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Clinical Sonography & Telecytology
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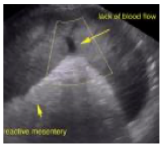
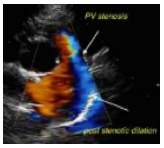
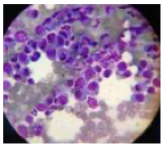
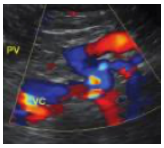

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lacey Chapman

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
14 years

WEIGHT
7.4 lbs

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

IMAGING PERFORMED BY
Dr. Leslie Cohen

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Leslie Cohen

INVOICE
13794

DATE
7.24.23

PRESENTING CLINICAL SIGNS

History: 14Y SF DSH presented for lethargy, collapse this morning. Hx chronic intermittent vomiting and hypo/anorexia. Diagnosed with hyperthyroidism 3mo prior, not medicated. Tachypneic, tachycardic, hypertension on exam, triaged.

CBC: Hct 45.5%, WBC 23.08 (H), Neu 18.17 (H)
Chem17/lytes: Glu 242 (H), Glob 5.6 (H), ALP 114 (H)
Feline proBNP: 155.3 (abnormal)
Radiograph (3-view): Mineral opaque material forming spherical shape in cranioventral abdomen. Mildly decreased serosal detail, more prominent in cranial abdomen. Soft tissue mass effect caudal to mineral opaque structure. Pinpoint mineral opacifications at costochondral junctions. One population of small intestine. Colon distended with gas, formed fecal material. Increased sternal contact of cardiac silhouette. Normal lung parenchyma.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.63 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few nonobstructive foci of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is borderline small in size (3.02 cm in length) with a slightly irregular shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few, small, nonobstructive foci of mineralization are visualized. There is a suspected cortical infarct at the caudal pole. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (0.70 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 appears normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. There is a questionable 1.91 x 1.21 cm mildly-heterogenous, multiseptated cystic nodule/mass on the right side adjacent to the diaphragm. Intrahepatic biliary stones are present. Hepatic vasculature is of normal volume with no evidence of congestion. There is appropriate echogenicity and echotexture. (See also “Other” category).

The gall bladder is moderately distended. The wall is normal in thickness. Several cholelithsare observed within the lumen, along with mineralized sand. The cystic and common bile ducts are normal/not seen.

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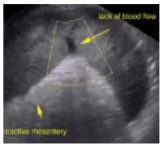
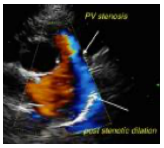
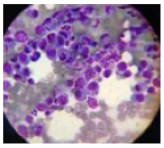
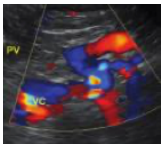

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Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid-distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The pancreas is visible/prominent. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated (up to 0.20 cm) (See also "Other" category).
The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is suspected. The abdominal lymph nodes are normal/not visible.

Other
A 2.00-2.50 cm slightly irregular echogenic mass is observed in the right cranial quadrant. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mass in the right cranial quadrant, the origin of which is unclear. It may be arising from pancreas, liver, lymph node, mesentery, other. Neoplasia (i.e., carcinoma, round cell tumor, sarcoma) is suspected, with a lower possibility of a focal inflammatory process. Adjacent peritonitis is present.

Secondary Findings

- Bilateral chronic renal changes with nonobstructive nephrolithiasis and a right cortical infarct.
- Intrahepatic biliary stones with a questionable cystic nodule/mass on the right side (i.e., biliary cystadenoma, biliary cystadenocarcinoma).
- Choleliths with gallbladder sand (nonobstructive)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine-needle aspirate of the right cranial abdominal mass (if accessible and if clotting status is appropriate). A 25-gauge needle should be used. If the lesion is not accessible, consider an abdominal CT scan for further characterization of the lesion. Surgical biopsies may be necessary to get a definitive diagnosis.

