

**DATE PRESENTING CLINICAL SIGNS**

5/25/22

10/22/2021 went to Upenn, had a hepatic mass that was removed, mammary masses removed and spay (pyometra).

**PATIENT**

Aspen Krauss

Current Medications: None listed.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.

**SPECIES**

Feline

Imaging Performed By: Andi Parkinson, BS RDMS.

**BREED**

Domestic shorthair

**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 mildly distended. A small amount of echogenic to mineralized debris is observed within the lumen, some of which is suspended and some of which is adhered to the ventral wall. 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.

**SEX**

Female, spayed

**AGE**

12/22/2007

The left kidney is normal size (3.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

9.3 lbs.

The right kidney is normal size (4.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Paradise AH

**Spleen**

The spleen is normal in size (0.74 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.

**REFERRING VET**

Dr. Pearson

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 0.93 cm ill-defined hypoechoic area is observed at the caudal aspect. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal. The common bile duct can be followed to the level of the duodenal papilla. The duodenal papilla is normal in size (0.44 cm in width).

**INVOICE**

13436

**Gastrointestinal**

The gastric lumen is moderately distended with ingesta. 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 normal to moderately thickened (up to 0.33 cm) with retention of the

normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

### *Pancreas*

A portion of the pancreas is obscured by the gastric distention. In the visualized portion of the left limb, the pancreas is normal in size with normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.12 cm in diameter).

### *Free Abdomen*

There is no evidence of free fluid. A 0.78 cm gastric lymph node is visualized. In addition, 1-2 colic lymph nodes are seen, the largest measuring 0.79 cm in length.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- The hypoechoic hepatic nodules/area could be consistent with previous surgery site. Alternatively, recurrence of the prior hepatic tumor, inflammatory focus or granuloma may be present.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

### **Secondary Findings:**

- Bilateral, chronic renal changes.
- Urinary bladder debris.
- 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**

- Given the previous history of mammary and hepatic tumors, thoracic radiographs are recommended to assess for evidence of pulmonary metastatic disease.
- Consider a recheck abdominal ultrasound in 4-6 weeks to assess for progression of the hypoechoic hepatic lesion.
- If the patient is exhibiting gastrointestinal signs, consider further workup (i.e., fecal evaluation for ova and Giardia, malabsorption panel +/- a 6-week limited antigen diet trial).





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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