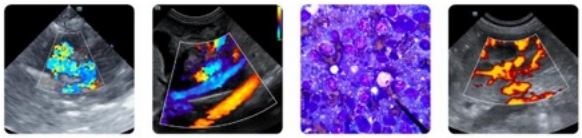

PATIENT

Kitty Nugent

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

1/13/12

WEIGHT

10.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

Waterway

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Dr. Walker

INVOICE

13721

DATE

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PRESENTING CLINICAL SIGNS

Concerns: indoor only. Had some bouts of vomiting last year, went to a few different vets and nothing came of it. Seems to just be indigestion per owner. Bloodwork from 4/21 reveals unremarkable CBC and chemistry panel. T4 normal at 1.9.

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. A small amount of echogenic debris is observed within the lumen. No cystic 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 (3.97 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.00 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. 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 right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.92 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.

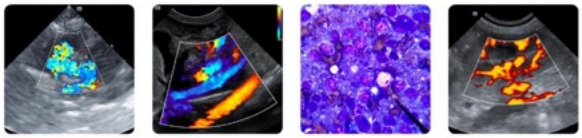
Liver

The liver is normal to prominent in size with relatively smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. Several varying sized hyperechoic to heterogeneous cystic nodules/masses are visualized, one of the largest measuring 2.6 x 2.5 cm. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.35 cm in width).

Gastrointestinal

The gastric lumen is not 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. The



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colonic lumen contains granular appearing fecal material and gas. There is no obvious evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph nodes

A few prominent mesenteric lymph nodes are visualized, one of the nodes measuring 2.74 x 0.73 cm.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

· Multiple cystic heterogeneous hepatic nodules/masses. Biliary cystadenomas are of top concern with a lower possibility of biliary cystadenocarcinoma or other pathology.
· The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

· Mild bilateral nonspecific, age-related renal changes

*It is unclear whether the patient's GI signs are secondary to a primary enteropathy, hepatobiliary pathology and/or another etiology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the GI signs, the following diagnostic/treatment recommendations can be considered:
    1. Serum cobalamin, folate, PLI and TLI
    2. A fecal evaluation for ova/Giardia
    3. 3-4-week limited antigen or hydrolyzed protein diet trial to assess for food allergies
    4. Initiation with a probiotic may also prove beneficial.
    5. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
    6. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Thoracic radiographs are recommended prior to anesthesia.
    7. For patients where chronic vomiting is present but additional diagnostics are not to be performed, consider empirical treatment for Helicobacter gastritis, which includes a 14–21-day course of amoxicillin, metronidazole, clarithromycin and an acid blocker (i.e., omeprazole or famotidine).

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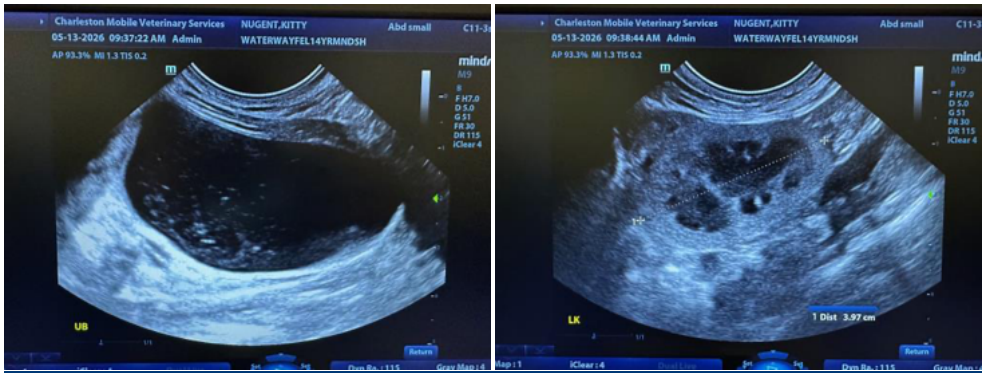
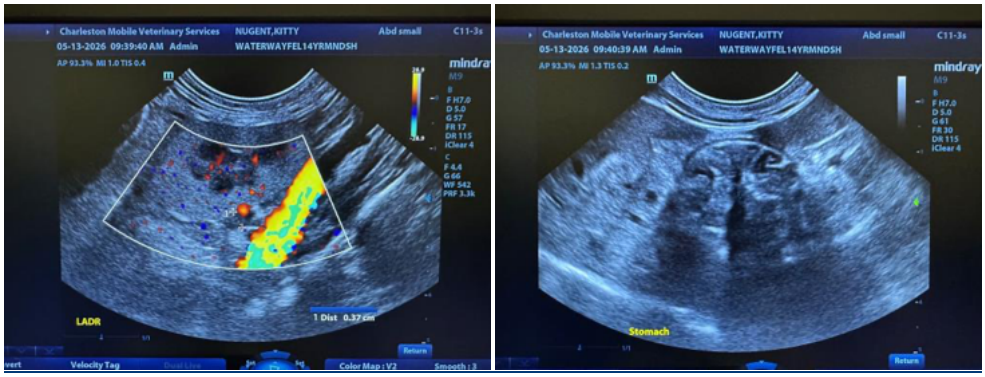
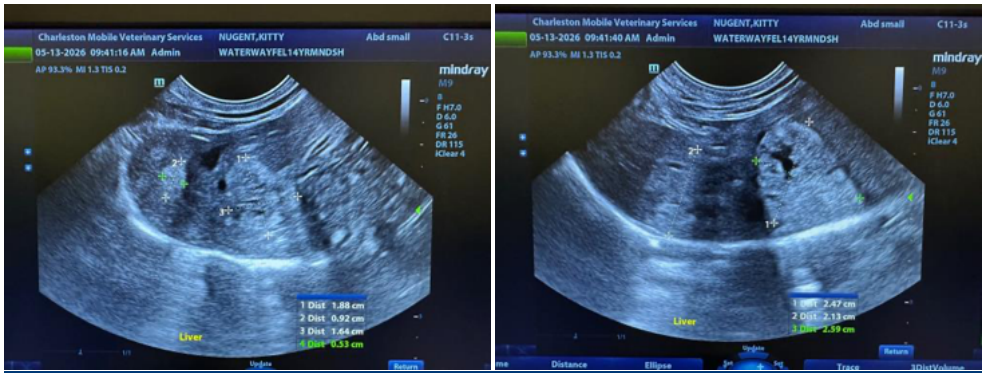
- Regarding the hepatic lesions, consider the following:
    1. Three-view thoracic radiographs to assess for metastatic disease
    2. Liver biopsies can be considered for further evaluation. However, it should be noted that biliary cystadenomas tend to be much more common than biliary cystadenocarcinomas.







