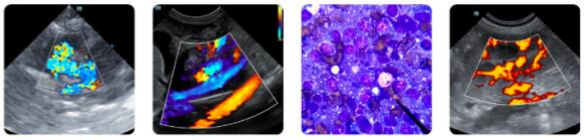

PATIENT

Elliot Blackman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

3.7 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Laurie Brewer

INVOICE

16294

DATE

06/04/26

PRESENTING CLINICAL SIGNS

P initially seen 5/31 for anorexia and vomiting. Outpatient treatment with sq fluids and Cerenia. to give Cerenia po. P historical hyperthyroid and on methimazole. P returned 6/1 for continued anorexia and nausea. P admitted for supportive care and discharged on 6/2 at 9 pm. rx'd sucralfate, Mirataz transdermal, continued Cerenia, and ondansetron. P returned a third time on 6/3 for vomiting, nausea, hyporexia to anorexia. P admitted for supportive care. NG tube placed. Initial aspiration 35 ml of thick brown odorous fluid, 6 am 3 ml of fluid aspirated, 10 am 0 ml of fluid. P was given RC recovery diet 6/4 1:30 am 1/4 RER 7.7 ml feeding; NPO since then for ultrasound. IVF with B complex, ondansetron, emeprev, and Unasyn. Concern for foreign body obstruction; Abdominal mass; Infiltrative disease; Inflammatory bowel disease; Recurrent pancreatitis; other

PE 6/3: pain 3/4 abdomen; BCS 4/9; soft and reactive on abd palpation FPL 5/31 4.6, 6/2 FPL 3.2 normal; Liver panel, CBC, and EPOC all unremarkable 6/3 fPL: 33.6 abnormal; 6/3 Mild decrease in iCa: 1.19 rads 6/3: Hepatomegaly with causes including infiltrative disease (inflammation-including biliary obstruction, infection, or neoplasia), cholestasis from anorexia, nodular hyperplasia, or a metabolic/endocrine disease. Radiographic findings associated with an intestinal segment only seen on the right lateral view. Ddx: mural pathology (neoplasia) within the proximal colon or ileocolic junction, mural pathology (neoplasia) within a small intestinal segment, radiolucent foreign body within the small intestine or less likely proximal colon, artifact (considered less likely).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild/moderate 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. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

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

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The **liver** revealed coarse architecture and increased portal markings. The common bile duct and cystic duct were mildly dilated. The left liver revealed a 2.2 cm mixed hypoechoic mass deriving from the caudal aspect of the left liver. Other nodular changes were noted in the liver. The gallbladder was unremarkable.

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 malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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

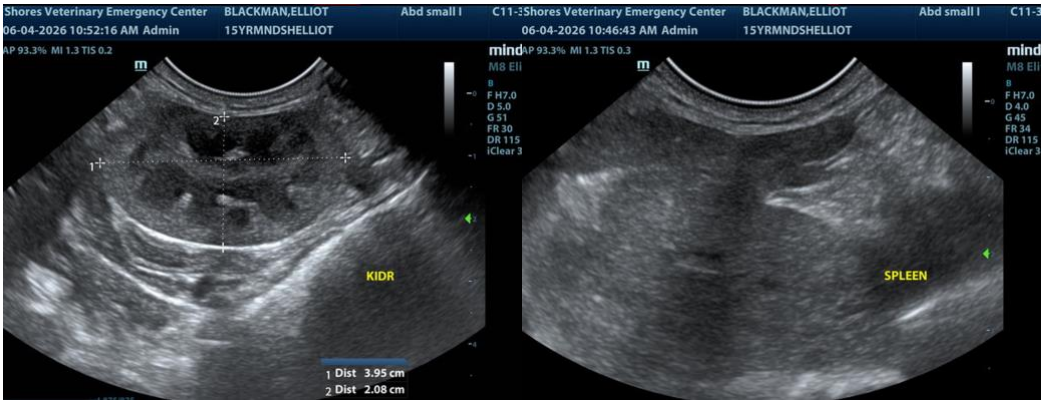
- Left sided liver mass and hepatic remodeling- carcinoma versus biliary cystadenoma.
- Mildly dilated cystic and common bile duct.
- Age-related renal changes with mineralizations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver lesion is recommended with supportive care for GI upset, yet structurally, the GI tract was unremarkable. Sonographically, I am most concerned about the liver lesions in this patient that merits sampling. May be cystadenomas versus biliary carcinomas.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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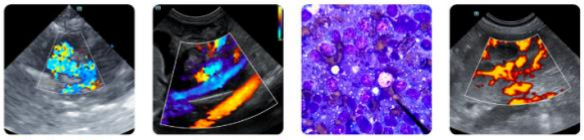

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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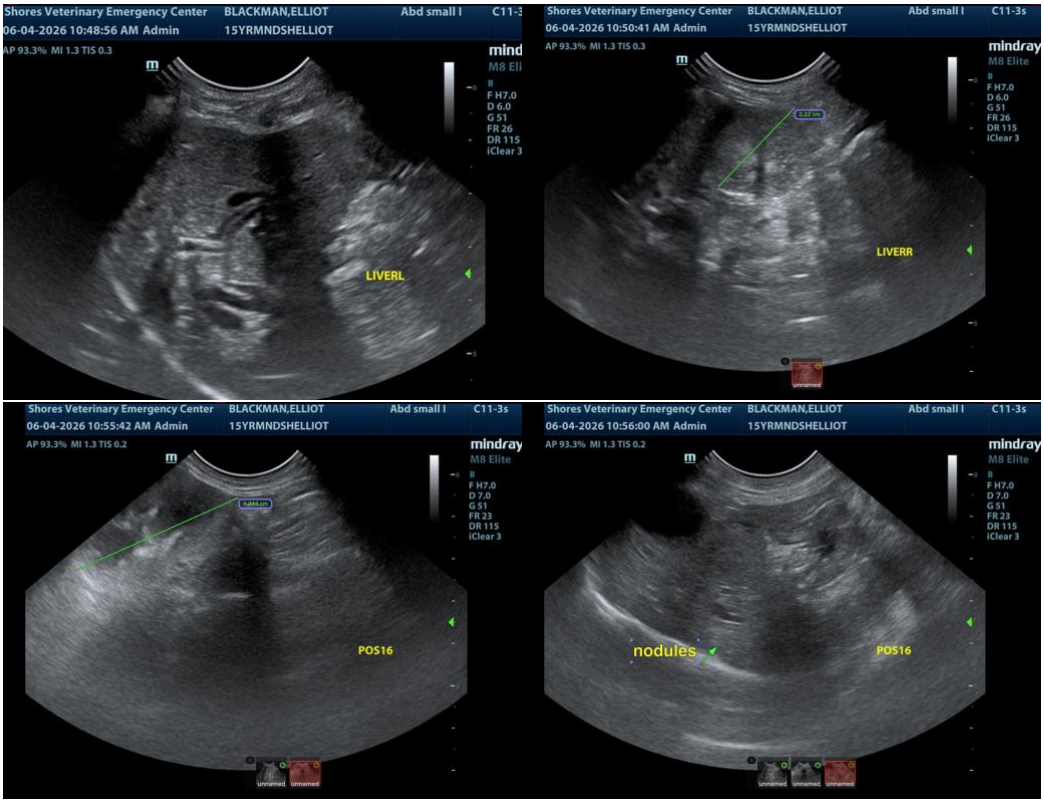

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

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