

**DATE PRESENTING CLINICAL SIGNS**

3/7/23

Patient has had on and off appetite concerns. Labwork and weight has remained stable throughout evaluations, (patient is seen very frequently.) Last evaluation patient did seem painful in the cranial abdomen and seemed to respond very well to Buprenex and Mirtazipine. When client attempts to D/C the mirtazapine patient seems to go down on food again. We do have a history of liver mass that we have been monitoring with AUS prior.

PATIENT

Bug Burger

Current Medications: Felimazole 2.5mg SID.

Lab Results: Remained unremarkable. See attached.

SPECIES

Feline

Radiographs: Remained unremarkable.

Date of Previous IntraPet Ultrasound: 4/11/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Domestic Shorthair

Imaging Performed By: Stephanie Warga RDCS, RVT.

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 was noted. Ureteral papillae were normal.

AGE

12/3/05

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. There was no evidence of active inflammation. The right kidney measured 2.56 cm and was subnormal in size. The left kidney revealed pyelectasia that measured 0.2 cm. The left kidney measured 3.55 cm.

WEIGHT

9.1 lbs

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.

HOSPITAL NAME

Perry Hall AH

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.

REFERRING VET

Dr. Miller

INVOICE

43173

Liver

The **liver** nodule on the prior sonogram has increased in size and measured 2.28 x 1.42 cm in the medial liver. Other than the hypoechoic nodule the liver was diffusely hyperechoic to the falciform fat. Ultrasound-guided FNA of the liver is warranted to assess hyperplasia versus emerging neoplastic event versus possible suppurative lesion. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed persistent muscularis and hypertrophy. The wall thickness measured up to 0.33 cm. The small intestines and colon were unremarkable.

Pancreas

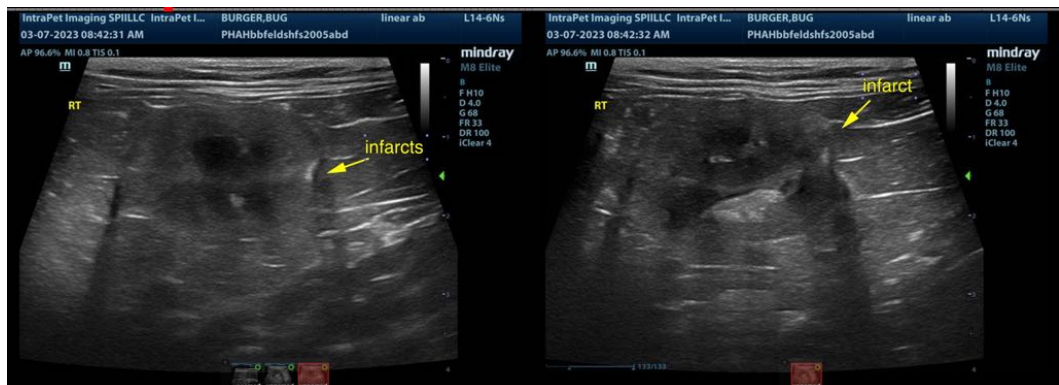
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

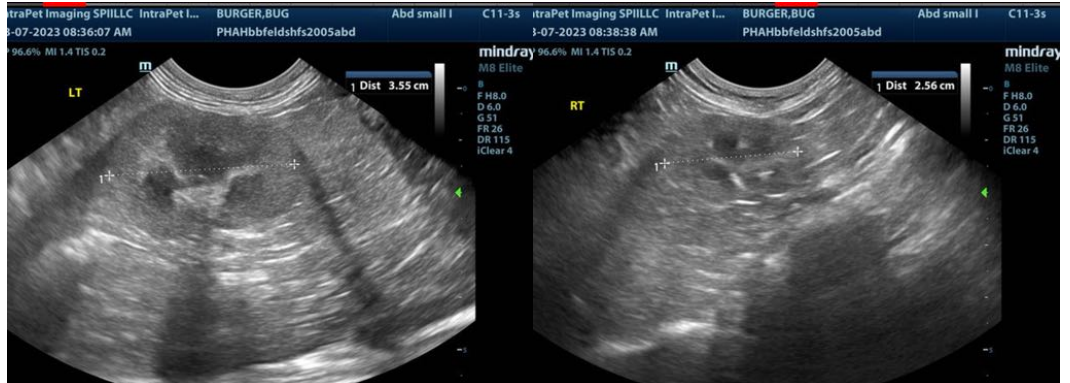
ULTRASONOGRAPHIC FINDINGS

Hepatic lipidosis pattern with pronounced nodule with increased size compared to the prior sonogram. Degenerative renal changes with pyelectasia and infarcts on the right kidney. Persistently diffuse intestinal thickening without neoplastic criteria. Prominent, irregular pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am most concerned about the liver nodule in this patient. FNA of the general liver and the nodule is recommended for further definition. Ideally full thickness intestinal and hepatic biopsies would be performed given the prominent intestinal thickening. This appears to be similar to the prior sonogram. Given the Cocci present in the urinalysis culture and sensitivity along with 4-6 weeks of antibiotic therapy is warranted as underlying chronic pyelonephritis and secondary degenerative changes and infarcts are likely playing a role. There is no overt evidence of neoplasia; however, an emerging neoplastic event manifested by the liver +/- intestinal tract is the concern.





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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