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Clinical Sonography & Telecytology
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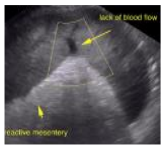
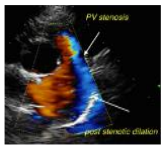
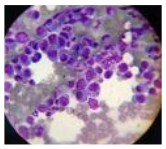
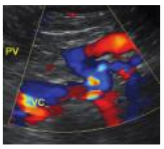





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chipper McGowan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15

WEIGHT

8.7

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

Christensen

INVOICE

22911

DATE

6/15/23

PRESENTING CLINICAL SIGNS

History: P presents for vomiting. Did loose weight. (1lb) 8.7lbs today. P does vomit every once in a while. Got progressively worse 1-2 weeks ago. Vomit all over the house. O locked P up and fasted him for 12hrs. and P was okay. Last Friday happened again in AM. Eating Hills K/D. P not crazy about kidney diet. Previous increase in kidney enzymes. Gets constipated with kidney diet. Will drink a lot of water when constipated. O feels P drinks so much water that he vomits. Previously diagnosed with Triaditis. Treated and responded well after last ultrasound. Now seems to be not doing well.

Abnormal PE/Chem/CBC/UA Results: Results pending.

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 were noted. Ureteral papillae were normal.

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. This is a moderate change. The left kidney measured 3.77 cm. The right kidney measured 4.22 cm.

Adrenal Glands

The **right adrenal gland** was mildly enlarged, measuring 0.6 cm x 0.9 cm.

The region of the **left adrenal gland** revealed no evident pathology.

Spleen

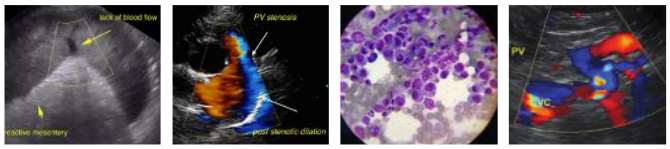
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed a diffuse microcystic mass occupying the majority of the liver and enveloping the gallbladder. Both parenchymal and cystic components were noted in the mass, suggestive for biliary carcinoma. FNA of the parenchymal portions of the mass could be considered. This does not appear resectable, as it encompasses both the left and portions of the right liver. Slight free fluid was noted between the liver lobes.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to



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malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted. This is a mild change. Some retention of ingesta was noted in the stomach.

Pancreas

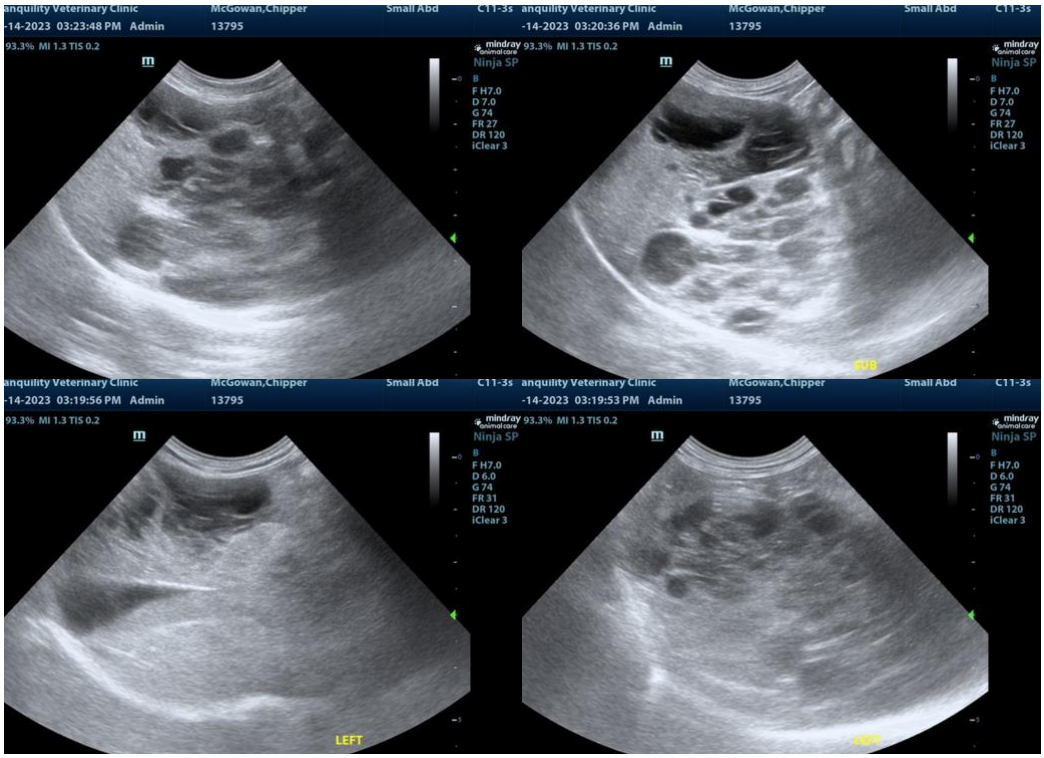
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.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

ULTRASONOGRAPHIC FINDINGS

- Cystic biliary mass, suspect biliary carcinoma. Complex adenoma is possible yet less likely.
- Mildly enlarged right adrenal gland
- Geriatric changes otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted. Prognosis is guarded long term.



