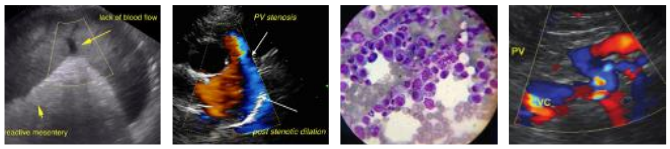
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Cleo Kaplank

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

5.9 Pounds

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small VC, Corvallis, OR

REFERRING VET

Beth Marszewski

INVOICE

22419

DATE

5/9/23

PRESENTING CLINICAL SIGNS

History: Patient was found as an adult - may be much older than calendar years. Acute onset lethargy, decreased drinking/urination.

Abnormal PE/Chem/CBC/UA Results: Generalized unkempt haircoat, thin BCS w/ MCS atrophy; lethargic, tachycardic and dehydrated on PE. Became distressed/open mouth breathing yesterday for blood draw - resolved w/ buprenorphine. Did well today - breathing normally; no distress noted. BW/UA results: increased WBC, pyuria/bacteriuria, otherwise NSF. Thoracic rads taken today: NSF.

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 have an irregular capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Pinpoint areas of cortical mineralization present bilaterally. There is a hyperechoic band between the cortex and medulla bilaterally. The right kidney measured 2.41 cm. The left kidney measured 3.0 cm.

Adrenal Glands

Both adrenal glands were 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 0.83 cm in length and 0.34 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measured 0.97 cm in length x 0.32 cm at the cranial pole and 0.32 cm at the caudal pole.

Spleen

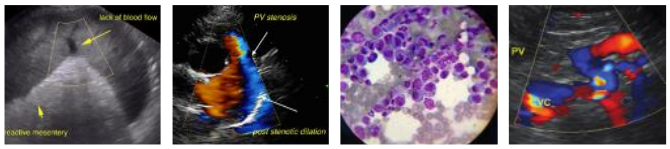
The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

Liver is diffusely abnormal with multifocal variably sized hyperechoic nodules throughout parenchyma. Mineralization within biliary tree is present. A spherical partially cystic liver mass is visualized in the left liver near portal hilus measuring at least 2.2x1.7cm.

Gall bladder contains shadowing material consistent with cholelithiasis. Common bile duct is somewhat tortuous and is mildly distended along its visible length at ~0.2cm. No obstructive choleoliths are visualized within the common bile duct and gall bladder is non-distended, which is not consistent with gall bladder obstruction.

Gastrointestinal



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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 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.

ULTRASONOGRAPHIC FINDINGS

- Cystic liver mass
- Diffusely nodular liver
- Biliary mineralization
- Degenerative renal changes with medullary rim sign.

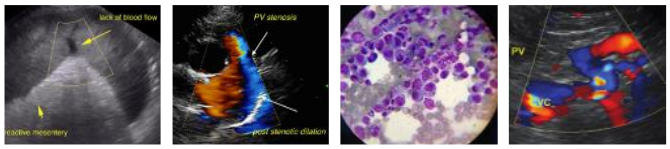
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mass in the liver 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, and fibrosarcoma 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.

Choleliths are often an incidental finding. Their presence can cause inflammation and may cause subclinical or clinical cholangitis which can cause elevations in liver values. GI signs of inappetence or vomiting may be seen as their presence can cause intermittent abdominal pain and nausea. Their presence may act as a nidus of infection and predispose to cholangiohepatitis. They have the potential to move into the common bile duct causing obstructive cholangitis. Abdominal radiographs may be of use to further visualize choleliths.

Renal changes are likely age-related degenerative changes. Medullary rim sign is nonspecific and is seen in pets both with and without significant renal disease. It can be an indication of nephritis and



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evaluation for proteinuria when pyuria has cleared is recommended. Correlate clinical significance with blood work/urinalysis findings and clinical signs.

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.

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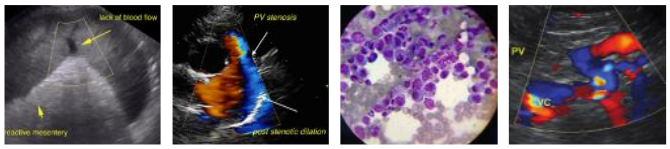

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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