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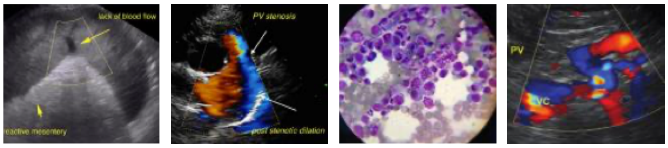

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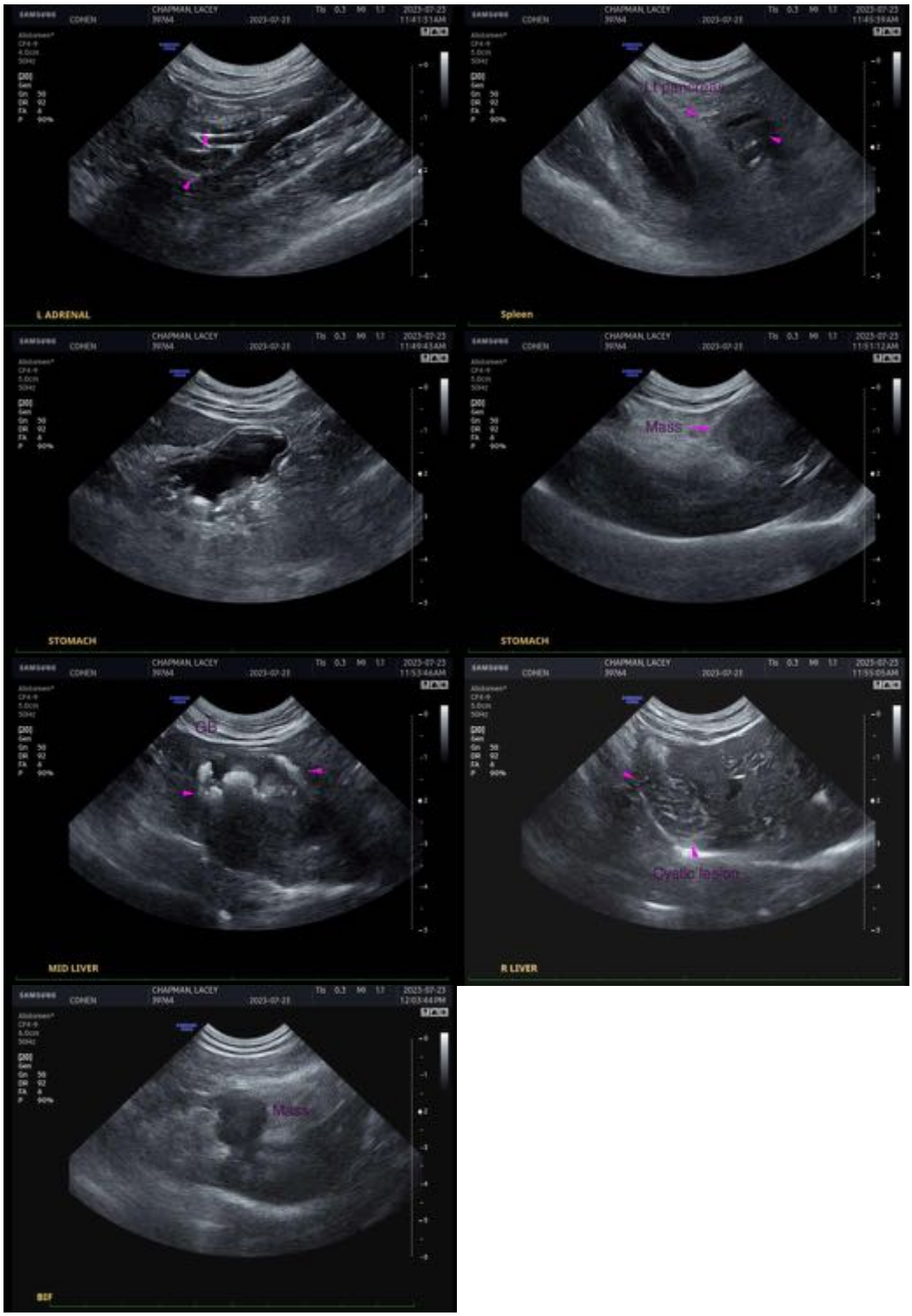

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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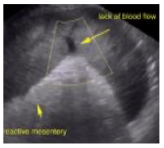
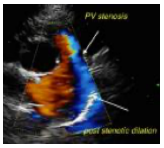
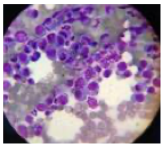
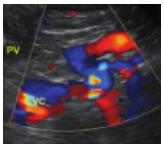

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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