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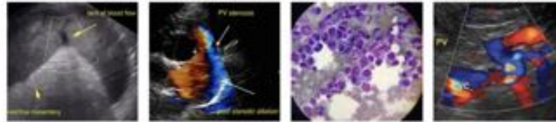


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Lucy Williams

SPECIES

Feline

BREED

Siamese Mix

SEX

Female Spayed

AGE

13 years

WEIGHT

NP

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Charleston Animal Soc

REFERRING VET

Dr. Morris

INVOICE

13943

DATE

8.4.23

PRESENTING CLINICAL SIGNS

History: In the spring, Lucy had an episode of lethargy, anorexia and ascites and was hospitalized. There was concern about an abdominal mass at that time. The patient recovered. The owner has notice abdominal distention again.

Bloodwork from April showed an albumen of 1.5. T4 normal. Hematocrit was 20%. Nonregenerative white count 31,000 with a neutrophilia, monocytosis and eosinophilia.

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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.83 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. Several nonobstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.07 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious evidence of a right adrenomegaly. However, the region is somewhat obscured by the mass effect in the cranial- to midabdomen.

Spleen

The spleen is normal in size (0.87 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.

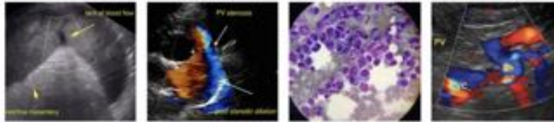
Liver

The liver is enlarged with irregular/ill-defined peripheral contours. A >7.00 cm heterogenous cavitated mass is arising from the caudal aspect. A small amount of more normal-appearing hepatic parenchyma is observed more cranially, adjacent to the diaphragm. In this region, hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is mildly distended. The wall is mildly thickened (up to 0.25 cm) and slightly hyperechoic. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly-to-moderately distended with liquid-appearing ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. A large, ill-defined mass, which



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appears continuous with the hepatic mass, appears to be arising from the wall of the descending colon. There is complete loss of the normal layering pattern in this region. Orad to this mass, shadowing fecal material is observed within the colonic lumen. The distal colonic wall appears normal- to borderline-thickened.

Pancreas
The region of the pancreas is mostly obscured by the mass effect in the cranial- to midabdomen.

Free Abdomen
A large amount of echogenic free fluid is present. The mesentery throughout the abdomen is hyperechoic with hypoechoic nodules. A cluster of enlarged mildly hypoechoic mesenteric lymph nodes are visualized (the largest nodes measuring 0.25 x 1.90 cm).

Other
A brief echocardiogram reveals no evidence of pericardial effusion.

*A therapeutic thoracocentesis was performed at the end of this study without incident. At least 400 ml of blood-tinged fluid was removed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

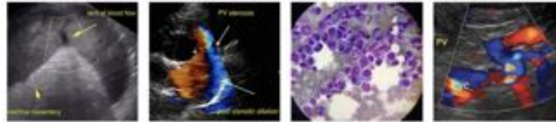
- Mass effect extending from the cranial abdomen to the mid- to caudal abdomen. The mass effect appears to incorporate liver, colon and mesentery, +/- pancreas. It is difficult to discern a distinct border. Diffuse peritonitis and ascites are present. Diffuse peritonitis and ascites are present. Top differentials include carcinomatosis or other neoplasia vs FIP, vs a severe inflammatory process. Neoplasia is strongly favored.

Secondary Findings

- Bilateral chronic age-renal changes with nonobstructive nephrolithiasis
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, or reactive change.
- The pancreatic are most consistent with chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider submission of the abdominal fluid for fluid analysis and cytologic evaluation.
- Thoracic radiographs can also be considered to assess for pulmonary metastatic disease.
- Given the guarded- to poor prognosis, palliative care (i.e., therapeutic thoracocenteses (as needed) appetite stimulants and pain medication (if needed)) is recommended in lieu of aggressive diagnostics/treatments.



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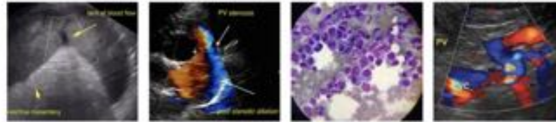

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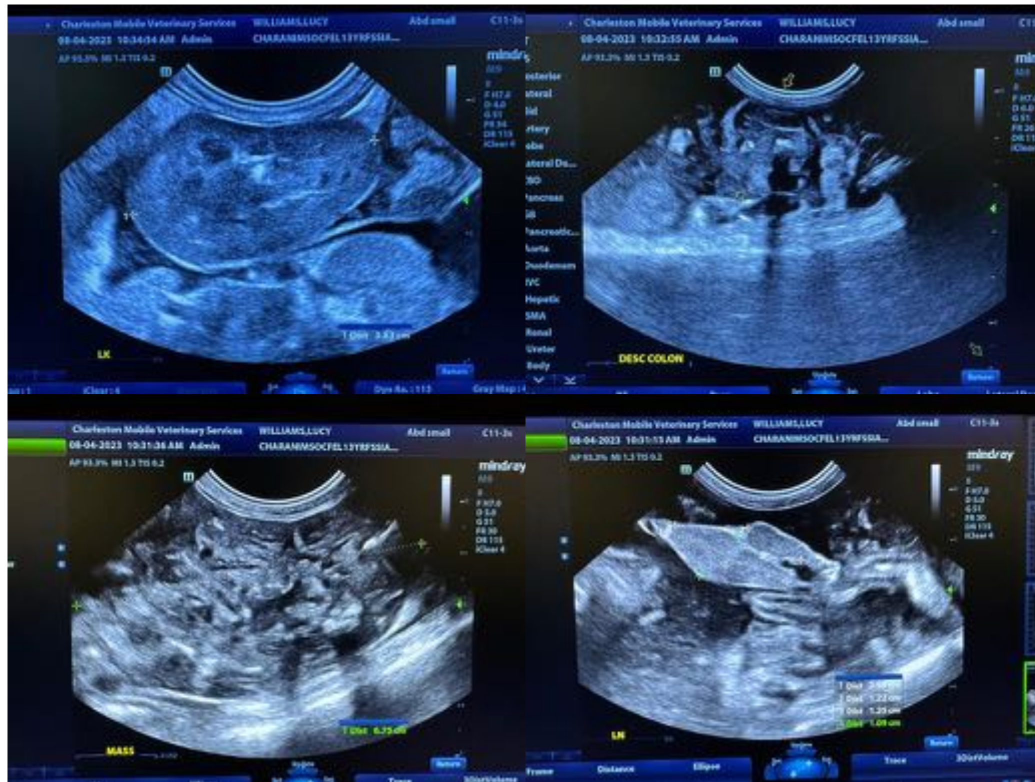

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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