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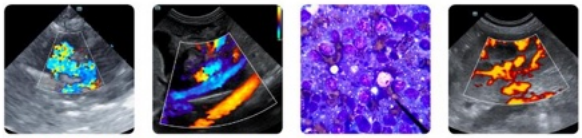

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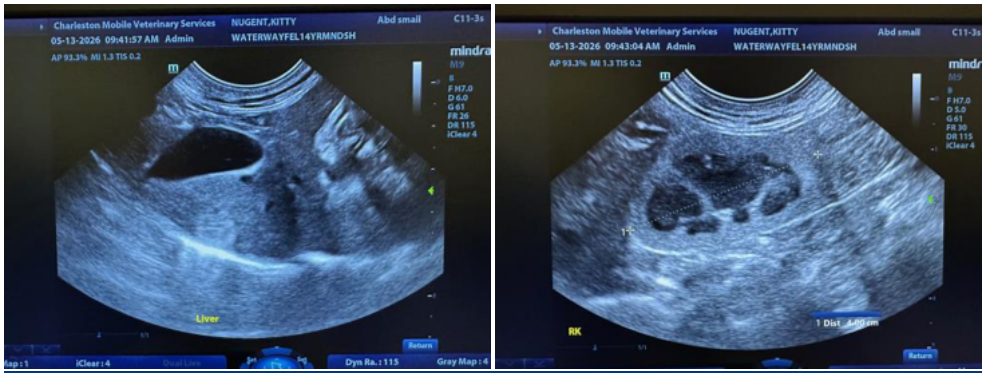

