



PATIENT

Sage Hachey

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

15 Yrs.

WEIGHT

4.2 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Chedoke AH

REFERRING VET

Dr. Heinen

INVOICE

12991

DATE

2/9/22

PRESENTING CLINICAL SIGNS

History: rads show loss of detail caudal to liver, possible mass effect meds: Felimazole 5mg SID in AM, 2.5mg SID in PM, Gabapentin 100mg for sedation for appointments
Abnormal PE/Chem/CBC/UA Results: FGP WNL other then T 4 93.8 was 163 (10-60) Mild decreased WBC, Lymph Increased RBC, HCT, HGB, ALB, Ca Spoke with lab, suspect increased Ca likely due to increased albumin. Rec monitor. Plat low but clumping - adequate\

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is borderline small in size (3.09 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.89 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to 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 in size (0.49 cm length; 0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.38 cm length; 0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged with irregular peripheral contours. A >2 cm irregular hypoechoic to slightly heterogeneous mass with foci of mineralization is observed at the medial aspect, just distal to the hilus. The remaining parenchyma is slightly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with an irregular caudal contour. The parenchyma is isoechoic relative to the spleen. A 1.54 cm isoechoic nodule is observed at the caudal aspect. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The



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pyloric outflow tract is patent. 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 colonic wall is normal. No obstructive disease is noted.

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Pancreas

The pancreas is prominent in size, particularly the left limb, with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and somewhat mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated.

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Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A small amount of free fluid is observed.

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Lymph Nodes

See *Other*.

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Other

A 0.58 cm hypoechoic nodule is observed in the cranial abdomen. Surrounding mesentery is hyperechoic. A 3.17 x 1.51 cm irregular hypoechoic lobulated mass appears to be arising from the body wall. Surrounding tissues appear enflamed.

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ULTRASONOGRAPHIC FINDINGS

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Diplomate ACVIM
(*Small Animal Internal
Medicine*)

Primary Findings:

- Splenic mass. Neoplasia (i.e., round cell tumor, sarcoma) is considered likely with a lower possibility of benign pathology.
- Body wall mass. Again, neoplasia (i.e., sarcoma) is considered likely. However, a granuloma or a severe inflammatory process cannot be excluded.
- Peritonitis is present, likely secondary to splenic and/or hepatic pathology.
- The hepatic nodule could be consistent with a metastatic lesion, a primary hepatic tumor, granuloma, inflammatory focus, other.

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Secondary Findings:

- The pancreatic changes are consistent with chronic pancreatitis with age-related remodeling.
- The hypoechoic nodule in the cranial abdomen may represent a prominent lymph node, a metastatic lesion in the mesentery, other.
- Bilateral age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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- Fine needle aspirates of the body wall, splenic +/- hepatic masses are recommended (if clotting status is normal). If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.

