

**DATE PRESENTING CLINICAL SIGNS**

11/30/22 Hx lethargy/hyporexia x 2 days. Pleural effusion on TXR.

PATIENT Current Medications: Chronic Prednisolone EOD.
Date of Previous IntraPet Ultrasound: No previous.
Nittany Basehoar Sedation: Declined.
Stat Report: Not requested.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

3/29/07

WEIGHT

10 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Rachel Brillhart RDMS

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. McIntyre

INVOICE

43075

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.42 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.37 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.46 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The 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. Several nodules of mixed echogenicity, primarily hyperechoic in echogenicity but containing small cystic areas, are present throughout the liver parenchyma, the largest of which measures approximately 1.0 cm in diameter. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. It is bilobed in appearance, which is an incidental normal anatomic variant. 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

A moderate amount of free abdominal fluid is noted.

A large amount of pleural effusion is noted.

In the caudal abdomen, there is a poorly differentiated, heterogeneous, partially cavitated area measuring 5.0 cm x 2.4 cm in size that could represent a caudal abdominal mass of unknown origin or potentially a heterogeneous cavitated lymph node versus potentially free fluid and clumped nodular mesentery mimicking a mass like structure.

PRIMARY FINDINGS

- **Caudal abdominal structure/mass** – concerning for infiltrative neoplasia, whether it be a neoplastic lymph node versus infiltrative neoplasia affecting the mesentery and resulting in nodular mesentery and free fluid, versus other. A benign inflammatory reaction is considered less likely.
- **Bi-cavitary effusion** – Top differentials include cardiac disease versus paraneoplastic effusion, especially given the concurrent pathology noted. A benign effusion secondary to vasculitis or other hydrostatic or oncotic abnormality cannot be definitively ruled out.
- **Feline biliary cystadenomas** – In a senior cat, these liver lesions are most consistent with multiple benign biliary cystadenomas. Malignancy in the form of metastatic lesions cannot be ruled out, given the concurrent bi-cavitary effusion and caudal abdominal mass.

SECONDARY FINDINGS

- Urinary bladder debris

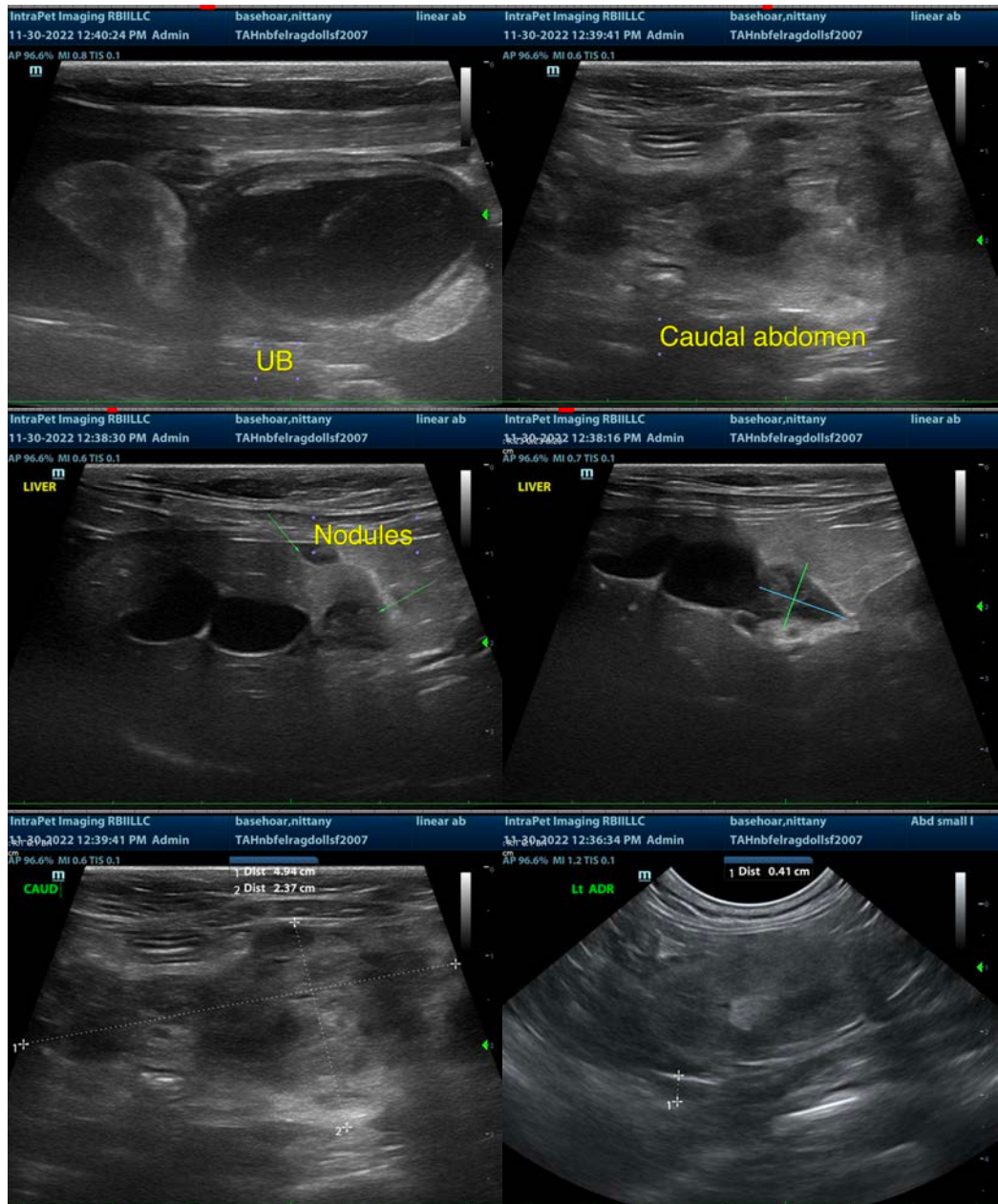
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

