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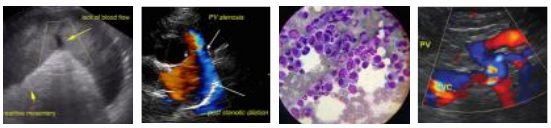

imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Bella Connolly

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

6.78 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Venezia

INVOICE

37701

DATE

5/17/22

PRESENTING CLINICAL SIGNS

Vomiting, inappetence, ADR. Pu/Pd. Renal disease/failure. Pre diabetic ? Increased WBC. X-rays - loss of serosal detail in abdomen - mass ? Evaluate for lymphoma/IBD/renal - multitude of disease processes. Radiographs + labs attached. WBC 25 w/neutrophilia. Glucose 214, BUN 93, Crea 46, Phos 13.5.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **kidneys** presented moderate degenerative changes with irregular contour and slight pyelectasia. Loss of corticomedullary definition noted. Subjectively, the kidneys did not appear end stage. However, they appear subjectively 40-50% compromised. The right kidney measured 3.16 cm. The left kidney measured 3.6 cm.

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 right adrenal gland measured 0.32 cm. The left adrenal gland measured 0.36 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** presented multifocal cystic masses with deviation of the gallbladder. The largest mass measured 6.0 cm, deviating the gastrointestinal tract.

Gastrointestinal

The **stomach** itself was unremarkable. The small intestine revealed an infiltrative 2.0 cm x 1.5 cm mass. Regional loss of detail and reactive surrounding mesentery noted. Variable intestinal thickening noted elsewhere. Enlarged, reactive mesenteric lymph nodes noted, measuring up to 1.0 cm x 0.5 cm.

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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

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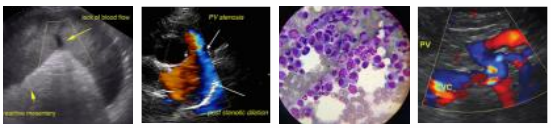

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A cranial abdominal mass was noted with gastric axis deviation.

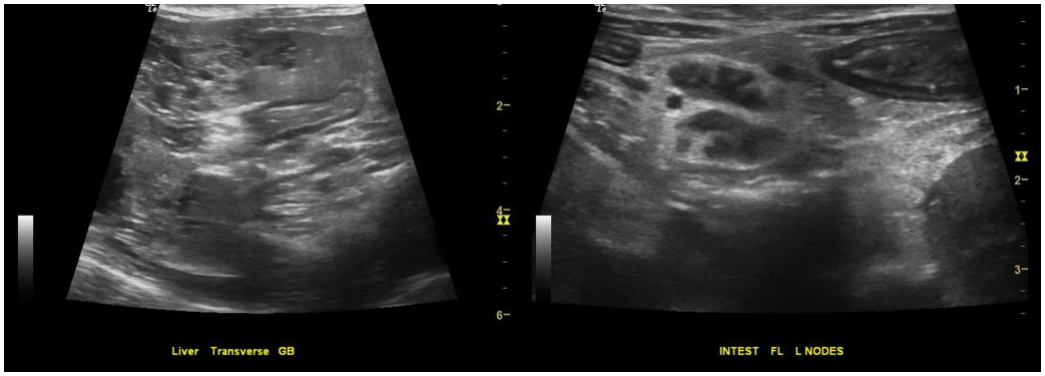
ULTRASONOGRAPHIC FINDINGS

- Multiple microcystic hepatic masses – biliary adenoma versus adenocarcinoma.
- Early infiltrative intestinal pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple issues in this patient. The space occupying, expansive cystic masses in the liver are suggestive for biliary carcinoma. These are not resectable. The GI signs are likely owing to primary GI disease with intestinal infiltrative pattern. Strong concern for early intestinal lymphoma. Full thickness intestinal biopsies would be necessary for a definitive diagnosis.

Supportive care could be attempted in this patient with recheck sonogram. However, surgical biopsies would be necessary for definitive diagnosis in this patient. Prognosis is guarded. Urine culture and sensitivity, 72-hour IV fluid protocol and GI protectants could all be considered empirically, and reassessment of the clinical signs. The azotemia is likely more prerenal than renal in this patient.