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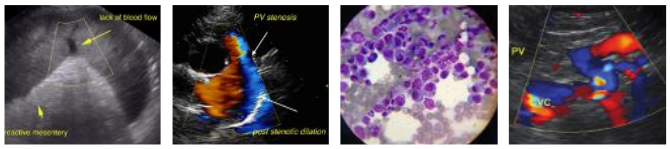

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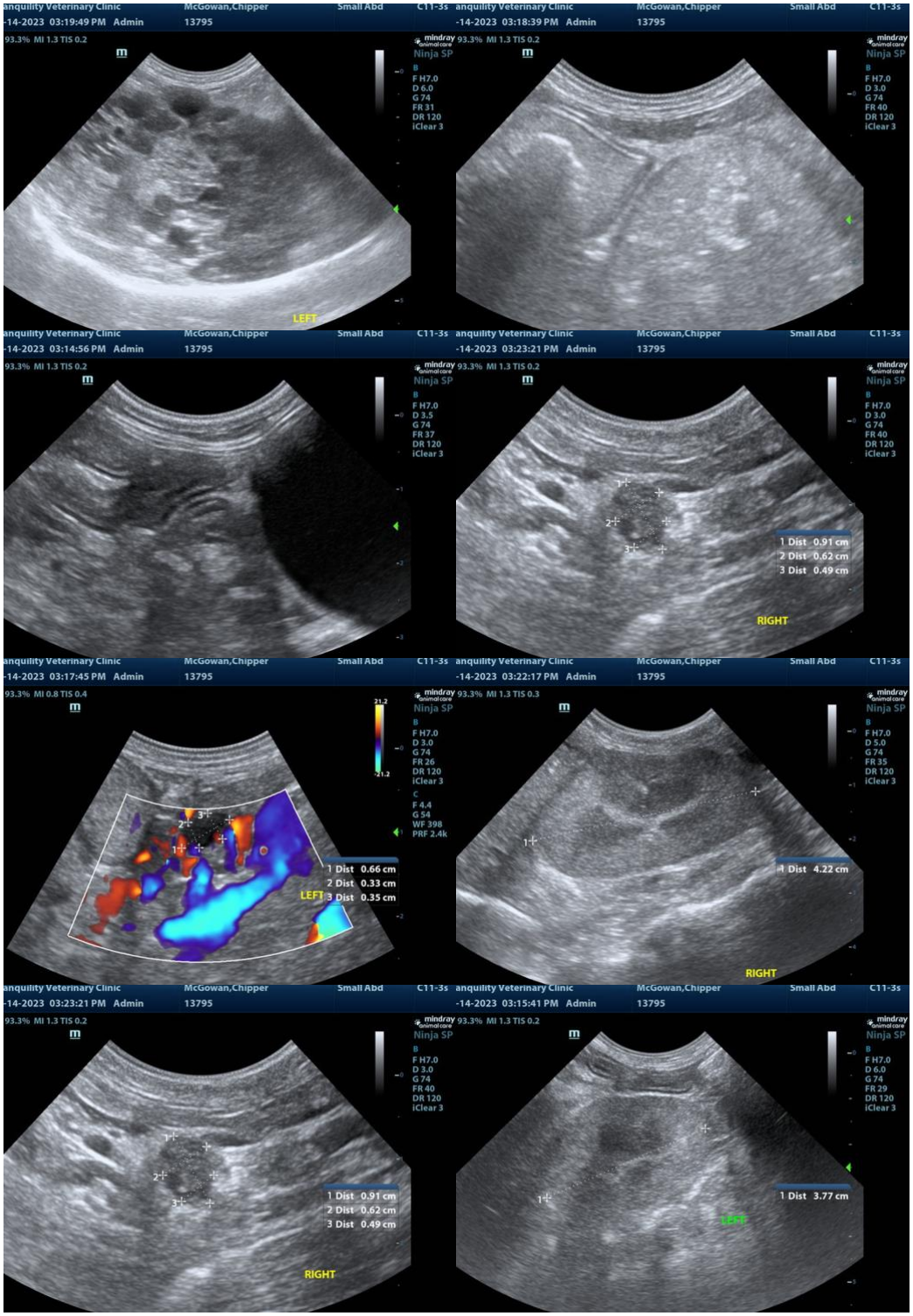

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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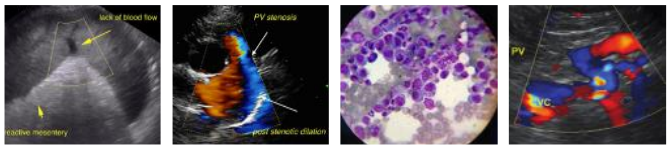

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com