

**DATE PRESENTING CLINICAL SIGNS**

8/9/22

Midnight is a 15 y/o FS DSH who presents for anorexia, decreased urination and defecation – diagnosed with stage II CKD - stopped eating - decreased urination and defecation - O started miralax yesterday/today - did eat a small amount of wet food today - vomited once, previously was vomiting weekly a hairball - diagnosed with hyperthyroidism several years ago - indoor only – on RC renal diet - recent BW, BP, and vaccines on 7/28 Medications: - methimazole SID - prednisolone every other day - cerenia PRN

**PATIENT**

Midnight Scott

**SPECIES**

Feline

Current Medications: Cerenia, Buprenorphine, Protonix.

Lab Results: See attached.

Radiographs: Free abdominal fluid.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**Urinary System**

The urinary bladder is moderately 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.

**AGE**

8/9/06

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. The left kidney is 2.66 cm. The right kidney is 3.12 cm. Mild pyelectasia is noted bilaterally.

**WEIGHT**

6 Pounds

**Adrenal Glands**

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

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**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.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**Liver**

The liver is subjectively large in size with irregular undulating margins as a result of multiple multifocal mixed nodules and masses of mixed echogenicity, primarily hyperechoic in echogenicity with multiple cysts of varying sizes. Several isolated fluid-filled masses/cysts are also noted throughout the liver parenchymal.

**HOSPITAL NAME**Animal Emergency  
Hospital

The 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.

**REFERRING VET**

Dr. Thompson

**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.

**INVOICE**

40265

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***

There is a very large amount of very echogenic appearing free fluid throughout the free abdomen, as well as a large amount of enhanced hyperechoic, severely clumped mesentery.

There is no apparent lymphadenopathy noted in these images.

## **PRIMARY FINDINGS**

- In a senior cat, the multifocal cystic liver lesions can be seen with multiple benign biliary cystadenomas. However, malignancy cannot be ruled out without tissue sampling and is considered more likely in this patient, given the concurrent abnormalities.
- **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.
- **Large amount of echogenic free fluid and enhanced clump mesentery** – Concerning for a neoplastic effusion, as can be seen with carcinomatosis versus another cellular fluid such as hemorrhage and/or other exudate, etc.

## **SECONDARY FINDINGS**

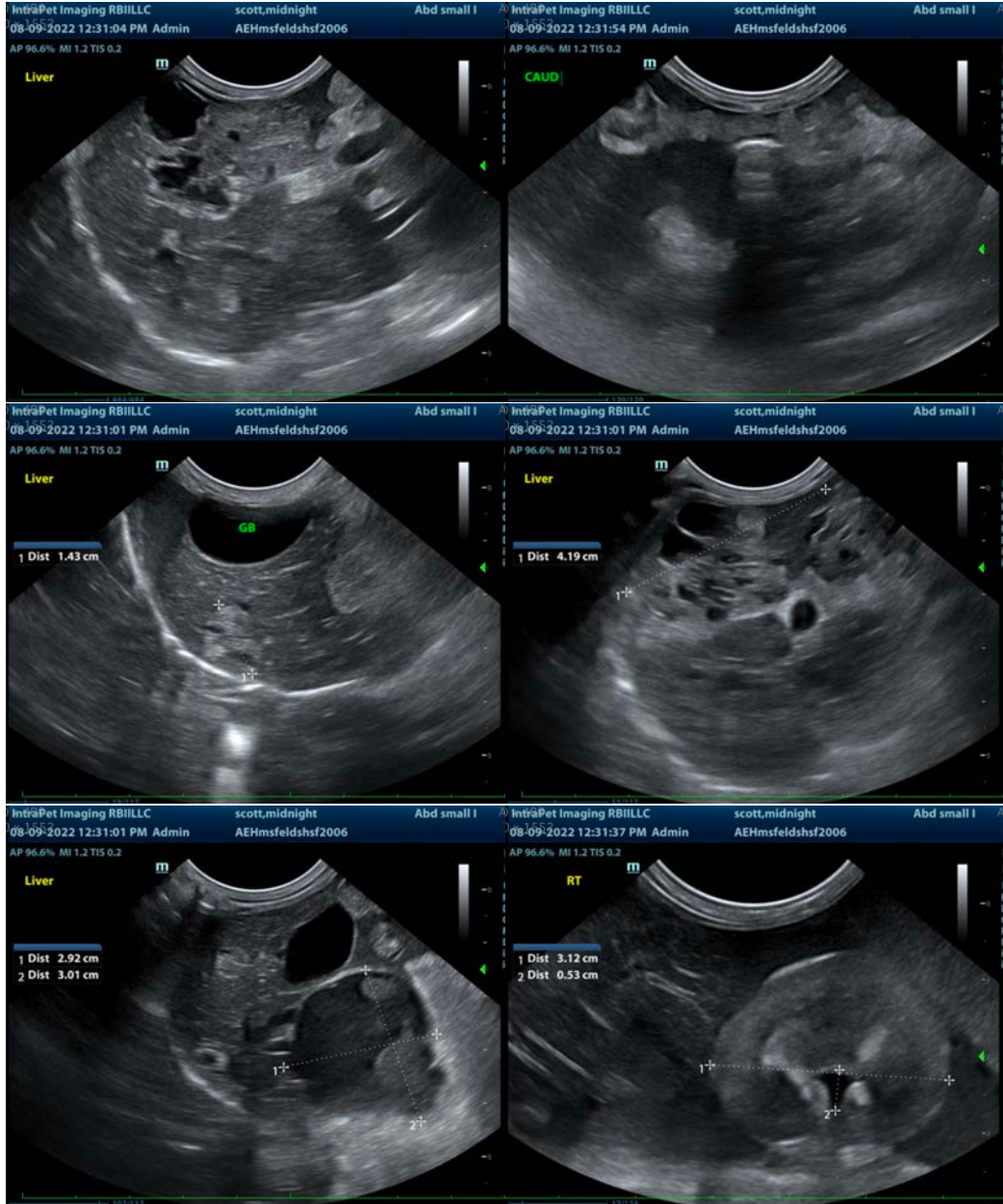
- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

