



PATIENT

Fluffy English

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

17 years

WEIGHT

8.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American AH

REFERRING VET

Dr. Arculli

INVOICE

40109

DATE

10/17/22

PRESENTING CLINICAL SIGNS

History: History of steroid responsive IBD and OA treated with gabapentin. Hx recurrent UTIs. Recently presented for anorexia last week (still not eating), not using litterbox (going around the house), and not seeming like she is moving around well. Given convenia in case of UTI.
Abnormal PE/Chem/CBC/UA Results: Neu 11.6k, chem unremarkable, UA- 3+ blood, 3+ pro, 21-50 RBC's, 4-10 WBC's, USG 1.038

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.0 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The region of the **adrenal glands** were imaged with no evidence of pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed a cystic mass that measured 2.6 cm with an adjacent, hyperechoic nodule. The liver was mildly enlarged with slight irregular contour. The mass appeared to be left medial. A right cranial liver mass was also noted and measured 2.0 cm. This is consistent with cystadenoma. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to



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malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Likely biliary adenoma; however, carcinoma cannot be completely ruled out.

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Concurrent right cranial liver mass.

Age related pancreatic changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multi-focal, hepatic cyst adenomatous type masses, likely benign. However, biliary carcinoma cannot be completely ruled out. The cause of anorexia is not overtly evident in the abdomen. Subxiphoid palpation can be considered to assess for any evidence of pancreatic discomfort given the pancreatic remodeling. Orthopedic disease/spinal pain or CNS or thoracic disease should all be investigated as potential causes. Given the elevated urinary white count a urine culture is indicated.

