



DATE	PRESENTING CLINICAL SIGNS
03/11/2022	History: Minkee presented to Mount Carmel Animal Hospital for ascites. He had a mild increased monocytosis, mild azotemia with a decreased urine s.g., fluid analysis showed a modified transudate that was negative for the feline coronavirus. Abd u/s performed by Dr. McLewee at AVIM showed a chain of enlarged mesenteric LN. FNA of the LN was inconclusive and a PARR test was negative. 450ml was therapeutically drained. He has been started on dexamethasone but the fluid may be coming back.
PATIENT	
Minkee Calabrese	Current Medications: Dexamethasone 1mg SID for 1 week and now on 1mg EOD. Date of Previous IntraPet Ultrasound: No previous. Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested. Imaging Performed By: Rachel Brillhart, RDMS.
SPECIES	
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	<i>Urinary System</i>
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	The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some mild to moderately increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney exhibited slight pyelectasia and measured 3.89 cm. The right kidney measured 4.12 cm.
AGE	
13 years	<i>Adrenal Glands</i>
WEIGHT	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.
10 pounds	<i>Spleen</i>
INTERPRETED BY	The spleen presented dorsally displaced with volume contraction.
Eric Lindquist, DMV DABVP, Cert. IVUSS	<i>Liver</i>
HOSPITAL NAME	A 9 cm 50/50 cystic and parenchymal mass noted occupying the majority of the abdomen that appears to be deriving from the caudal aspect of the caudate process of the liver. The mass is mildly vascular and appears resectable. The cranial liver is unremarkable. Mild increased portal markings were noted. Echogenic debris was noted within the cystic portion of the mass.
Cat Sense Feline Hospital	<i>Gastrointestinal</i>
REFERRING VET	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 malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content was unremarkable.
Dr. Sinclair	
INVOICE	
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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.

Cardiac

A rapid view of the heart revealed no evident pathology other than trace pericardial effusion-may be owing to cachexia.

