



**PATIENT**

Queen Storelli

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

17 years

**WEIGHT**

6.9 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Cassels-Conway

**HOSPITAL NAME**

Central Broward AH

**REFERRING VET**

Dr. Cassels-Conway

**INVOICE**

94942

**DATE**

1/3/22

**PRESENTING CLINICAL SIGNS**

Vomiting intermittently 1-2 months. Increased to daily a few wks ago. Stopped eating and drinking past few days. Syringe feeding Z/D. Seen elsewhere 12/22. BW showed neutrophilia. Radiographs showed mild gas in colon, no sign of obstruction, spondylosis. Hospitalized 1 day on IV fluids, cerenia, famotidine, zofran, metronidazole and metronidazole tgh. started on Z/D. Seen again elsewhere 12/27 and hospitalized on IV fluids, enema performed.

Abnormal PE/Chem/CBC/UA Results: 12/22/21 CBC neutrophilia 14100 Chem BUN 15, Ca 7.7, Cl 101, K 3.0, Na 149 T4 1.0 wnl SDMA 9

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (3.66 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (3.74 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**Adrenal Glands**

Left adrenal gland is normal in size (0.56 cm long, 0.21 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.71 cm long, 0.28 cm thick), shape and contour. Corticomedullary structure is unremarkable.

**Spleen**

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. A focal, discrete, primarily hyperechoic mass is present in the mid caudal liver. The mass contained multiple, anechoic cavitations/cysts of varying size. The mass measures 3-5 cm in diameter depending on the view. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.



**PATIENT** *Gastrointestinal*

Queen Storelli  
The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is mildly fluid distended, yet otherwise empty.

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The small intestines are normal in wall layering except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

**BREED**

Domestic Shorthair

*Pancreas*

**SEX**  
Spayed Female  
Pancreas is diffusely prominent, hypoechoic and slightly coarse in echotexture with mildly hyper reactive mesentery and fat surrounding the pancreas. There was no free fluid appreciated.

**AGE** *Free Abdomen*

17 years  
Mild, reactive mesenteric lymphadenopathy is also appreciated.

**WEIGHT** **ULTRASONOGRAPHIC FINDINGS**

6.9 lbs

**Primary Findings**

- Focal cystic liver mass, which in a senior cat is most consistent with benign biliary cystadenoma. Malignancy however cannot be ruled out without tissue sampling.
- Prominent, hypoechoic, coarse pancreas consistent with chronic pancreatitis with concurrent evidence of mild or resolving acute inflammation.
- Thickened muscularis. This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Reactive mesenteric lymphadenopathy.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend further diagnostics such as a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory as well as a FNA of the cystic liver mass if the patient's coagulation status is appropriate. Thoracic radiographs are also recommended to further evaluate the cardiopulmonary status and look for metastatic disease. Pending the liver FNA results more invasive diagnostics such as an exploratory laparotomy to biopsy/remove the liver mass as well as obtain full thickness GI biopsies, given the thickened muscularis, may be necessary for a definitive diagnosis. In the meantime, medical management for acute gastroenteritis and pancreatitis is recommended with IV fluids, antiemetics, appetite stimulants, pain management +/- antibiotics. If appetite stimulants do not result in improved appetite, a feeding tube may be necessary to prevent future hepatic lipidosis. Other empirical antibiotics, if further diagnostics are declined could include empirical cobalamin supplementation as well as empirical steroids.



