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Clinical Sonography & Telecytology
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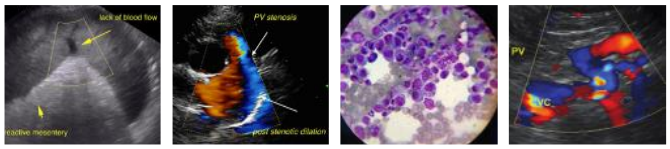

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ty Dayton

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

15

WEIGHT

11.9

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Carolyn Saylor

HOSPITAL NAME

All Creatures AH of South Hill, LLC

REFERRING VET

Dr. Krisha Salmon

INVOICE

20871

DATE

1/30/23

PRESENTING CLINICAL SIGNS

History: Vomiting: R/O metabolic (renal, hepatic), endocrine (hyperthyroid, DM), neoplasia, primary GI (pancreatitis, parasitism, dietary intolerance/IBD, SCL Cystic fluid structure near urinary bladder: open dx, R/O ureteral or renal blockage, neoplasia, intestinal source ? FLUTD hx controlled w/ diet Hair pulling hx, controlled with Gabapentin over several months and o recently weaned off Hx periodontal dz/stomatitis with dental procedure Jan 2022- improved

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.8 cm. The right kidney measures 3.65 cm.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. A 2.0 cm in diameter heterogenous, primarily cystic nodule is noted in the mid liver. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

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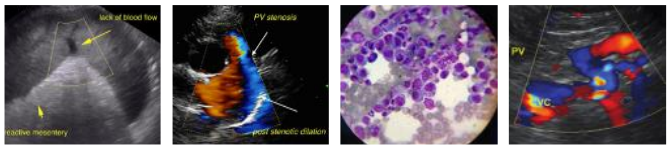

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Pancreas

Pancreas is prominent in size with swollen irregular contour. Parenchyma is heterogenous characterized by hyperechoic tissue remodeling intermixed with ill-defined hypoechoic nodules. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation. In addition to the nodules, several more anechoic cystic lesions are noted in the left limb of the pancreas, and in the caudal right limb of the pancreas, there is a brightly echogenic curvilinear structure with strong acoustic shadow, that may represent mineral vs gas vs other.

Free Abdomen

There is a scant amount of anechoic free fluid noted. The mesenteric, gastric and pancreaticoduodenal lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail. Extending from the urinary bladder, all the way to the cranial abdomen, cranial to the left kidney, throughout the left retroperitoneal area, there is diffusely heterogenous cystic tissue with echogenic septations throughout the cysts.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

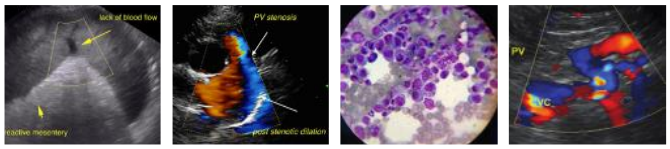
- Scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- Feline biliary cystadenoma – In a senior cat, this liver lesion is most consistent with a/multiple benign biliary cystadenoma. Malignancy cannot be ruled out but is considered less likely give lack of clinical signs and/or laboratory changes.
- Pancreatic nodular hyperplasia- Infiltrative neoplasia cannot be ruled out, especially given the suspected mineral/gas in the caudal right limb. Additionally, benign pancreatic cysts are noted.
- Reactive diffuse lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- The cystic structures comprising the majority of the left retroperitoneal area may represent benign cystic lesions, as are also appreciated likely in the pancreas and liver, however, an infiltrative neoplasia, that can appear cystic and fluid filled, such as hemangiosarcoma vs other, is also possible and cannot be differentiated without tissue sampling.

Secondary Findings

- Age-related kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The majority of the lesions described above, especially involving the liver and likely the pancreas, as well as the kidneys and potentially the spleen, trend toward benign in appearance and/or incidental change. The retroperitoneal cystic lesions may also represent a benign process; however, infiltrative neoplasia has to be a differential and can't be ruled out. Therefore, recommendations include sampling of the cysts, for both cytology, as well as culture and sensitivity if indicated, based on cytology results.



