

**DATE PRESENTING CLINICAL SIGNS**

2/24/23

History: Increased appetite and weight loss, appetite increased over past couple weeks. More vocal about wanting food. If no answers on BW next place to look is in the Abdomen for GI disease which can occur without GI symptoms in cats. lab work wnl.

PATIENT

Charly Lylo

Current Medications: Gabapentin 100mg Give one capsule the night before and one the morning of
 Lab Results: See attached. WNL.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Oral gabapentin and IM sedation.

Stat Report: Not requested.

BREED

DSH

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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 were noted. Ureteral papillae were normal.

AGE

3/17/10

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 3.15 cm. The right kidney measured 3.82 cm.

WEIGHT

7.91 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 0.48 cm. The right adrenal gland measured 0.45 cm.

HOSPITAL NAME

Fountain Green VC

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 were noted.

REFERRING VET

Dr. Lerner

Liver**INVOICE**

21264

The **liver** in this patient revealed a heterogenous mixed hypoechoic moderately vascular mass (3.4 cm) with capsular expansion and nodular changes deviating the gallbladder. A second mass measured 3.79 cm x 4.7 cm. One mass occupied the left liver, extending into the medial liver and dorsally to the diaphragm. Both masses coalesced. These masses do not appear resectable. Trace free fluid was noted between the liver lobes.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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

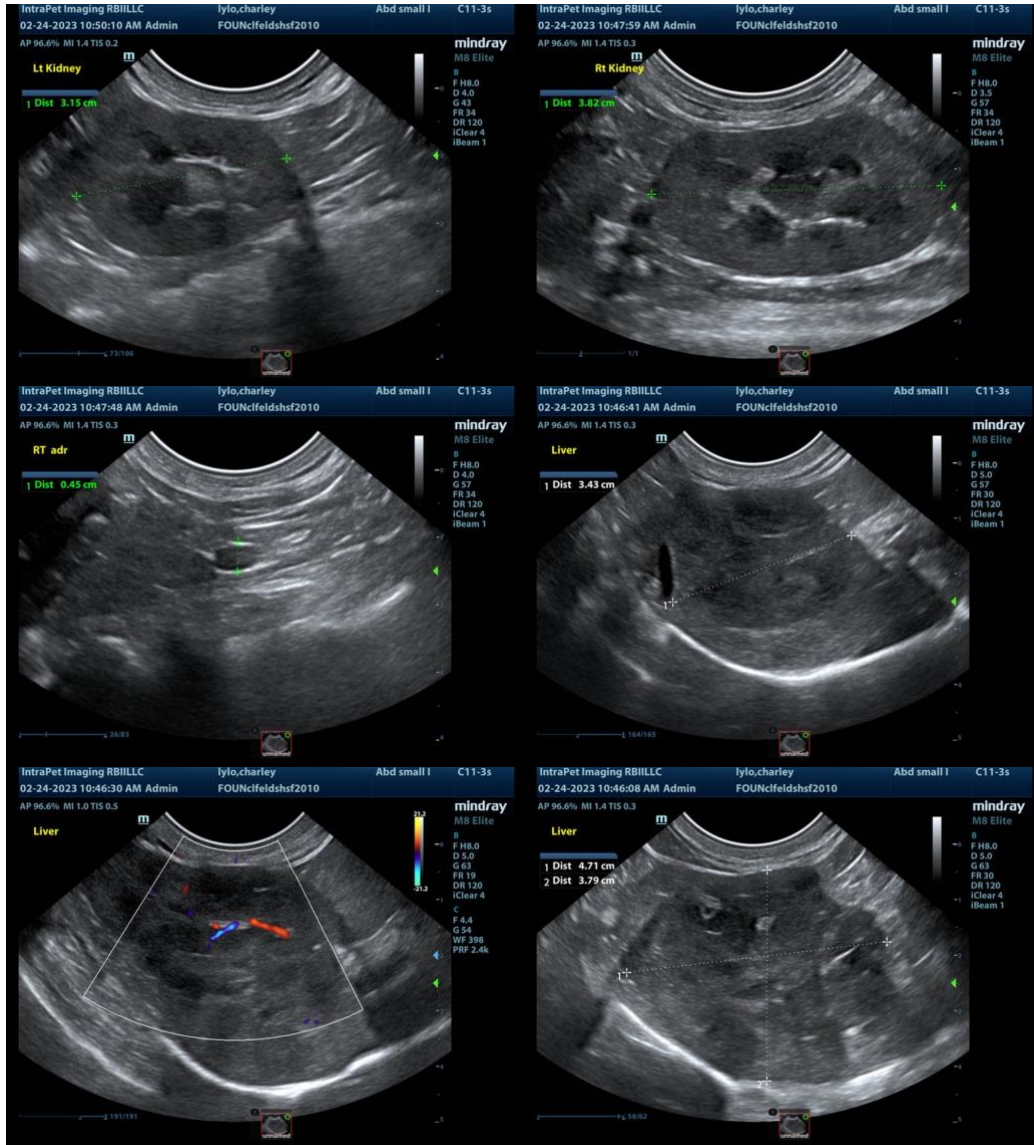
ULTRASONOGRAPHIC FINDINGS

- Medial liver masses- non-resectable, strong suspicion for carcinoma. Round cell neoplasia is less likely.
- Trace free fluid was noted between the liver lobes
- Age-related renal changes
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the masses are warranted for further definition. Chest radiographs are warranted to assess for comorbidities. CT evaluation could be considered for further definition to ensure this is not a resectable lesion, however, subjectively does not appear so from a sonographic perspective.





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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