

**DATE PRESENTING CLINICAL SIGNS**

9/14/21

Vomiting, Losing Weight, Mass -Abdominal.

History: Date: 09-14-2021 Notes: Indoor only, rescued in 2005 FeLV/FIV unknown Vomited on Labor Day, had blood in the vomit. BW at the RDVM- Increased WBC's, decreased PCV Increased thirst and urine Weight loss Not able to keep down any food Vomiting.

**PATIENT**

Cuddles Mantegna

Lab Results: attached. PCV = 18 % TS = 6.0

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

2006

**WEIGHT**

5.56 lbs.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Animal Emergency  
 Hospital

**Spleen**

The spleen is subjectively prominent in size (0.81 cm in width at the level of the hilus) with swelling at the mid medial and later aspects. The parenchyma is mottled in appearance. A clot (vs mass effect 0.98 x 0.38 cm) is suspected at the medial aspect in the region of the hilus.

**REFERRING VET**

Dr. Ruby

**Liver**

The liver is subjectively enlarged with swollen irregular peripheral contours. A >7 cm heterogeneous cavitated mass is observed on the left side. In the remainder of the organ, the parenchyma exhibits minor changes consistent with age-related remodeling. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains a small amount of suspended debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

**INVOICE**

12082

**Gastrointestinal**

The gastric wall is diffusely and severely thickened (up to 1.17 cm), irregular and hypoechoic with loss of the normal layering pattern. The gastric lumen is mildly distended with echogenic fluid. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. No obstructive disease is noted.

### ***Pancreas***

The pancreas is largely obscured by the large hepatic mass. In the visualized portions, no obvious pathology is seen.

### ***Free Abdomen***

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. A prominent hypoechoic lymph node is observed in the right cranial quadrant. See also *Other*.

### ***Other***

Several irregular hypoechoic nodules/masses are observed in the left cranial quadrant.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- Large left hepatic mass. Neoplasia (i.e., biliary cystadenoma/cystadenocarcinoma, hemangiosarcoma, other), is suspected with a lower possibility of abscessation.
- The gastric wall changes are also concerning for infiltrative neoplasia (i.e., adenocarcinoma, lymphoma, other) with lower possibility of severe inflammation.
- Peritonitis is present likely secondary to hepatic and gastric pathology.
- The splenic parenchymal changes are concerning for infiltrative neoplasia. However, benign pathology cannot be excluded. There is suspicion for a splenic thrombus.
- The left cranial abdominal masses may represent enlarged lymph nodes or metastatic lesions within the mesentery.

### **Secondary Findings:**

- Minor bilateral age-related renal changes with dystrophic mineralization.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the gastric wall and left cranial masses (if clotting status is appropriate). 25-gauge needles should be used. It is not advisable to aspirate the liver mass due to the potential for iatrogenic hemoabdomen with aspiration. If cytologic evaluations are inconclusive, surgical biopsies can be considered. However, given the plethora of abdominal pathology the prognosis for this patient is considered guarded.





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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