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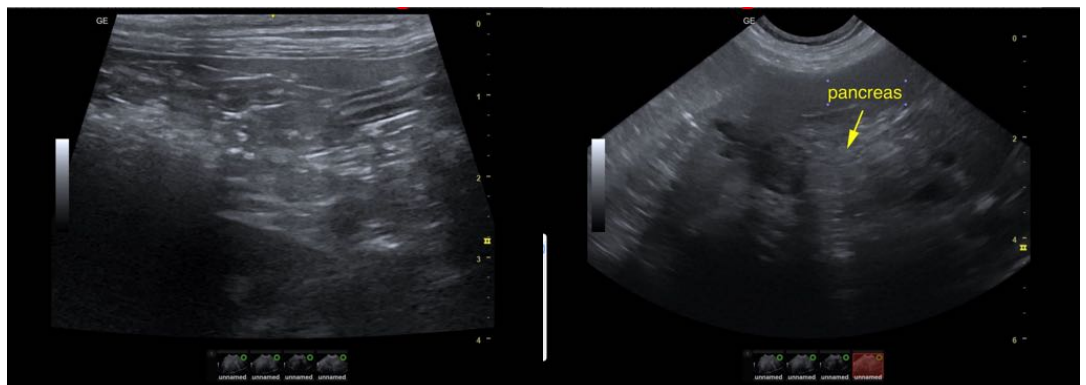
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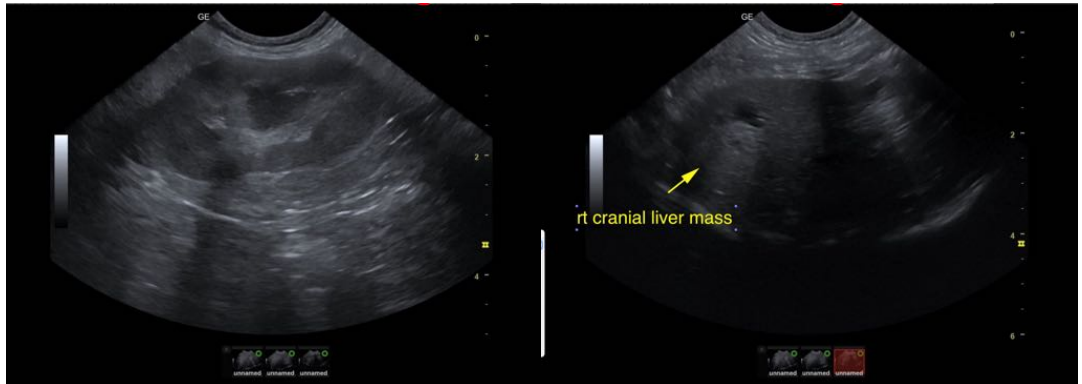
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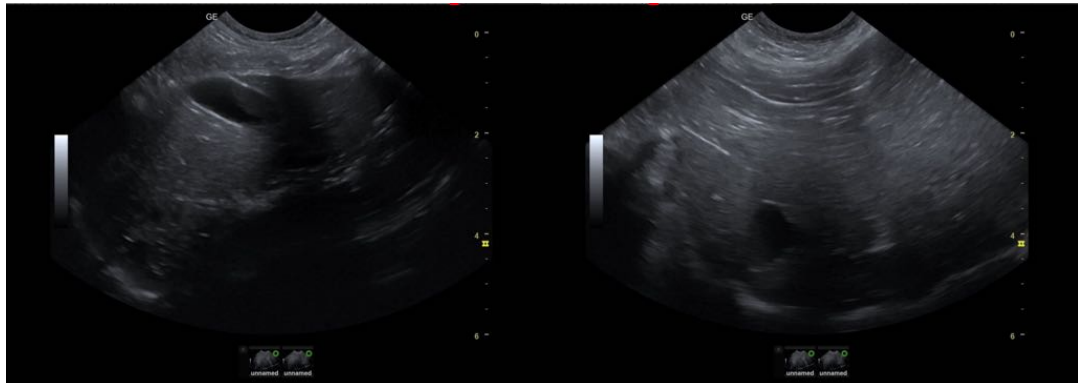
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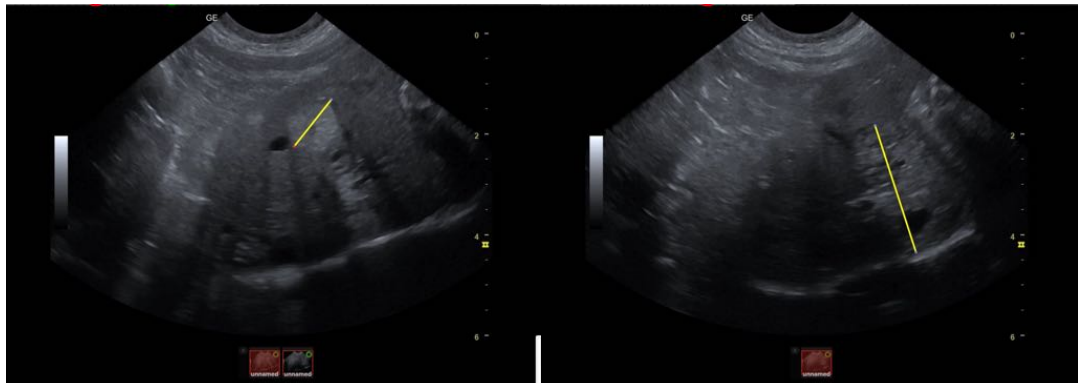
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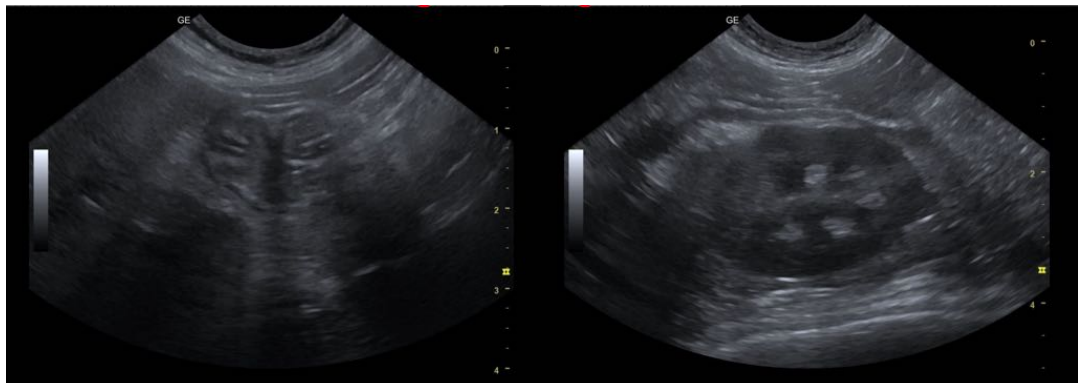
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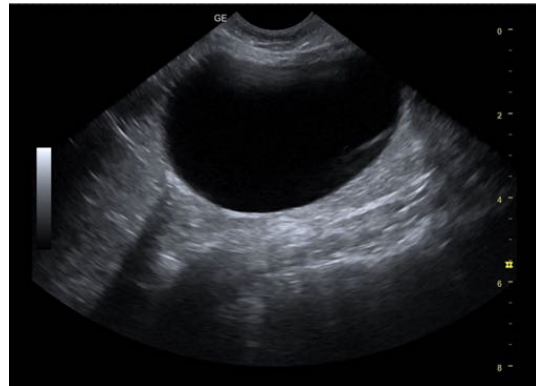
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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