

**DATE PRESENTING CLINICAL SIGNS**

4/14/23 Recent weight loss. Previous history of DM (in remission, diet controlled). Had chronic dermatitis issues previously, no definitive diagnosis made, possibility of autoimmune, no current skin issues.

PATIENT

Ramona Whiteley

Current Medications: None listed.

Lab Results: Severe hyperglobulinemia, renal insufficiency, anemia.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

DSH

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

8/13/16

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. The left kidney measured 4.32 cm. Trace pyelectasia (0.23 cm) was noted in the left kidney. The right kidney measured 3.9 cm. Slight pyelectasia was noted in the right kidney, measuring 0.25 cm.

WEIGHT

7 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The regions of the **adrenal glands** revealed no evidence of pathology.

HOSPITAL NAME

Festival Vet Clinic

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. Beron

Liver

The **liver** revealed an expansive, mixed echogenic, disruptive (3.5 cm x 2.6 cm) mass, appears to be deriving from the right medial liver and/or the biliary tree, impinging upon and deviating the gastrointestinal tract caudally. Significant inflammation was noted around the mass. The mass does not appear resectable given the position, as it envelopes the portal vein, as well as derives from/envelopes the common bile duct. Other isoechoic nodular changes were noted.

INVOICE

21994

Gastrointestinal

The **gastrointestinal tract** was structurally unremarkable yet deviated caudally owing to the hepatic mass effect.

Pancreas

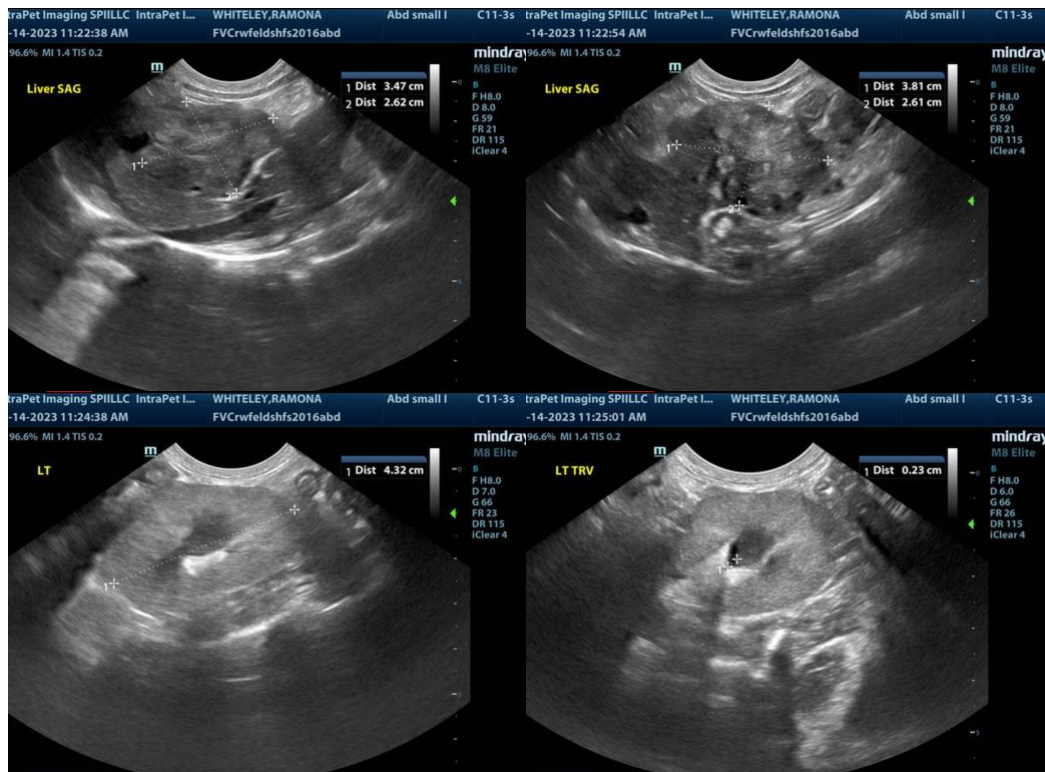
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

