

**DATE PRESENTING CLINICAL SIGNS**

9.21.2022

PPMH: biopsy confirmed pemphigus 12/2021; started on triamcinolone. Presented with jaundice/ecchymosis in 1/2022. Review previous hx/meds. Was maintained on prednisolone 5 mg, ursodiol, Denamarin/vitamin b12 (discontinued/lost to follow-up x 3 months) over spring/summer. Last BW checked in June--the best the tibil got was 3.8 in May. Best ALT/ALP was 184/117. Represented 9/15 for ataxia and progressive jaundice, but otherwise clinically stable (eating well, no vomiting, weight stable, no diarrhea). BP normal. New grade 2/6 systolic murmur.

PATIENT

Jubilee Shannon

SPECIES

Current Medications: Prednisolone 5 mg SID, Restarted Denamarin and vitamin B12, metronidazole, marbofloxacin, lactulose

Feline

Lab Results: 9/15/2022 ALT 250 HIGH 27-158 U/L, ALP 154 HIGH 12-59 U/L, GGT 2 0-6 U/L, TOTAL BILIRUBIN 11.7 HIGH 0.0-0.3 mg/dL

BREED

BILIRUBIN UNCONJUGATED 6 HIGH 0.0-0.2 mg/dL, BILIRUBIN CONJUGATED 5.7 HIGH, RBC 4.65 LOW 7.12-11.46 M/uL, HGB 5.3 LOW 10.3-16.2 g/dL, HCT 18.4 LOW, Moderate keratocytes.

DSH

Date of Previous IntraPet Ultrasound: 1/12/22. See attached.

SEX

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

12/8/2017

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

WEIGHT

9.2 lbs

The **left kidney** is normal size (4.85 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present (0.16 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro,
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Animal
Internal Medicine)

The **right kidney** is normal size (4.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands**HOSPITAL NAME**

The region of the **adrenal glands** is evaluated. No obvious pathology is observed.

Paradise Animal
Hospital

Spleen

The **spleen** is normal in size (0.91 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. Riehl

Liver

The **liver** is subjectively enlarged with irregular peripheral contours. Several varying-sized coalescing nodules/masses are observed throughout the organ, some of which cause capsular expansion. The largest lesion measures approximately 3.22 cm in diameter. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

INVOICE

11663

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. 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 not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceccocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Multiple hepatic masses/nodules. These changes are most concerning for neoplasia (i.e., round cell tumor, other). However, benign inflammatory lesions cannot be completely excluded.

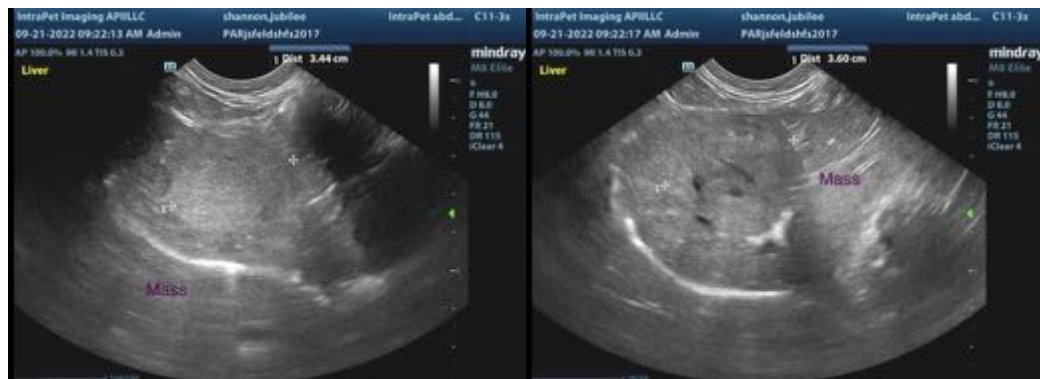
Secondary Findings

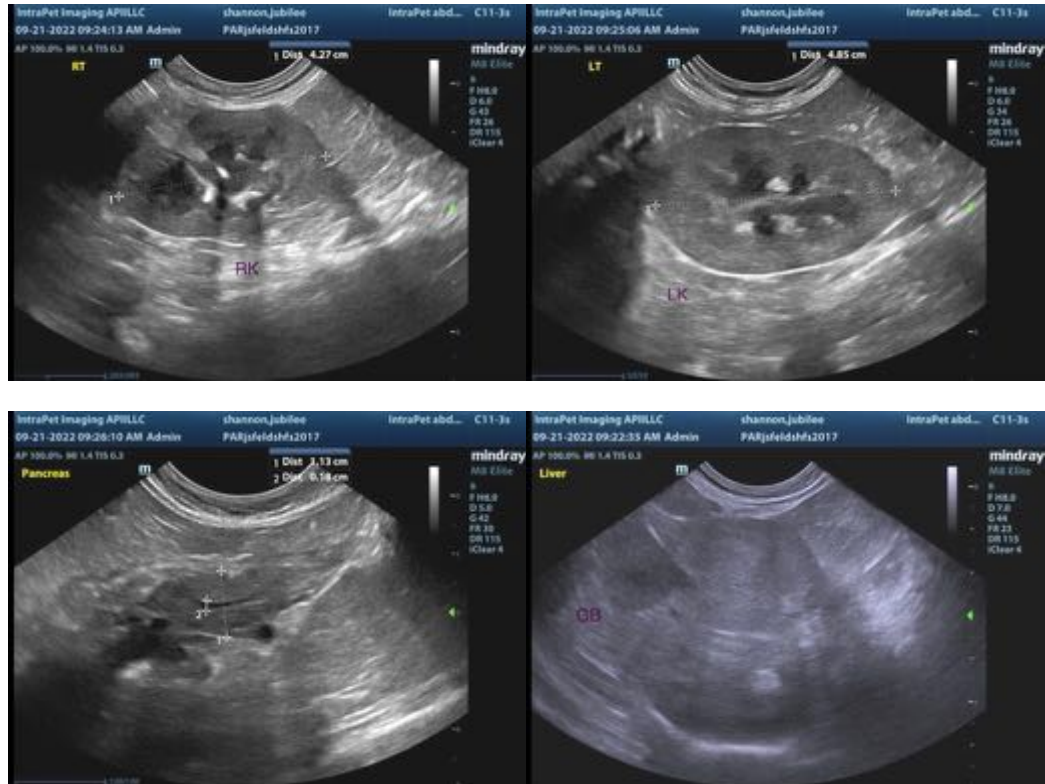
- Minor age-related pancreatic remodeling
- Chronic renal changes with nonobstructive nephrocalcinosis and a right cortical infarct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

Consider fine-needle aspiration of a hepatic mass (if clotting status is appropriate). If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.





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.

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