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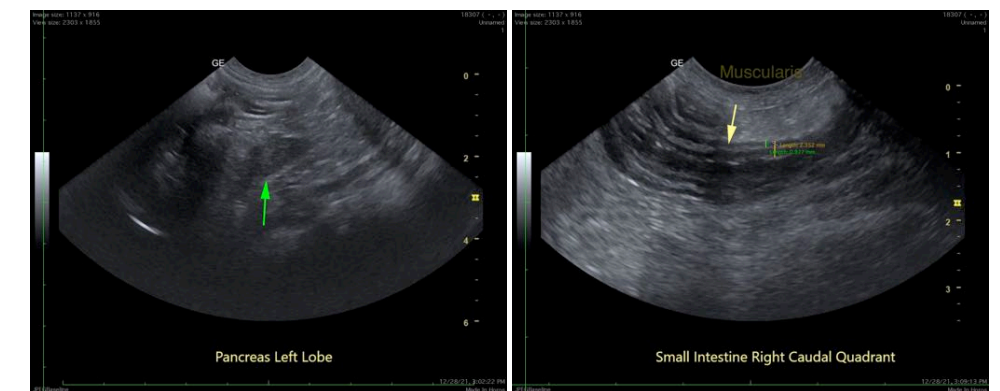
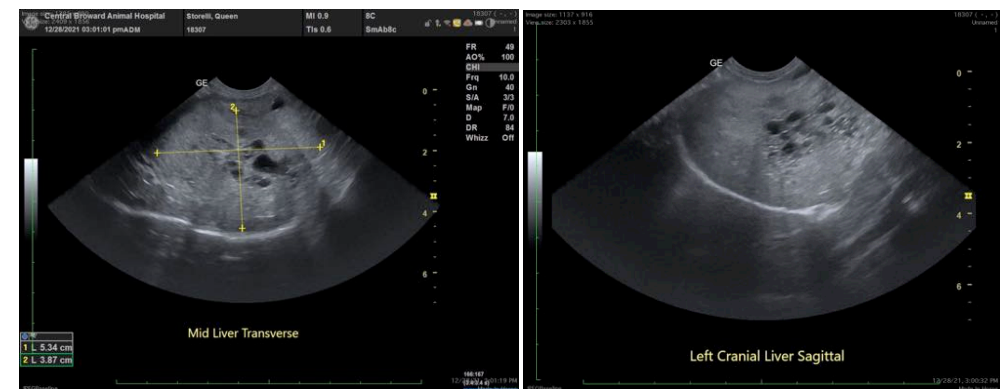
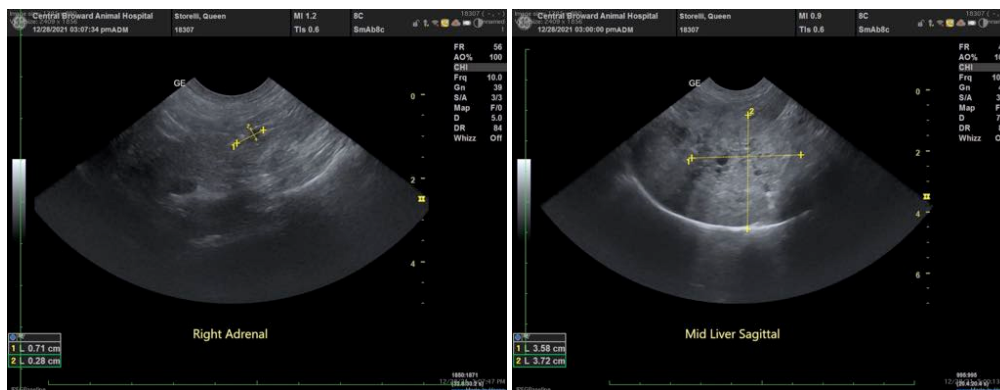
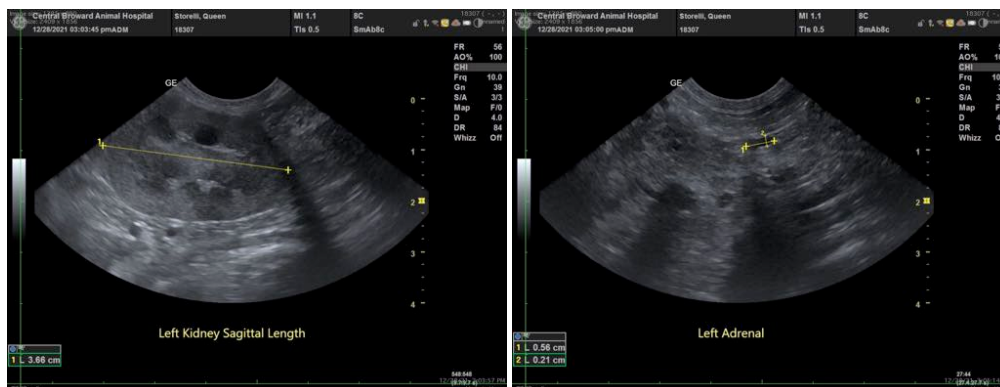
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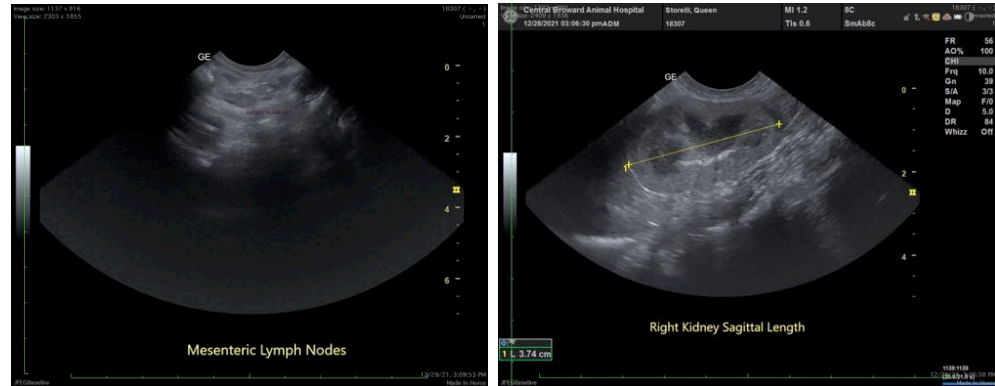
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM DACVIM**

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