

**DATE PRESENTING CLINICAL SIGNS**

10/19/21

History: Presented 10/17 for general lethargy and weight loss. Mass felt cranial abdomen

PATIENT

Current Medications: Gabapentin 250mg/5ml Solution (per ml) Instructions: Give 0.6 mls every 12 hours for 10 days

Fadiddle Coccagna

Lab Results: CBC/CHEM: LYM 1.24 (1.50-7.00), MCHC 29.5 (30.0-36.0), BUN 15 (16-36), GGT 21 (0-4), PLT 56 (300-800) adequate clumping on smear*. Blood smear - adequate PLT/PLT clumping.

SPECIES

Date of Previous IntraPet Ultrasound: No previous.

Feline

Sedation: Not needed.

Stat Report: Not requested.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Devon Rex

Urinary System**SEX**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 were noted. Ureteral papillae were normal.

Neutered Male

AGEThe **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 right kidney measured 4.29 cm. The left kidney measured 4.36 cm.

2008

WEIGHT

8.25 Pounds

INTERPRETED BY**Adrenal Glands**Eric Lindquist, DMV
DABVP, Cert. IVUSSBoth **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 right adrenal gland measured 0.44 cm. The left adrenal gland measured 0.41 cm.**HOSPITAL NAME****Spleen**

Banfield White Marsh

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.**REFERRING VET****Liver**

Dr. Gutwillig

The **liver** in this patient was riddled with a moderately expansive, significantly undifferentiated 7.3 cm mass extending into the cranial abdomen. The liver mass was significantly vascular, occupying the right medial and cranial liver. The mass does not appear resectable. Some relatively normal liver noted in the left lateral lobe. FNA warranted for further definition. The gallbladder was enveloped and deviated cranially by the mass.**INVOICE**

13897

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

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

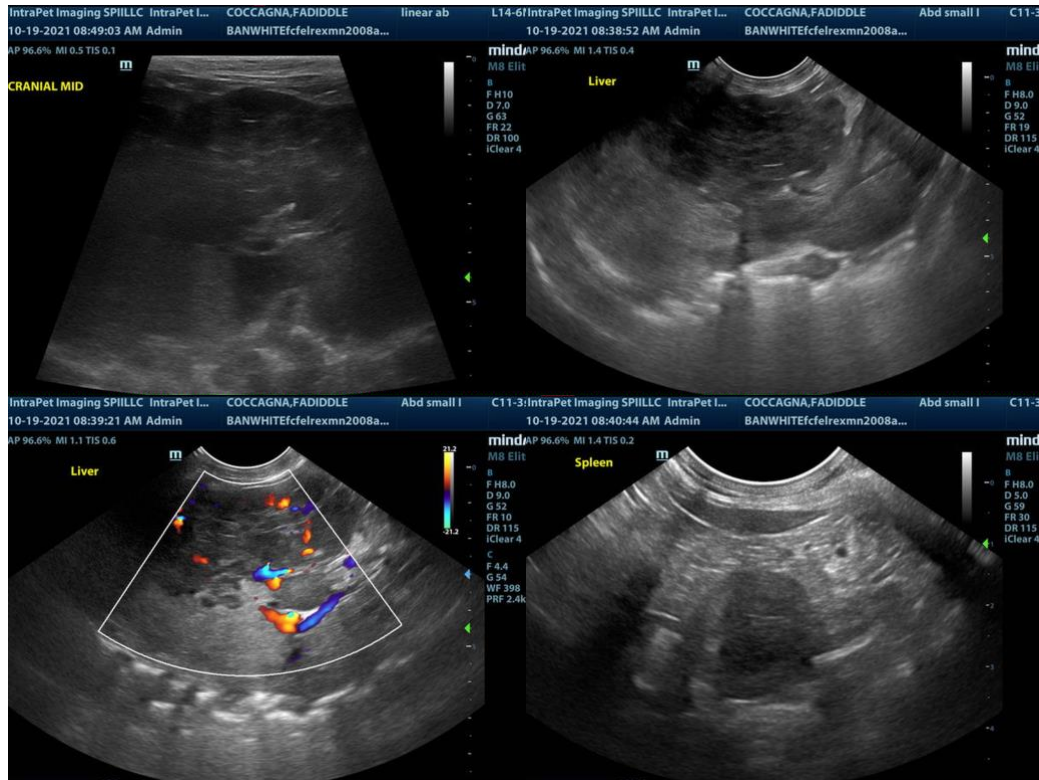
Minor free fluid was noted in the abdomen.