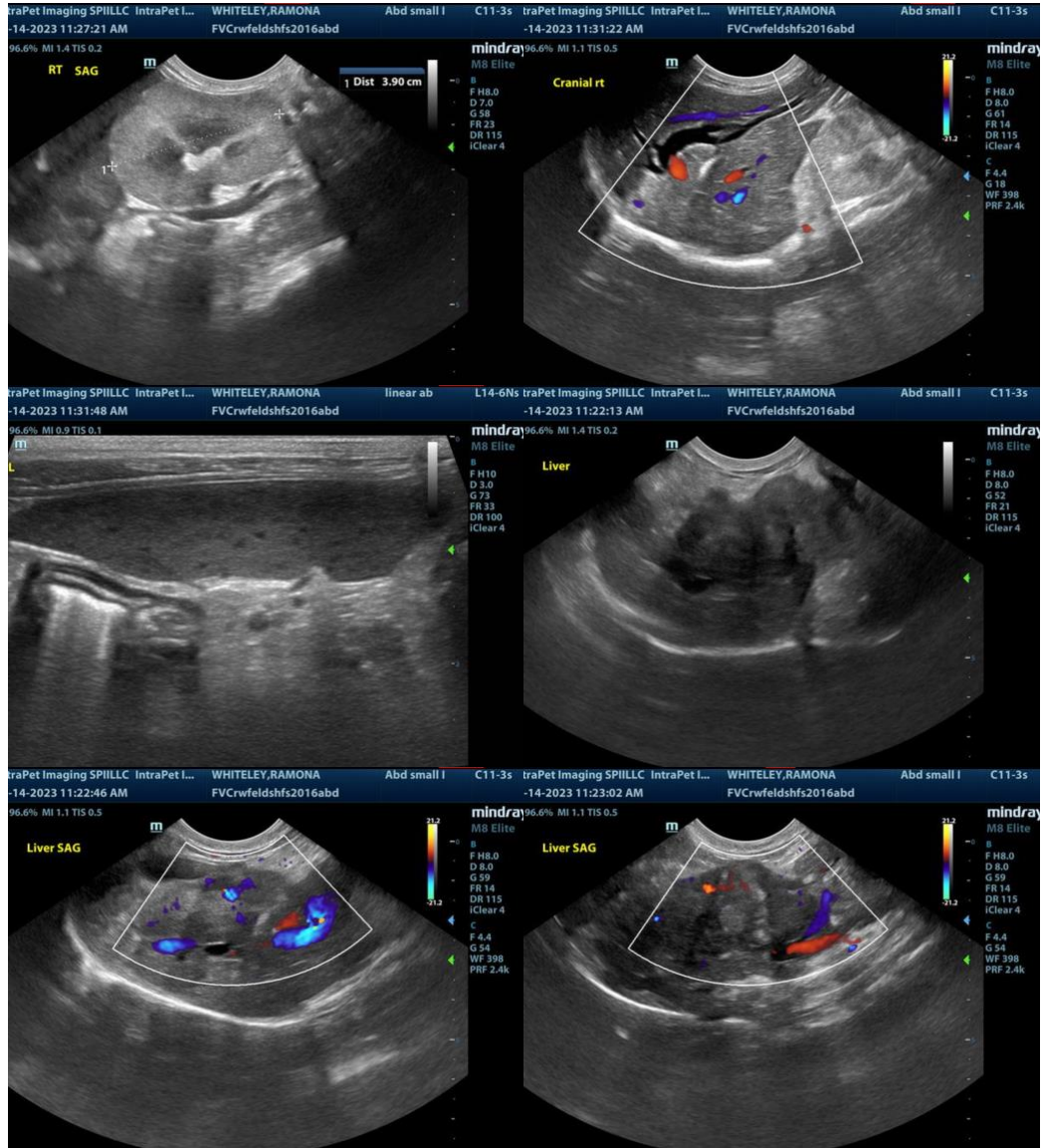
ULTRASONOGRAPHIC FINDINGS

- Carcinoma type mass in the medial liver, occupying the portal hilus
- Chronic interstitial nephrosis pattern with bilateral pyelectasia
- Unremarkable gastrointestinal tract, deviated by the mass caudally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass could be considered for further definition. CT could be considered for potential surgical planning, however, subjectively, it does not appear resectable.





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