

**DATE PRESENTING CLINICAL SIGNS**

4/2/23

Weight Loss. Anorexia.

PATIENT

History: Date: 04-01-2023 Notes: Referral -- indoor only had felv/fiv neg in 2107 Lost 4 lbs since last year. Lethargic, weight loss. Labs today bili = 2.7, Alb = 1.9 Lipase = increased - Do not have full report.

Lukey Greiner

Assessment: discussed possible causes of weight loss and liver changes

SPECIES

Hepatitis, hepatic lipidosis, cancer, triaditis, occult IMHA, other

Feline

Discussed if hepatic lipidosis than we need to try to reverse damage to liver by supporting and getting him eating again. Often needs 4-8 weeks with a feeding tube at home. If cancer-- grave prognosis. Triaditis can also complicate. Discussed needs aggressive care in hospital. IVF, gi and liver support, monitor hct/ts US will be our best help to try and find out answer, can sometimes need FNA to get sampling.

BREED

Current Medications: Mirtazapine 1mg, Vitamin B Complex Injection, Oral Buprenorphine, Maropitant Citrate (Cerenia) 10mg/mL Solution Injection, Pantoprazole (Protonix) 40mg/vial Injection, Ampicillin 125mg/vial Injection (Per mL).

DSH

Lab Results: Attached.

SEX

Radiographs: Microcardia can see diffuse haziness and loss of detail in abdomen-- films were for thorax.

Neutered Male

Date of Previous IntraPet Ultrasound: No previous.

AGE

Sedation: Not required to complete full diagnostic ultrasound.

2017

Stat Report: STAT requested.

Imaging Performed By: Rachel Brillhart, RDMS.

WEIGHT ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

13.1 Pounds

Urinary SystemThe **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.**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSSThe **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 left kidney measured 4.06 cm. The right kidney measured 4.0 cm.**HOSPITAL NAME**Animal Emergency
Hospital**Adrenal Glands**The regions of the **adrenal glands** revealed no evident pathology.**REFERRING VET**

Dr. King

SpleenThe **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.**INVOICE**

21913

LiverThe **liver** revealed multiple iso- to hypoechoic expansive masses with surrounding free fluid. The free fluid is likely owing to lymphatic obstruction and/or portal hypertension. Multiple coalescing target lesions were

noted throughout the liver with severe hepatomegaly. The gallbladder was deviated owing to internal mass effect.

Gastrointestinal

The **gastrointestinal tract** was structurally unremarkable yet deviated caudally owing to the hepatomegaly.

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.

Free Abdomen

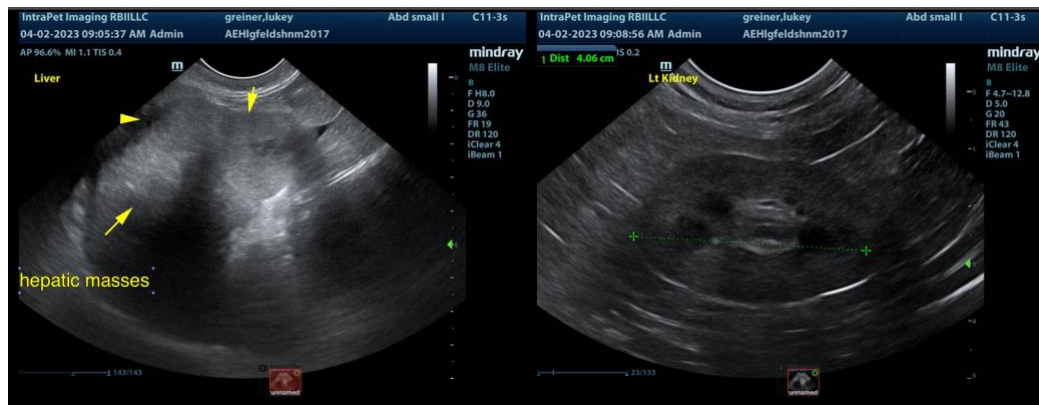
Free fluid was noted in the abdomen.

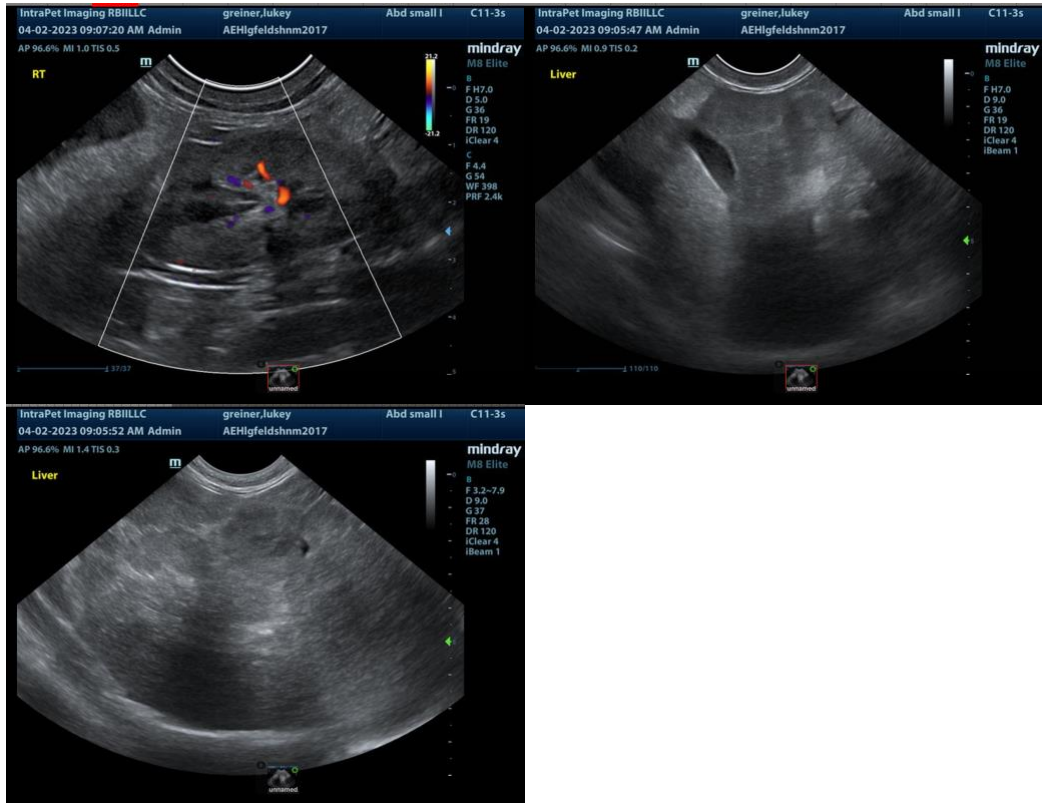
ULTRASONOGRAPHIC FINDINGS

- Severe hepatic neoplasia- round cell pattern. Carcinoma is less likely.
- Secondary paraneoplastic effusion
- Age-related renal changes
- Structurally unremarkable GI tract, yet deviated caudally
- Deviated gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered for further definition. Potential for chemo reduction, however, this would be palliative at best. Humane euthanasia should be considered.





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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