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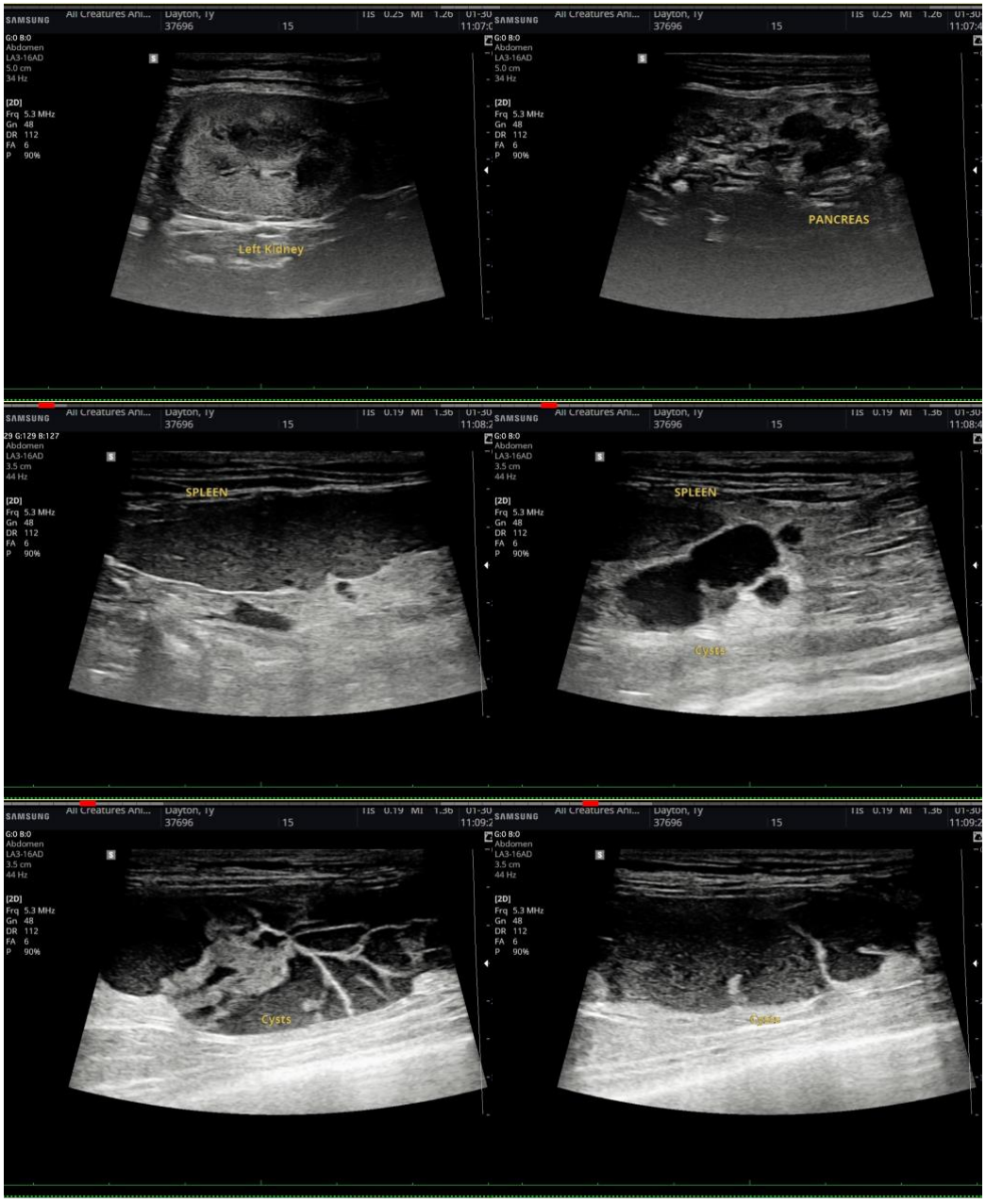
Additionally, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

If a diagnosis is not obtained cytologically, an abdominal CT scan could be considered for more information, followed potentially by an exploratory laparotomy pending CT results.



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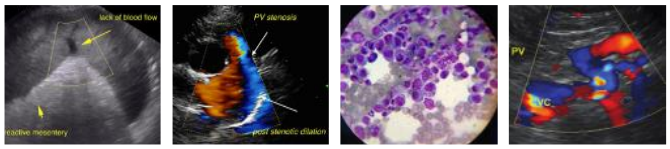