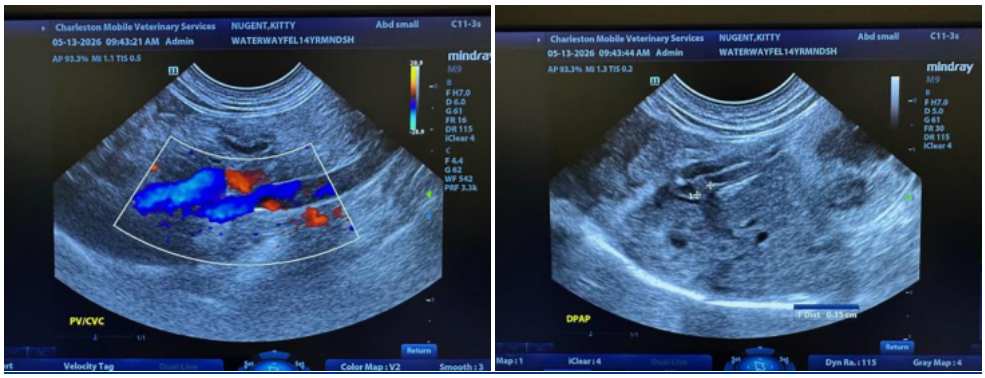

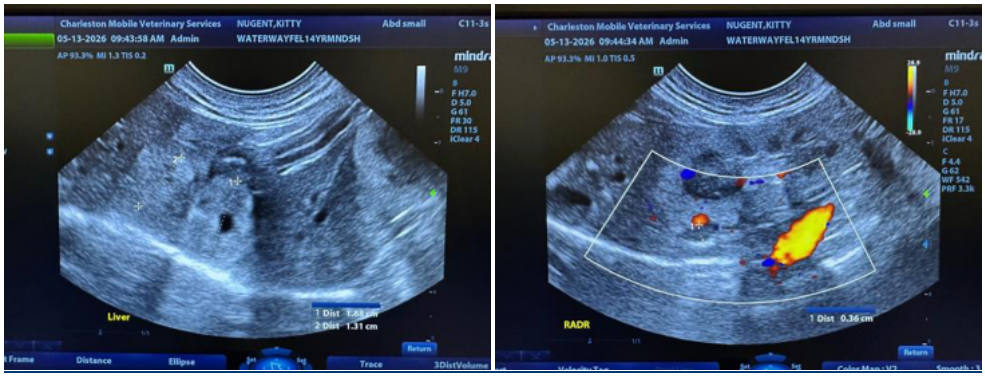

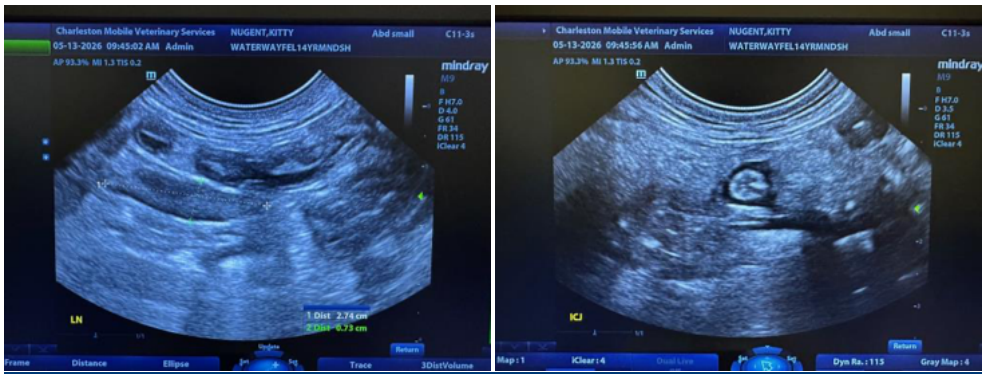

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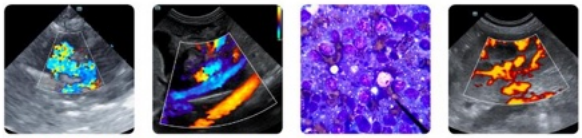

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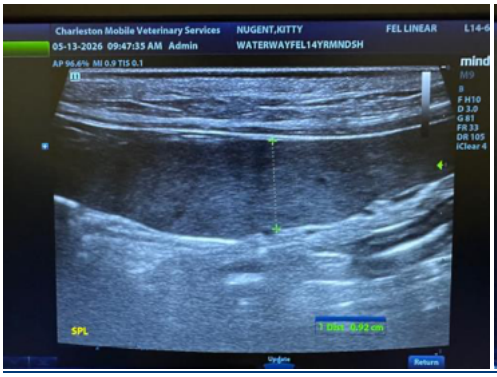

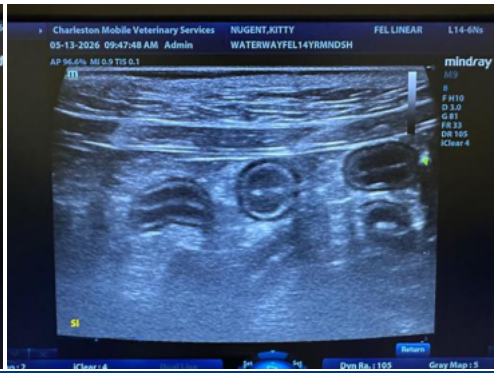

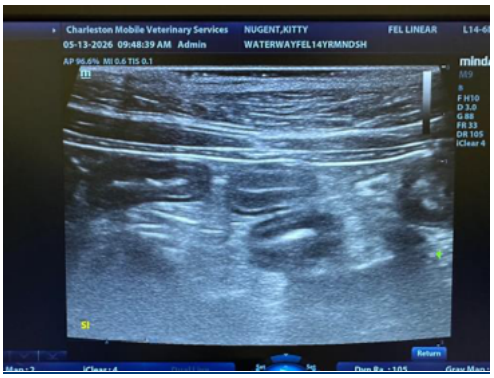

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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