



**DATE PRESENTING CLINICAL SIGNS**

6/30/23 Chronic diarrhea.

**PATIENT**

Hootie Morgan  
Current Medications: Metronidazole, panacur, B12 injection - no improvement - yest started prednisone, novel protein diet and continue B12 - initially o' did not want AUS - now she does.  
Lab Results: BW/T4/Urine unremarkable.  
Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Feline  
Sedation: Declined.  
Stat Report: Not requested.  
Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DSH

**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.

**SEX**

Neutered Male

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 and no evidence of pelvic dilation was present. The right kidney measured 4.0 cm. Slight mineralization noted in both kidneys. The left kidney measured 4.0 cm.

**AGE**

9/28/09

**WEIGHT**

8 Pounds

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 0.52 cm. The left adrenal gland measured 0.41 cm.

**HOSPITAL NAME**

Hickory Vet Hospital

**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. Snyder

**Liver**

The **liver** revealed an expansive complex cystic (5.4 cm x 4.1 cm) occupying the majority of the left liver and enveloping the gallbladder. Localized free fluid noted adjacent to the mass.

**INVOICE**

43672

**Gastrointestinal**

The **stomach** was unremarkable. Variable intestinal thickening noted with loss of mural detail. Wall thickness measured up to 0.32 cm. The colon was fluid filled along with stool.

**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**

A mesenteric lymph node mass was noted at 2.14 cm x 1.43 cm with rounded hypochoic undifferentiated lymph nodes.

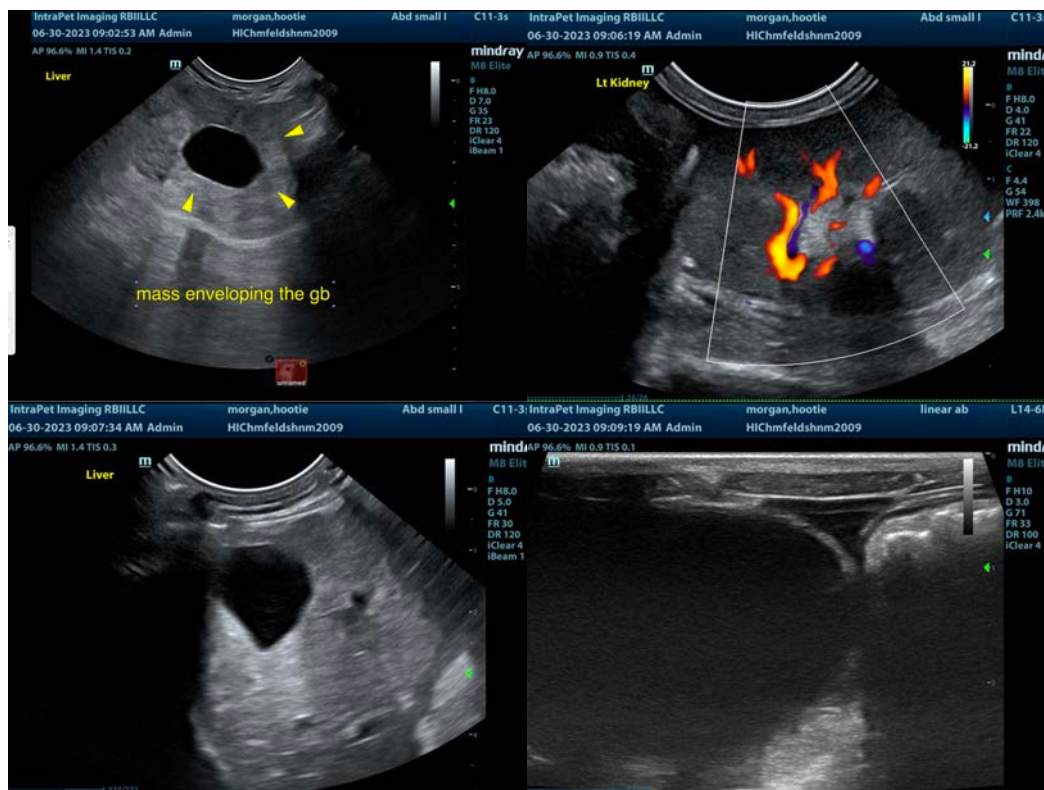
Areas of free fluid noted, likely owing to lymphatic obstruction.

