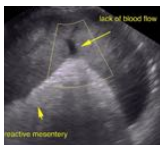
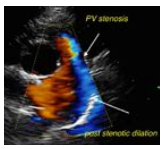
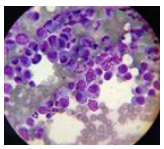
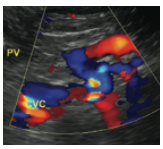
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Fenway Wilson

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Netuered male

AGE
7 years

WEIGHT
3.68 kg

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Dr. Trudeau

HOSPITAL NAME
Petworks VH

REFERRING VET
Dr. Trudeau

INVOICE
44075

DATE
5/1/23

PRESENTING CLINICAL SIGNS

History: Was vomiting with weight loss the end of March and at that time intestinal palpation seemed thickened. Went with empirical diet change for IBD to Hypo HP and bi weekly weight checks - on going weight loss, reduced vomiting but still occurring
Abnormal PE/Chem/CBC/UA Results: CBC/Chem fpl - WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 3.82 cm. The left kidney measured 3.66 cm.

Adrenal Glands

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.51 cm in length and 0.24 cm at the caudal pole and 0.26 cm at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen was normal in size with a slightly mottled parenchyma and slightly irregular capsule. Normal splenic vasculature with no signs of congestion or thrombosis.

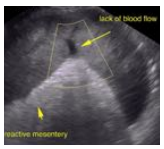
Liver

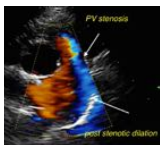
Roughly spherical mottled, irregularly structured well defined mass visible in both right and left liver lobes measuring at least 3.4x2.7cm in right liver and 4.1x4.1cm in left liver. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

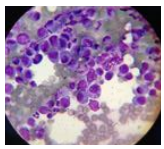
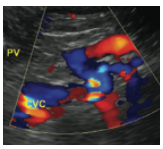
Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall





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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Large liver mass
2. Splenomegaly with parenchymal changes and irregular capsule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mass in the liver is large, irregular and crossing midline and is most concerning for neoplasia. Benign tumors are more common in the cat and may be of hepatocellular, cholangiocellular, mesenchymal, or neuroendocrine origins. Differentials include biliary cystadenoma, cholangiocellular carcinoma, hepatocellular carcinoma, hepatocellular adenoma (hepatoma), hemangiosarcoma, leiomyosarcoma, fibrosarcoma, lymphoma among other things.

Aspirate should be attempted for further information. Ultimately surgical removal should be considered because of risk of rupture and abdominal hemorrhage and this may be both diagnostic and curative. Pre-operative abdominal CT may be considered for surgical planning, to confirm hepatic origin and thoracic CT could be used to screen for thoracic metastasis that may be missed on thoracic radiographs. Serial monitoring with follow up sonograms could be considered to monitor for progression if definitive removal is not desired at this time.

Splenomegaly with parenchymal changes are concerning for infiltrative disease (lymphoma, MCT, other) but may represent a benign reactive or inflammatory change, immune stimulation or could reflect extramedullary hematopoiesis. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate is recommended to further characterize parenchymal changes.

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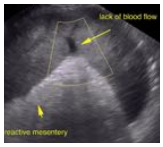
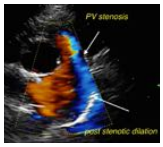
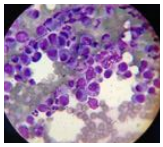
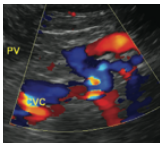

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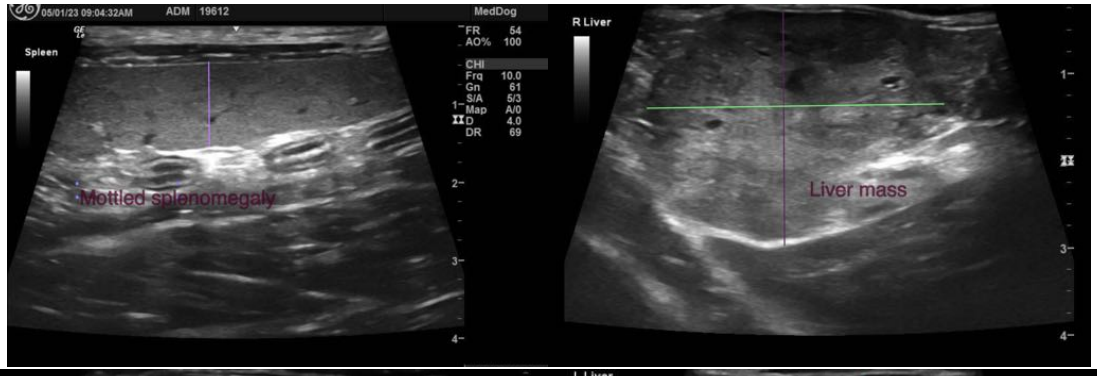

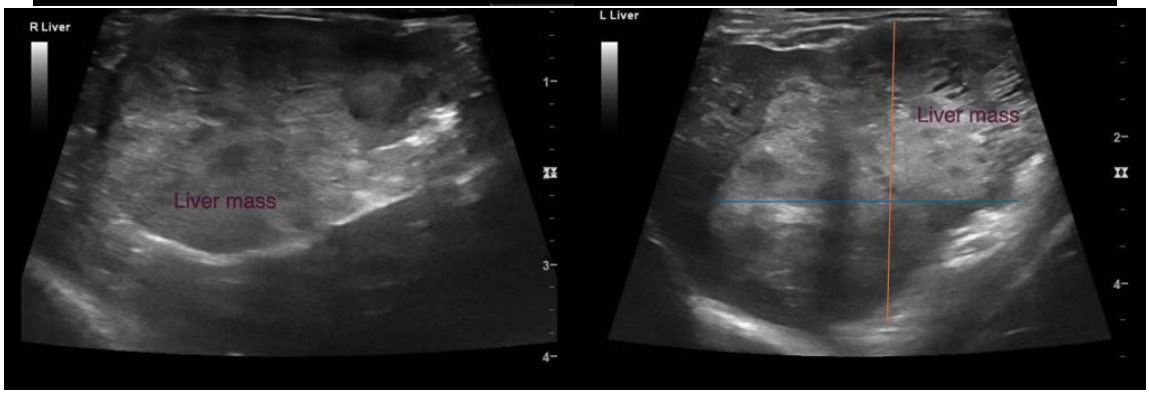

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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