



PATIENT

Sam Ashford

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

13 Yrs.

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Remcho

DATE

1/24/23

INVOICE

14508

PRESENTING CLINICAL SIGNS

History: Distended abdomen found to be peritoneal fluid. P has been losing weight but otherwise acting fairly normal.

Abnormal PE/Chem/CBC/UA Results: Lab work - WBC 27,700, neutrophils 22,600. SDMA 20, K 5.6, GGT 11 abdominocentesis: Description: Direct and cytocentrifuged smears are prepared and evaluated. Scattered leukocytes are noted in a pale purple background. The differential count is: 62% neutrophils, 28% macrophages and 10% lymphocytes. Neutrophils are non-degenerated. Macrophages are often mildly leukophagic or erythrophagic. Pyknotic neutrophils and pyknotic mononuclear cells are noted often. Lymphocytes are mostly small and mature with rare reactive forms seen. Rare eosinophils are noted. A few macrophages or similar cells are tri-nucleated. A single small cluster of possibly cohesive smaller cells is noted. Several large pools of smooth medium blue material are seen. Interpretation: Consistent with modified transudate. Comments: No cytologic evidence of inflammation, infection or neoplasia is seen. The differential list for abdominal modified transudates is long and includes right heart failure, chronic liver disorders, portal hypertension or thrombosis, non-exfoliating neoplasia, and potentially underlying inflammation. No microorganisms or evidence of neoplasia are found here, but the possibility of underlying neoplasia cannot be ruled out particularly given the patient age. FIP is also a specific differential in cats that cannot be ruled out. Current Medications None Radiographic Findings Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall 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 and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.05 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. A few small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.64 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. A few small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

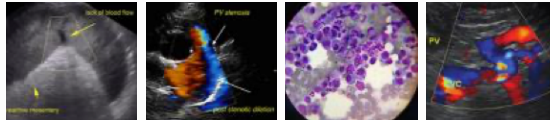
The left adrenal gland is mildly enlarged (0.75 cm width) with a slightly rounded shape. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

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

Spleen

The spleen is not definitively visualized in the available images, likely due to displacement by the free fluid and large hepatic mass.

Liver



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The liver is severely enlarged with irregular peripheral contours. A multi-septated cystic mass effect is observed throughout the organ, causing capsular expansion. There is no visibly normal appearing hepatic parenchyma.

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Gastrointestinal

The stomach is not definitively visualized, likely due to obscuring by the free fluid and hepatic mass. 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. No obvious obstructive disease is noted.

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Pancreas

A portion of the pancreas is obscured by the large hepatic mass effect. In the visualized portions, no obvious abnormalities are seen.

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Free Abdomen

A large amount of slightly echogenic free fluid is present. The abdominal lymph nodes are normal/not visible.

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Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion. There is also no obvious evidence of chamber enlargement.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary Findings:

- Diffuse cystic hepatic mass effect. Differentials include biliary cystadenoma, biliary cystadenocarcinoma, hemangiosarcoma, other.
- The diffuse ascites is suspected to be secondary to hepatic pathology. However, other causes cannot be excluded.

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Secondary Findings:

- Bilateral degenerative renal changes with non-obstructive nephrocalcinosis.
- The left adrenomegaly may be secondary to stress, hyperplasia or an emerging tumor.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- In order to definitively diagnose the hepatic pathology, biopsies (i.e., laparoscopic or surgical) would likely be necessary. Fine needle aspiration can be considered. However, there is risk of inconclusive results and possible iatrogenic hemorrhage with the procedure.

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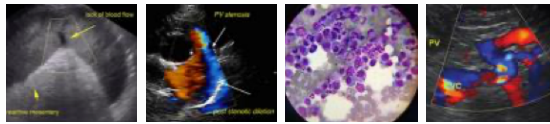
- Given the diffuse hepatic pathology, palliative care (i.e., periodic therapeutic abdominocentesis) should be considered in lieu of invasive diagnostic testing.



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



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