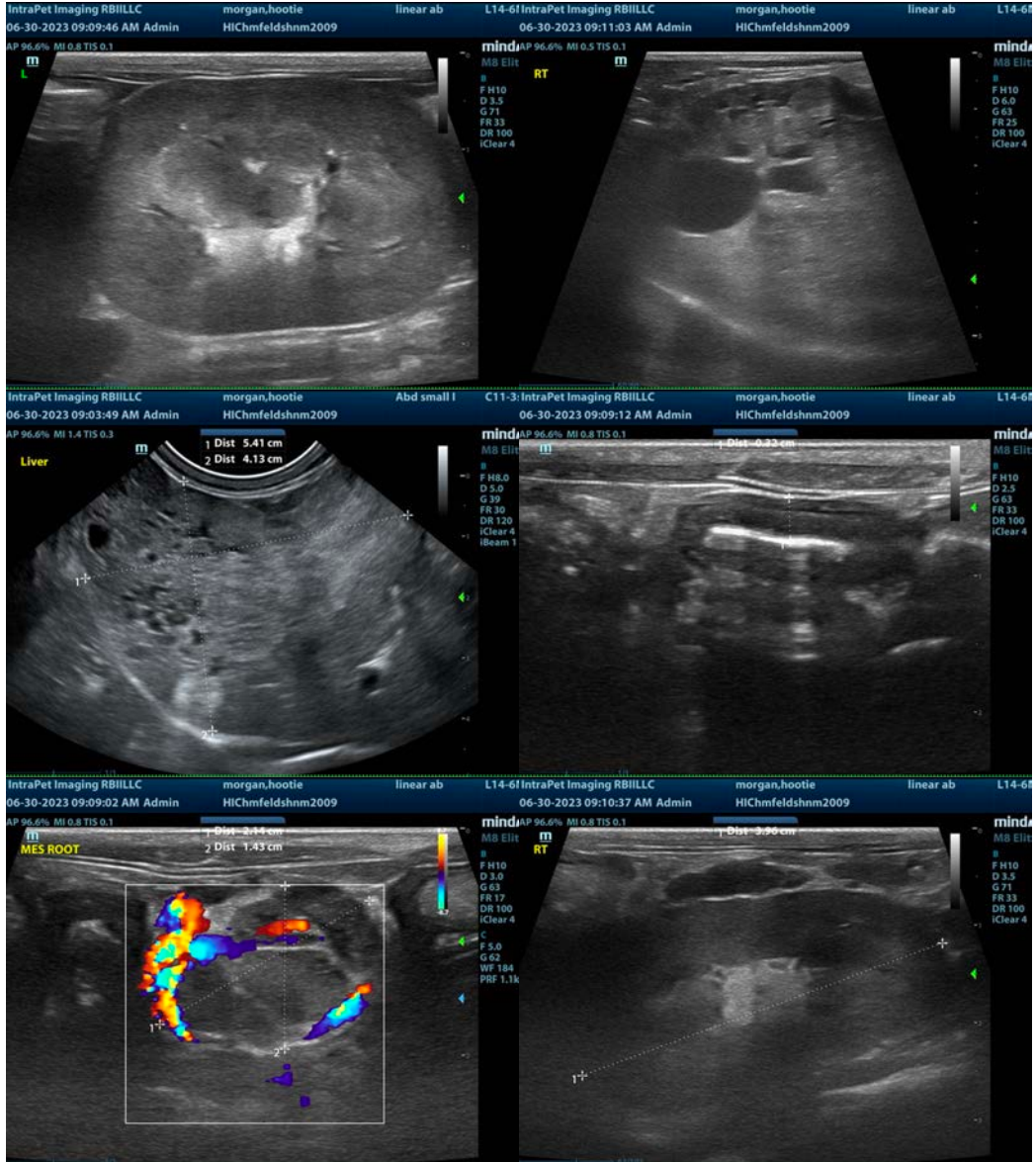
### **ULTRASONOGRAPHIC FINDINGS**

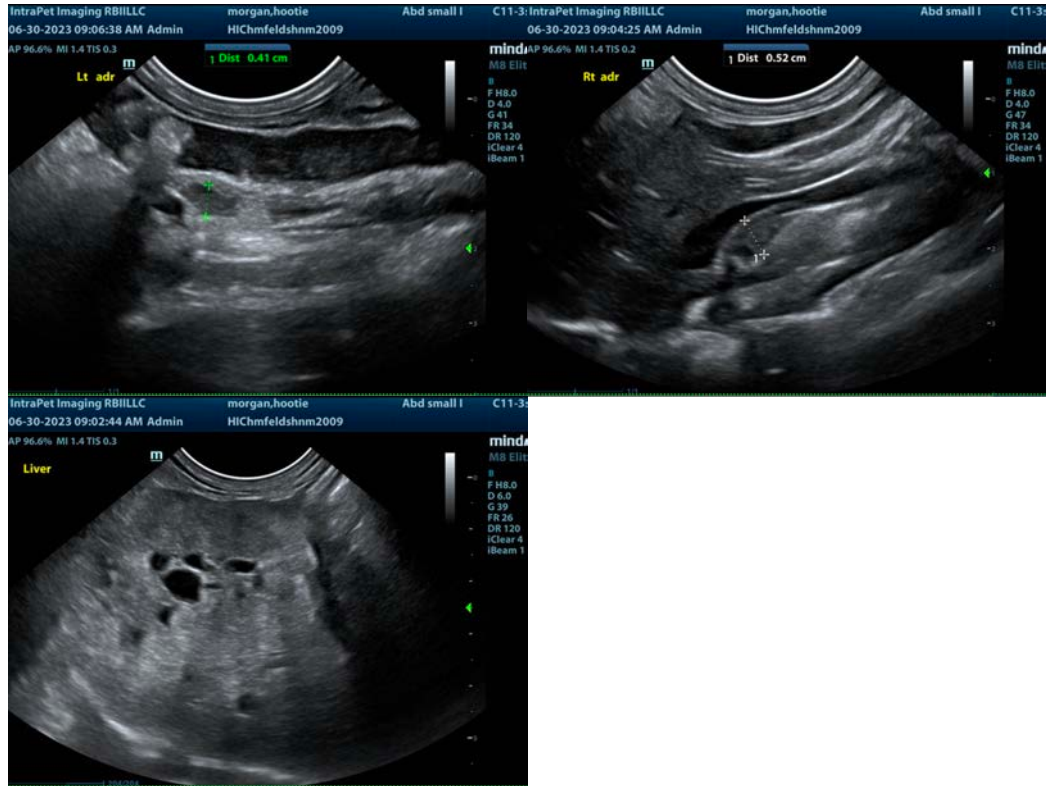
- Extensive carcinoma type enveloping liver mass with regional free fluid
- Mesenteric lymph node mass
- Variable intestinal thickening
- Age related renal changes

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the mesenteric lymph nodes and parenchymal portions of the liver mass would be warranted for further definition with adjunctive supportive care. However, prognosis is very guarded to poor. Depending upon the aggressiveness of the hepatic mass and cytology of the mesenteric lymph node mass, likely two separate neoplasias, round cell neoplasia of the mesenteric root and intestine and hepatocellular carcinoma of the liver.







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.

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