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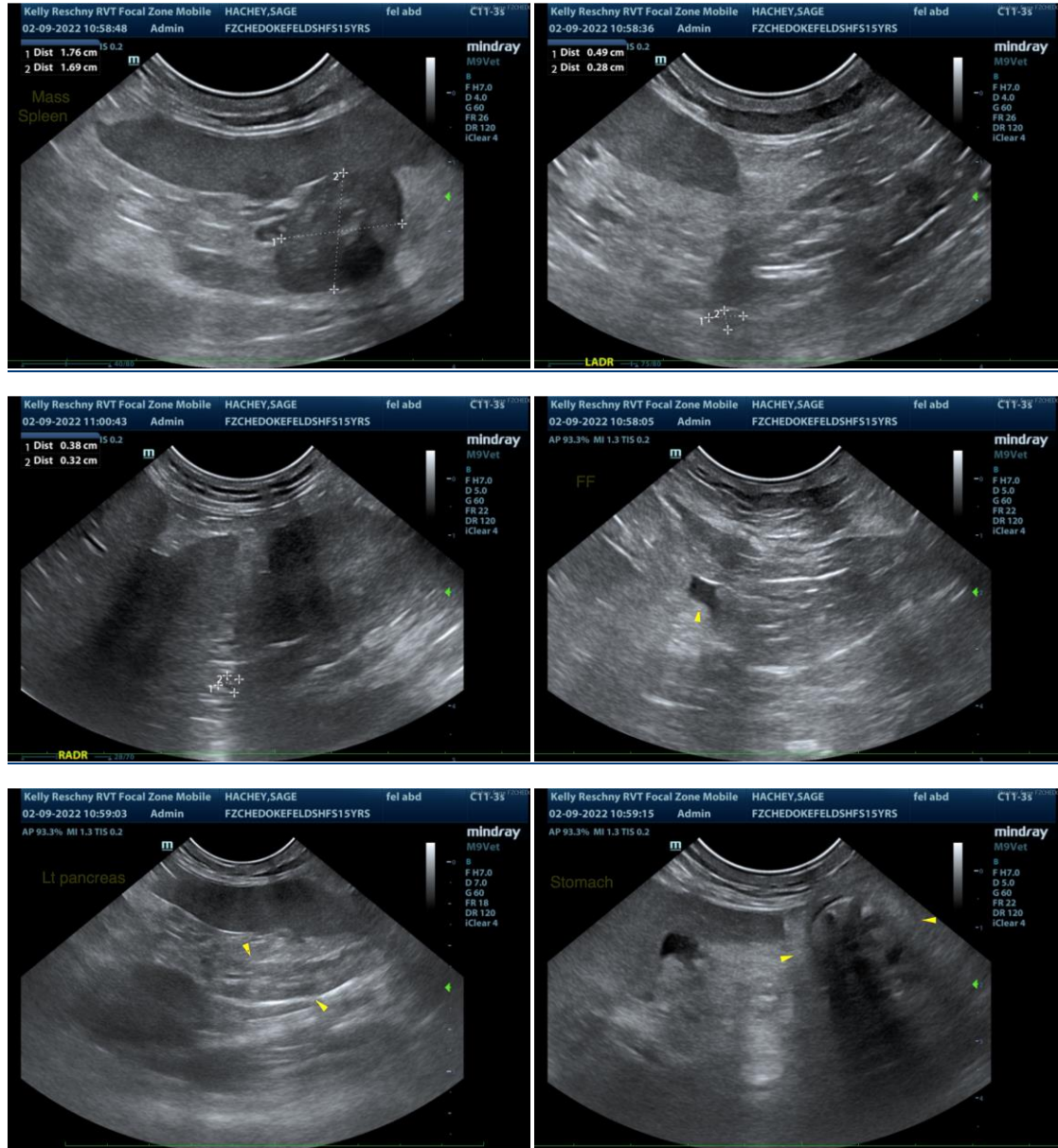
Dr. Heinen

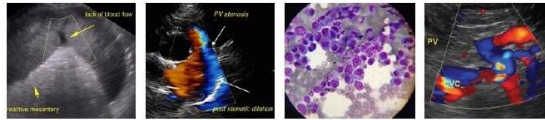
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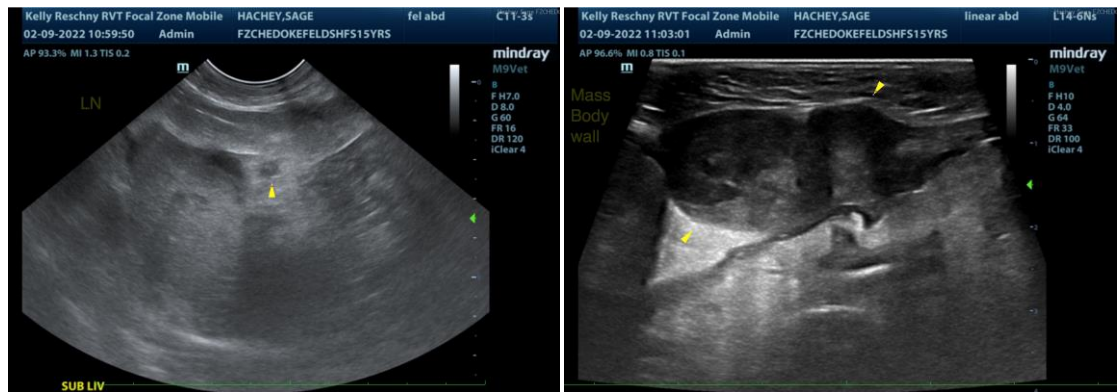
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com