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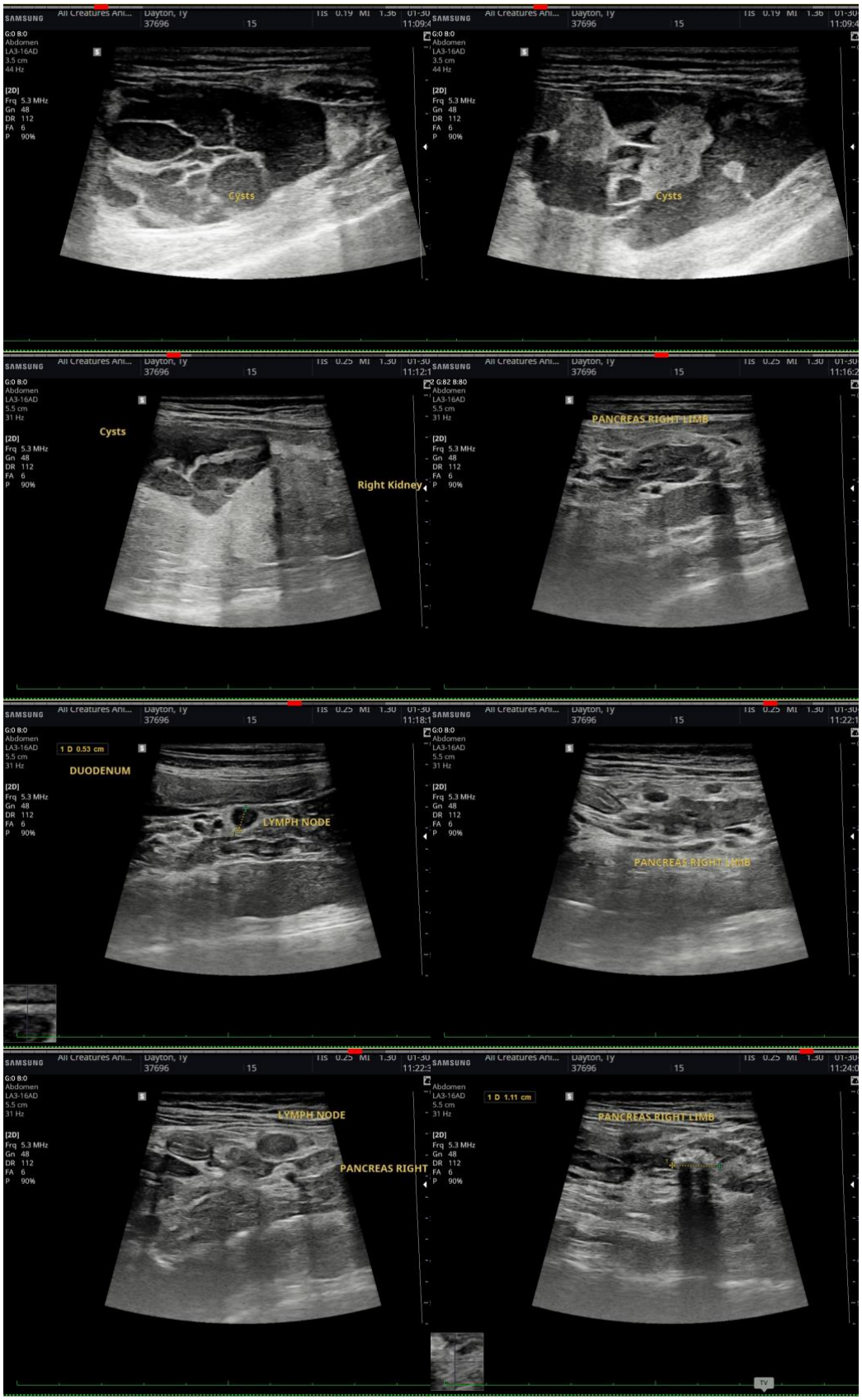

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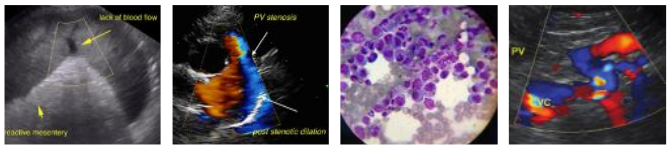

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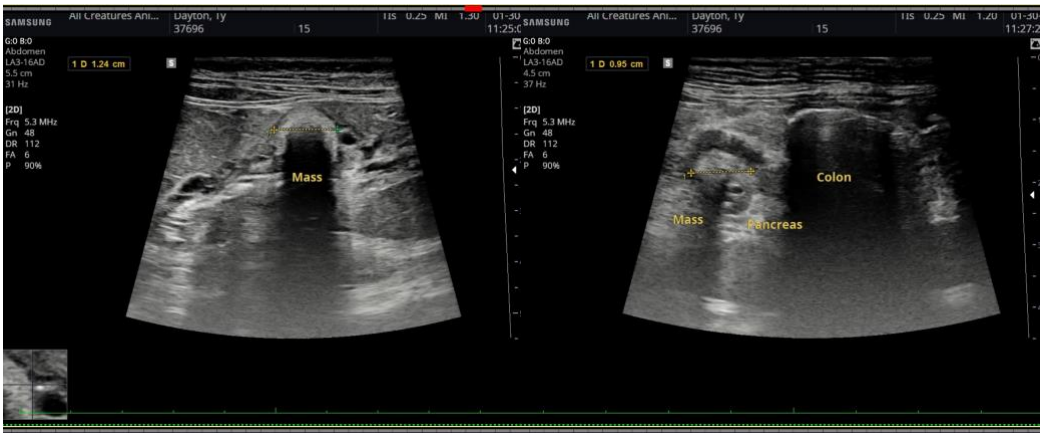