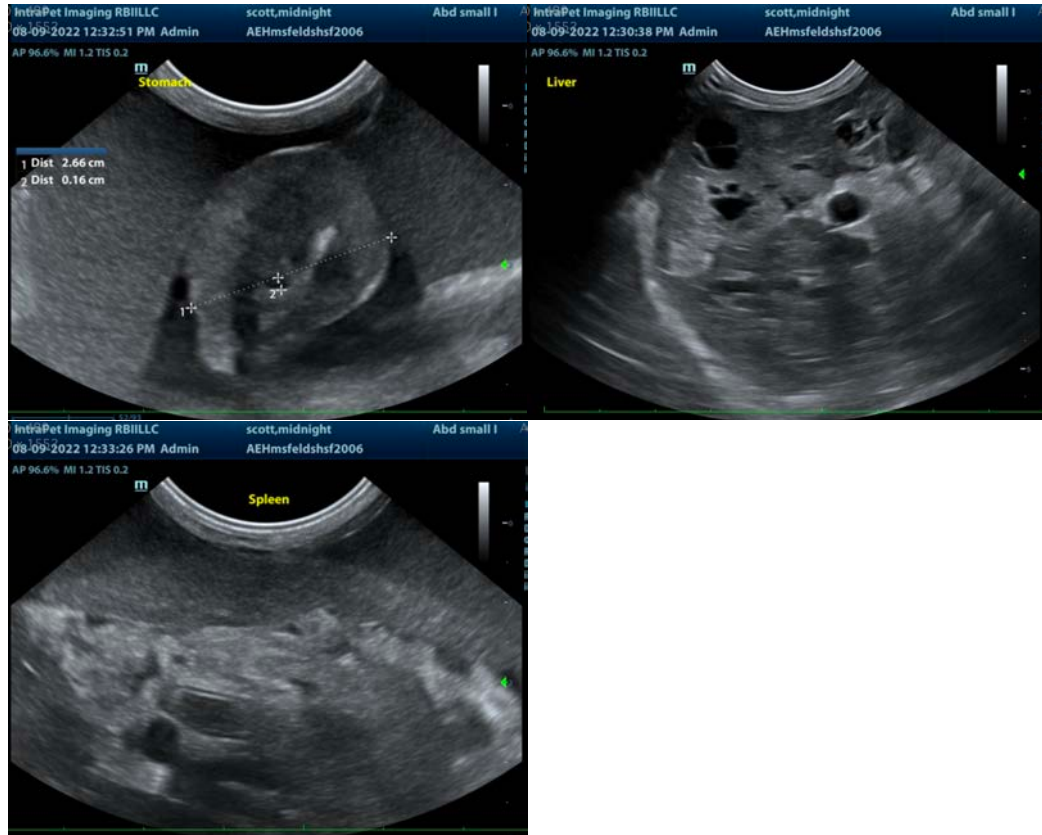
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recheck labs including CBC/Chem panel, electrolytes and urinalysis are recommended if not recently evaluated.

Submission of the free abdominal fluid for cytology +/- culture is recommended, if not recently evaluated. If a diagnosis is not obtained cytologically from the fluid, a fine needle aspirate of the liver +/- spleen could be considered if patient's coagulation status is appropriate.

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.





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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