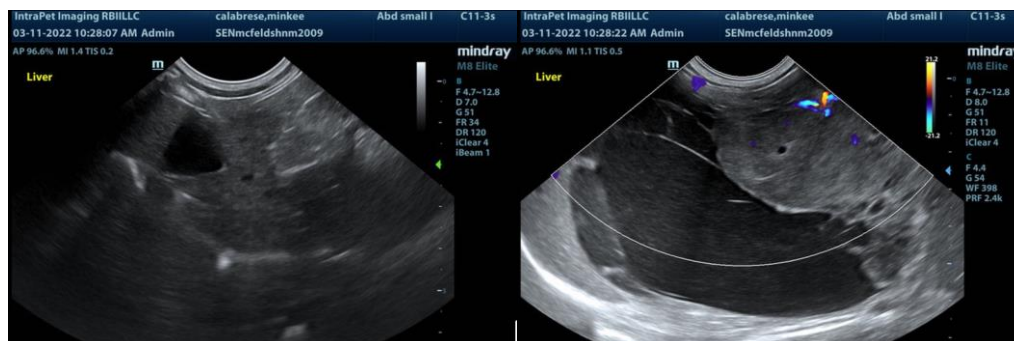
ULTRASONOGRAPHIC FINDINGS

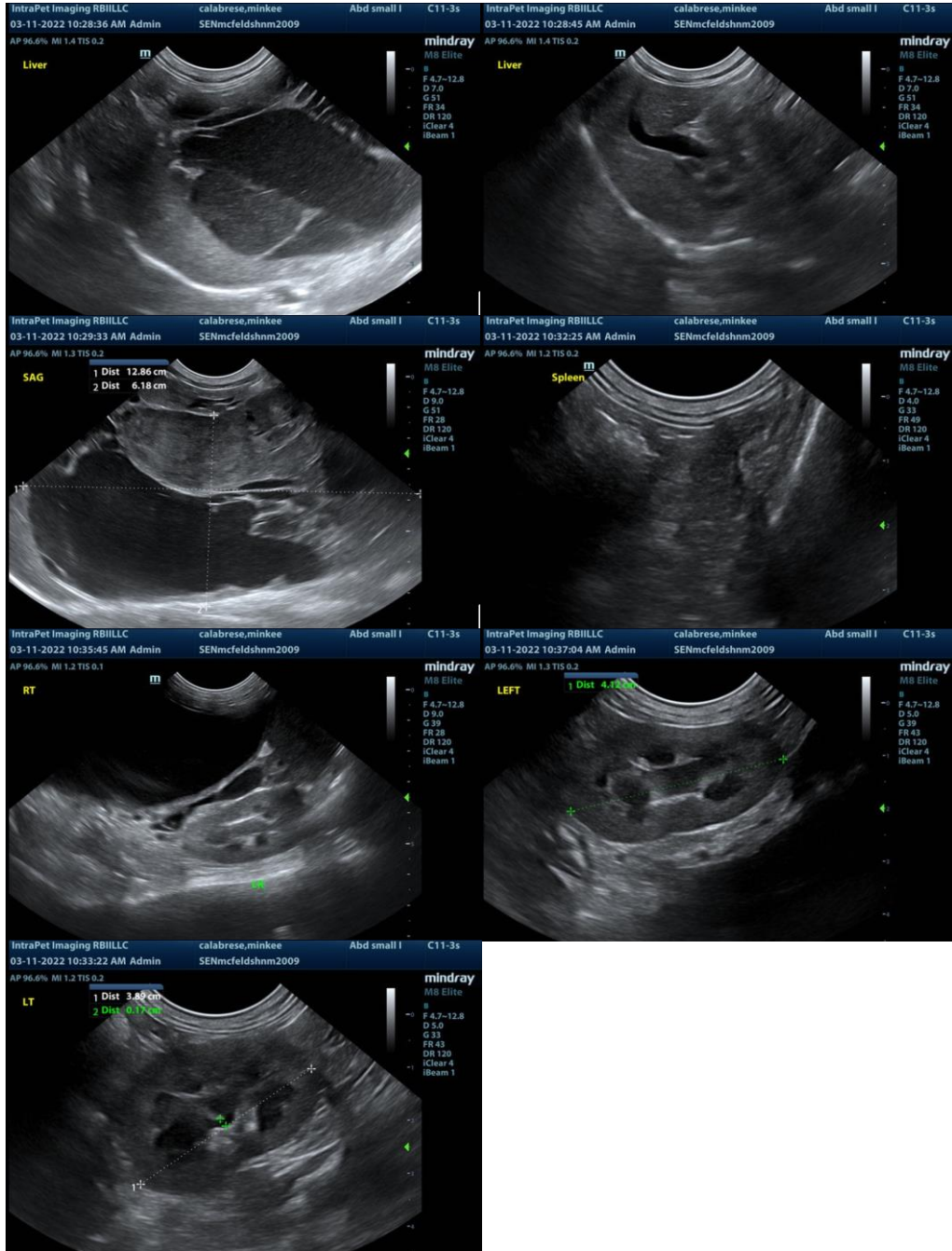
- Large cystic caudate liver mass occupying the majority of the abdomen displacing regional organs-may be harboring infection.
- Mild degenerative renal changes with slight pyelectasia-potential concurrent UTI.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend surgical consultation in this patient as this mass appears to be potentially resectable and encapsulated. IV fluid support and correction of azotemia is warranted prior to surgical intervention. CT evaluation of potential surgical planning would be ideal. The mass impinges on the portal vein yet does not appear to invade it or envelop it. Biliary carcinoma vs large complex cystadenoma possible. Even a debulking effort may prove fruitful in this patient as these are typically slow growing lesions.

Three view chest radiographs are warranted to assess for metastatic disease.





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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