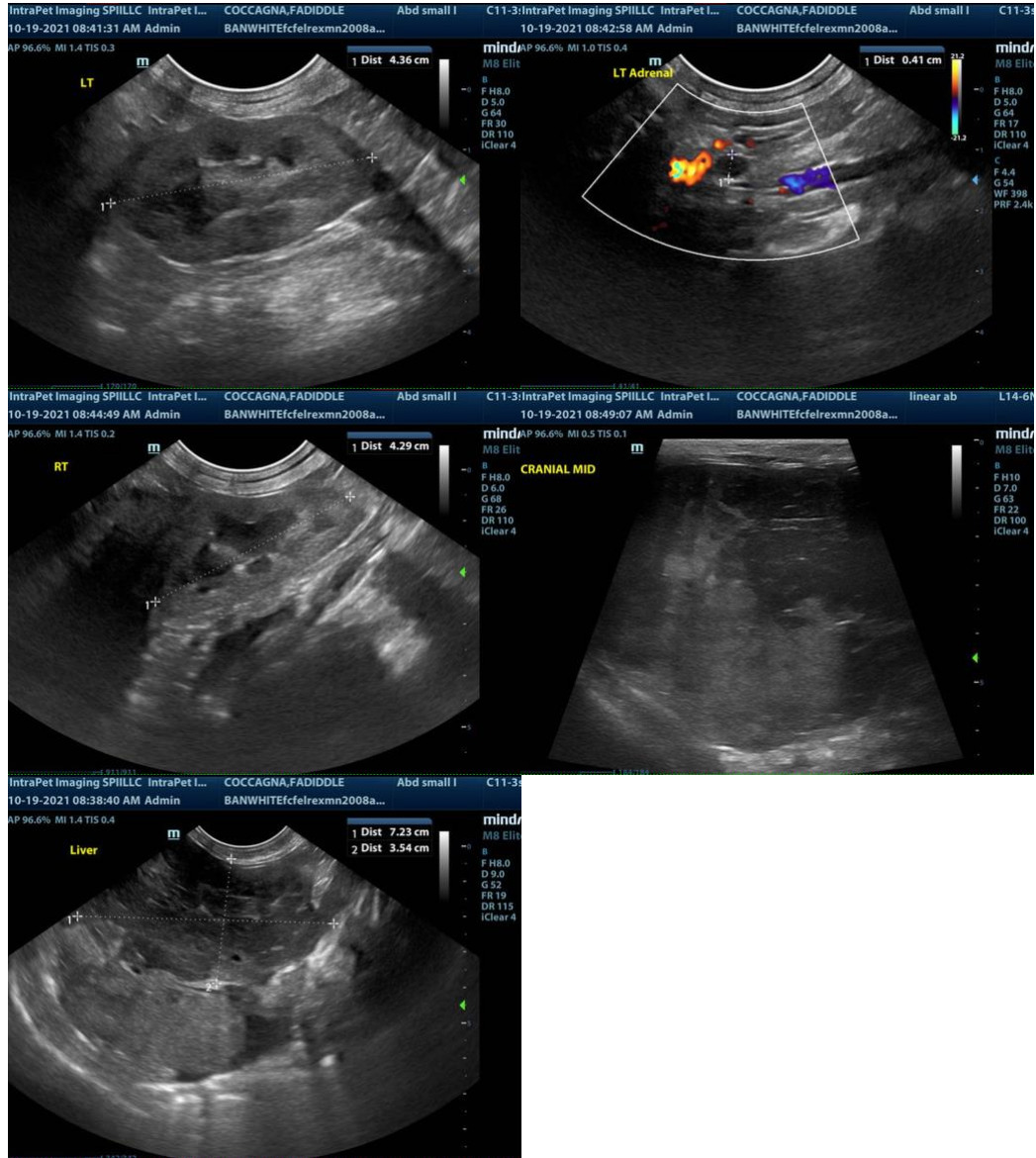
ULTRASONOGRAPHIC FINDINGS

- Extensive non-resectable aggressive liver mass
- Minor free fluid in the abdomen, likely owing to lymphatic obstruction or portal hypertension
- Age-related renal, GI and pancreatic changes
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA indicated after coagulation panel. Carcinoma versus round cell neoplasia are primary differentials.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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