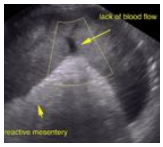
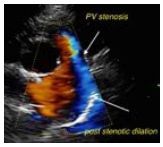
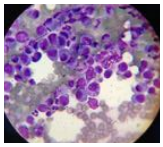
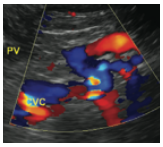
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
KP Dear

SPECIES
Feline

BREED
Domestic Longhair

SEX
Spayed female

AGE
17 years

WEIGHT
12.2 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. McCaughan

HOSPITAL NAME
Marina Village Veterinary and Integrative Care

REFERRING VET
Dr. McCaughan

INVOICE
44690

DATE
6/12/23

PRESENTING CLINICAL SIGNS

History: Elevated liver values (May 25, 2023). ALT - 325, TBIL 1.0 mg/dL H , Indirect Bili - IBIL 0.7 mg/dL H, DBIL 0.3 mg/dL H); Hyperthyroidism - now well controlled on 2.5 mg Methimazole BID. Referral to me for ultrasound scan of abdomen only. Primary care DVM manages this case. Abnormal PE/Chem/CBC/UA Results: Soft abdomen, but mass like structure R cr abdomen on palpation. mm pink, CRT < 2 sec. P is eating well, good energy, weight is stable. Significant thyroid nodule (L thyroid gland is enlarged).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The right kidney measured 3.5 cm with slight pyelectasia. The left kidney measured 3.5 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.

Spleen

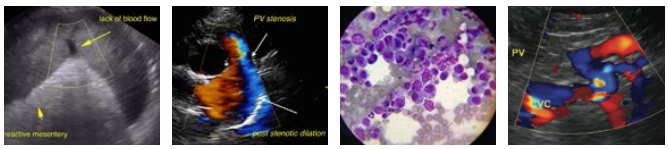
The **spleen** was enlarged, irregular and swollen in contour. The spleen measured 2.4 cm in maximum width. This may be a splenic congenital defect +/- infiltrative disease. Screening FNA of the spleen and liver mass as well as general liver is warranted for staging purposes.

Liver

A 4.1 cm mixed echogenic mass was noted with multi-focal, hyperechoic nodules noted that appeared to be deriving from the caudal **liver**. It appears to be the caudate process, yet that cannot be completely defined as the origin. The cranial liver is largely unremarkable. The parenchyma was uniform in the cranial liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

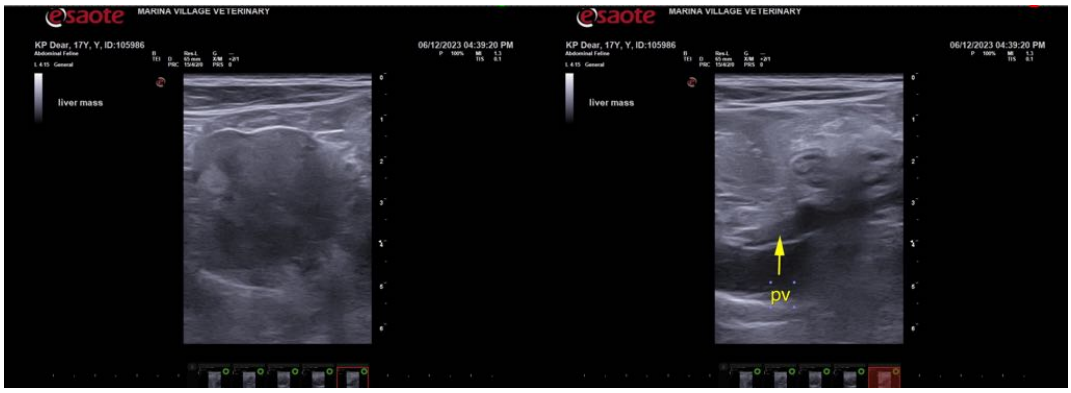
ULTRASONOGRAPHIC FINDINGS

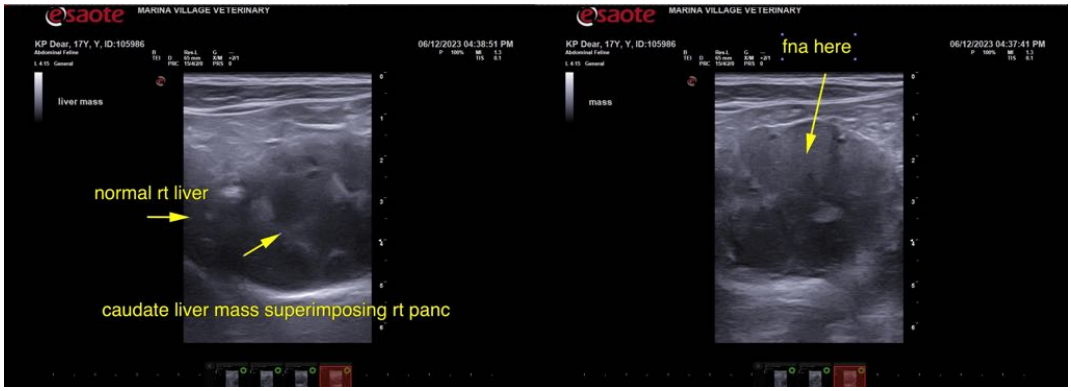
Round cell neoplasia versus hepatocellular carcinoma or benign hepatoma is technically possible.

Splenic infiltrative disease versus congenital splenic formational defect is possible, yet less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential splenectomy and liver lobectomy can be considered; however, the bilirubin elevation is concerning which would lead me to believe that diffuse, parenchymal disease with focal mass manifestation of the liver may be the underlying issue hence the screening FNA. Guarded prognosis. Screening FNA +/- CT evaluation for surgical planning would be ideal or direct exploratory surgery with expectations towards liver lobectomy and splenectomy depending on cursory cytology results to assess diffuse infiltrative disease within the liver versus non-specific inflammatory hepatopathy and focal mass.





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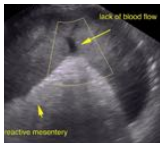
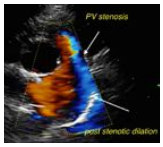
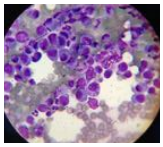
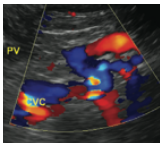

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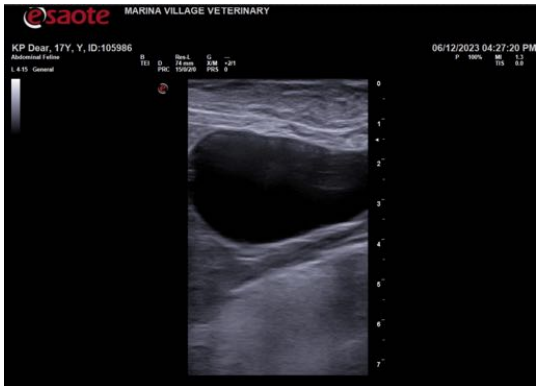

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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