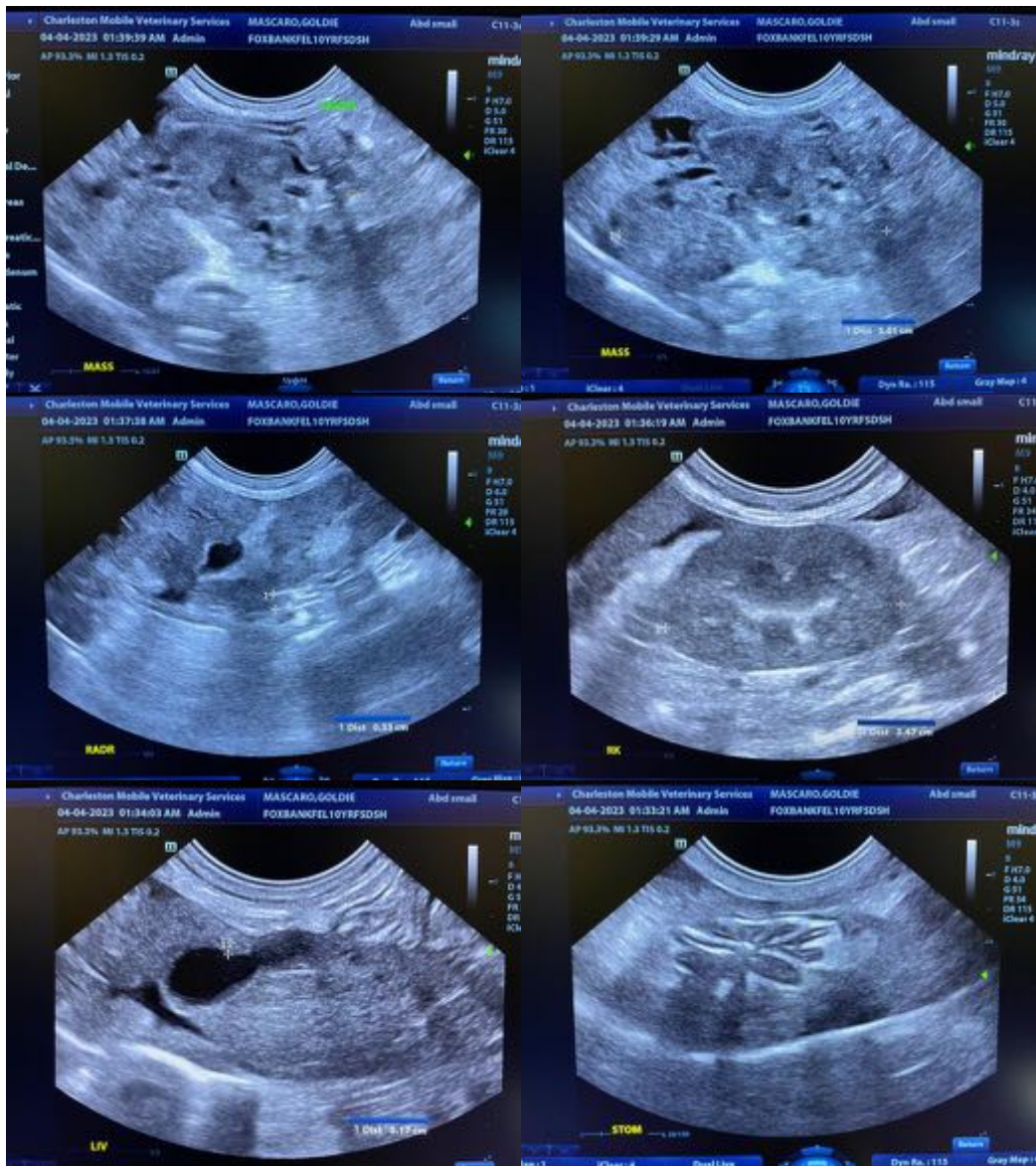
- Large ill-defined mass in the right cranial quadrant, suspected to be of hepatic origin. However, pancreatic, mesenteric or other origin cannot be completely excluded. There is questionable invasion into the proximal duodenal wall and/or right limb of the pancreas. Neoplasia (i.e., adenocarcinoma, round cell tumor) is suspected with a lower possibility of a focal inflammatory process. Regional peritonitis is present.
- The ill-defined hypoechoic nodules in the cranial mesentery could be consistent with metastatic lesions, prominent lymph nodes, pancreatic nodules, other.

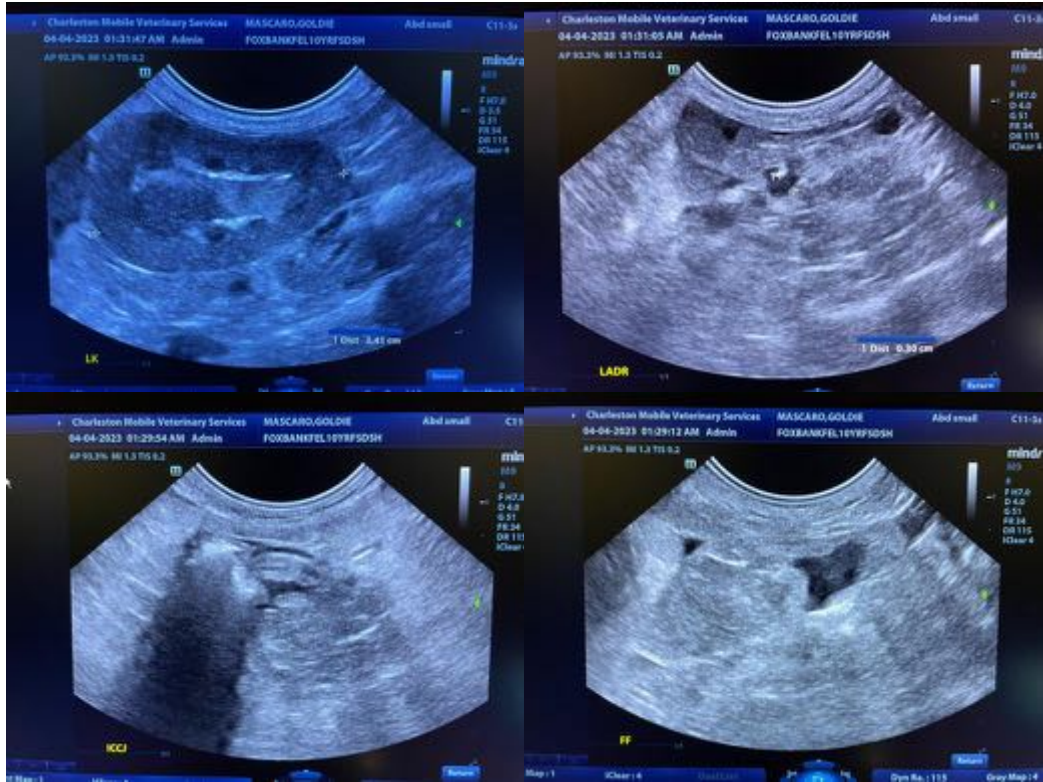
Secondary Findings

- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- Mild bilateral chronic age-related renal changes
- The gall bladder wall changes are suggestive of cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider submission of the abdominal fluid +/- cytologic evaluation of the mass itself. Twenty-five gauge-needles should be used. If the mass is to be aspirated, clotting times are recommended prior to the procedure. If the cytology results are inconclusive or if an aggressive approach is desired in the absence of pulmonary metastatic disease, consider referral to a board-certified surgeon to discuss mass removal or debulking. An abdominal CT scan would be useful in presurgical planning.





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.

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