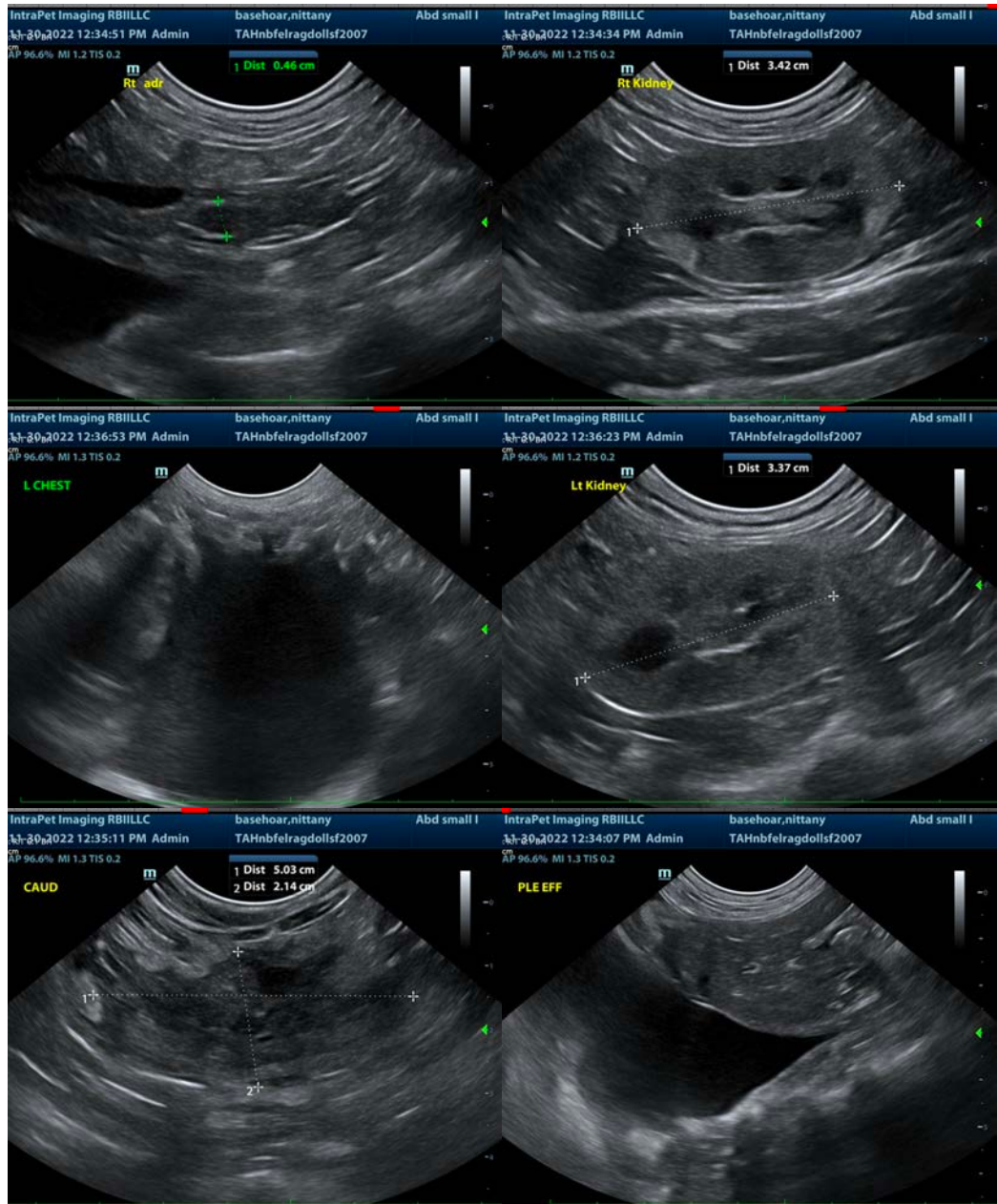
If not already evaluated, three view thoracic radiographs are recommended for further assessment of cardiopulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

An echocardiogram may also be warranted.

Sampling of the fluid is recommended both as a therapeutic procedure as well as diagnostic, with recommendations being submission for cytology as well as culture and sensitivity if indicated based on cytology results.

If a diagnostic is not obtained based off of fluid cytology, a fine needle aspirate of the caudal abdominal structure/mass/area is recommended if patient's coagulation status is appropriate.





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.

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