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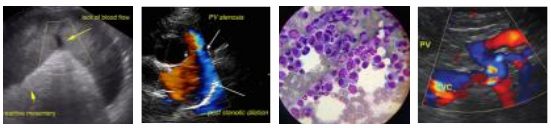

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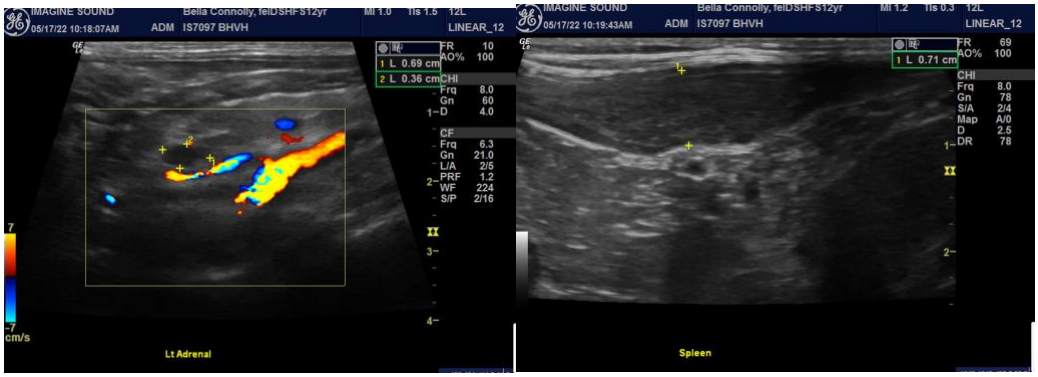

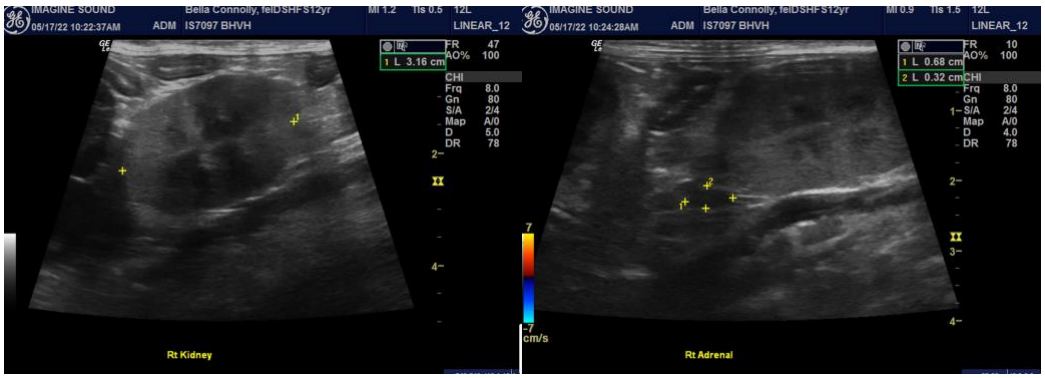

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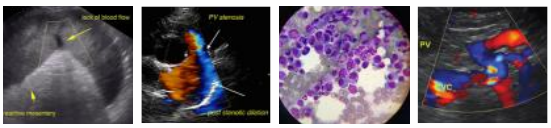

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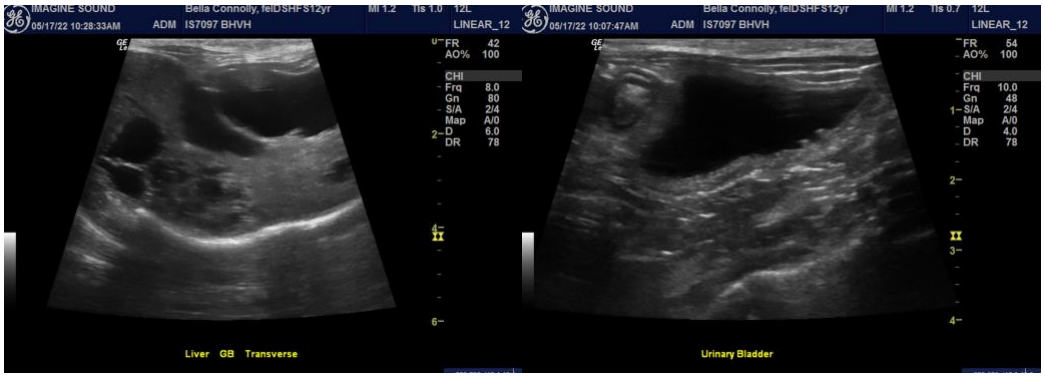

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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