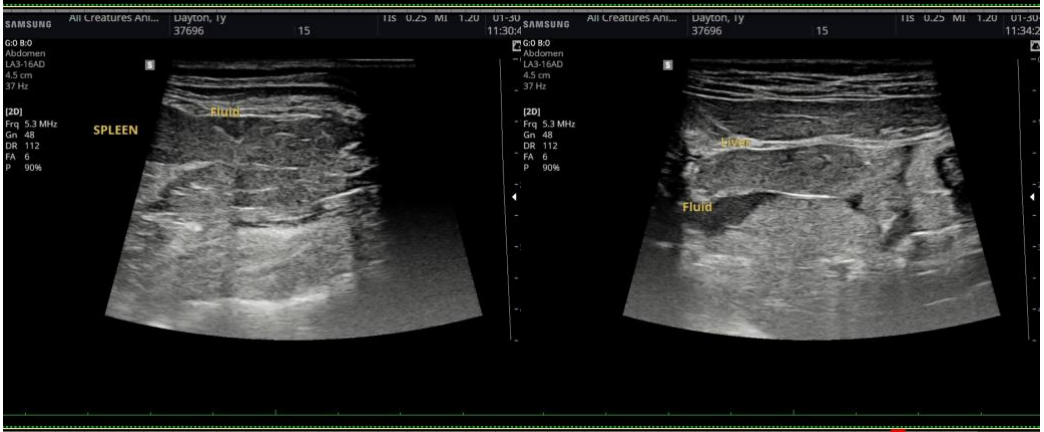

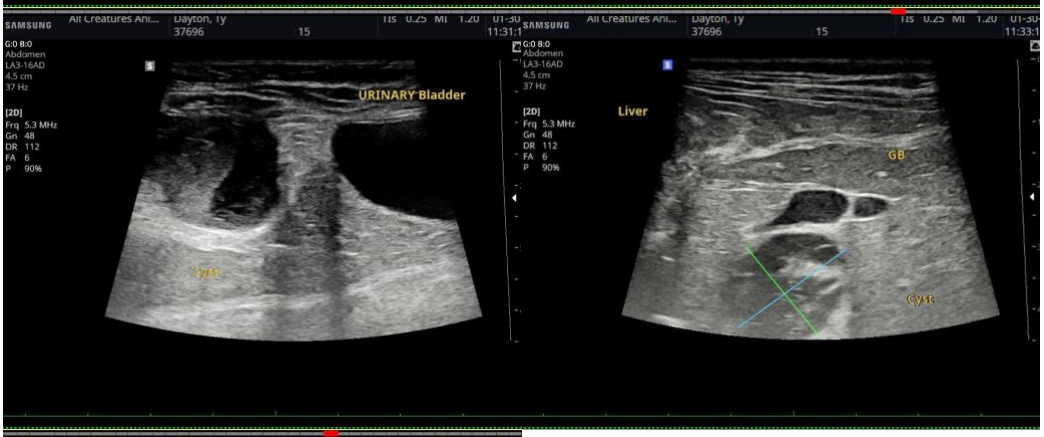

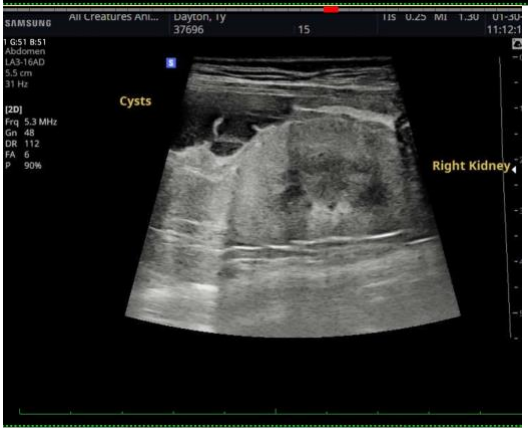

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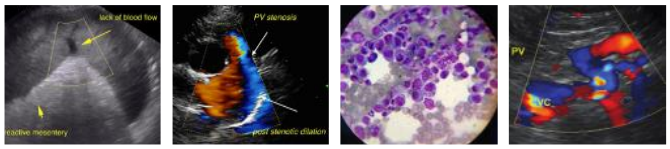

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com