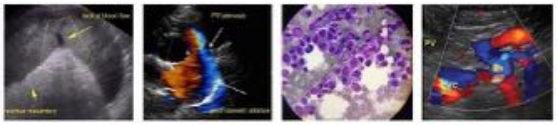

PATIENT

Marco Franssen

SPECIES

Feline

BREED

Domestic longhair

SEX

Male, neutered

AGE

14 Yrs.

WEIGHT

4.97 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hawkins AH

REFERRING VET

Dr. Hawkins

DATE

6/13/22

PRESENTING CLINICAL SIGNS

History: Weight loss, 5.7kg in March, now 4.87kg in May. No meds.
Abnormal PE/Chem/CBC/UA Results: Cysto sample for U/A produced moderate blood. Culture negative. Sp. Grav 1.017. Urine Protein 39mg/dl Urine Creatinine 6972 umol/L Urine protein/creatinine ratio 0.5(0.0-0.2) Spec FPL greater than 50(0.0-3.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of suspended 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 (3.58 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. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.86 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. Foci of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.67 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 subjectively normal to subtly prominent in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. Deep on the left side, adjacent to the gallbladder, a 3-3.5 cm multi-septated cystic, heterogeneous mass is visualized. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to borderline thickened (up to 0.27 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

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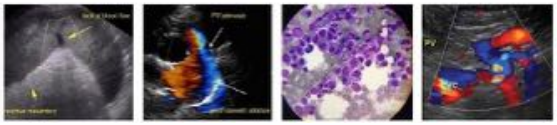

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

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Pancreas

The left limb and base are prominent in size with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottle din appearance. No distinct focal lesions are observed. The pancreatic duct is dilated (0.30 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are consistent with chronic pancreatitis. However, emerging neoplasia cannot be completely excluded.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The cystic hepatic mass is most consistent with biliary cyst adenoma or cyst adenocarcinoma. The diffuse hepatic parenchymal changes are non-specific and may be secondary to hepatic lipidosis, an inflammatory hepatopathy or less likely, infiltrative neoplasia.

Secondary Findings:

- Bilateral, chronic renal changes with non-obstructive nephrocalcinosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs (three-view) are recommended to assess for occult neoplasia in the chest.
- GI panel (send to Texas A&M).
- A fine needle aspirate of the pancreas would be helpful in determining if neoplasia is present. However, given the fragile state of the patient, this may not be safe to perform. In order to get a definitive diagnosis, surgical biopsies of the GI tract, pancreas +/- liver would be necessary to get a definitive diagnosis. If not pursued, supportive care for inflammatory bowel disease and chronic pancreatitis is recommended.

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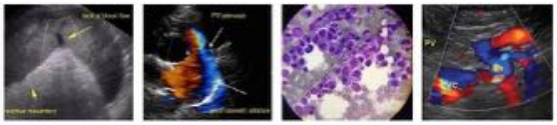

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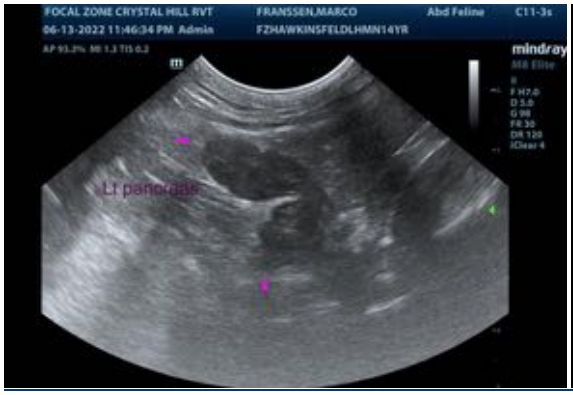

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

DATE
6/13/22