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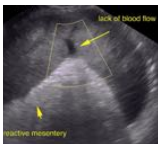

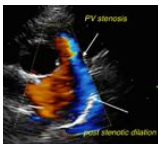

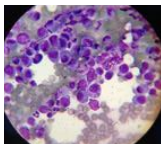
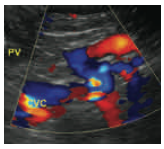

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jax Secordel

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

9.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Giroux

INVOICE

31516

DATE

7/7/22

PRESENTING CLINICAL SIGNS

History: Owner reports ravenous appetite. Has been on Pred-L in past few months.
Abnormal PE/Chem/CBC/UA Results: PE: patchy truncal alopecia, sparing dorsal midline. BCS 4/5. BW (5/22/22): BUN 38, Creat 2.1, SDMA 15, fPLI 6. UA: SG 1.022. T-4: 2.4 N.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.8 cm. The left kidney measured 4.01 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 mildly enlarged with slight scalloping contour. The spleen measured 1.1 cm in width.

Liver

The **liver** was riddled with multi-focal, mildly to moderately disruptive cystic parenchymal changes. This is consistent with cystadenomas; however, hyperechoic 2.3 cm liver mass was noted in the left liver with nodular changes elsewhere. Hyperechoic nodules were noted throughout the liver. However, the overt left-sided mass is most concerning. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. A 3.0 cm cystadenomatous type lesion was noted adjacent to the gallbladder.

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.

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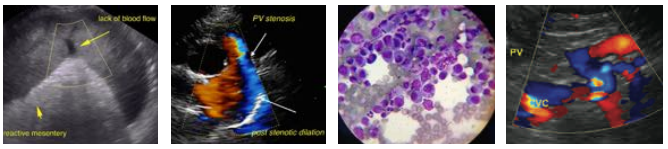

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Pancreas

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

ULTRASONOGRAPHIC FINDINGS

Multi-focal, cystadenomatous type liver changes with overt left-sided liver mass.

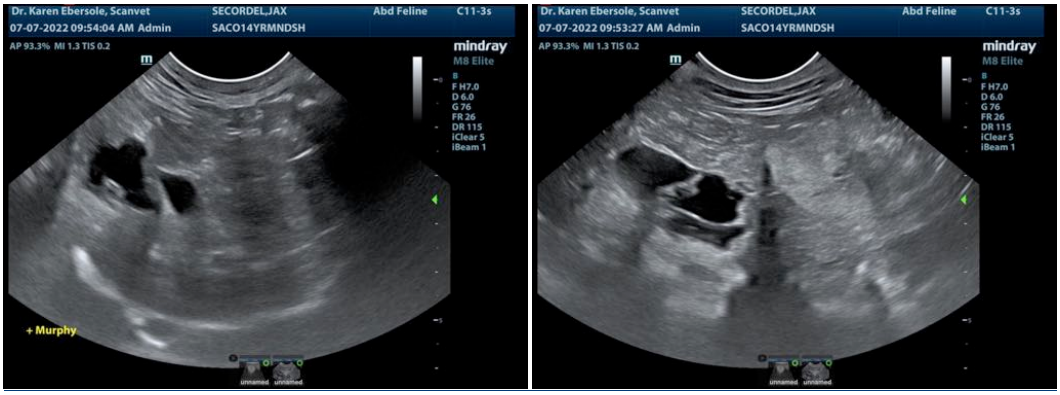
Age related gastrointestinal tract.

Mild splenic enlargement.

Mild to moderate degenerative renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass itself appears resectable; however, the cystic changes and other nodular changes are multi-focal. I am most concerned about the left-sided mass. I suspect left-sided liver carcinoma, pronounced hyperplasia or cystadenoma is also possible. The prednisolone may bay be suppressing a more significant presentation. Prerenal disease is likely playing a role in the renal profile. IV fluid support, maldigestion panel, full CNS examination and chest radiographs are all indicated as well as FNA of the general liver and left-sided mass.



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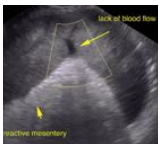
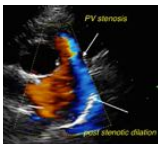
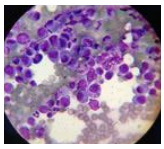
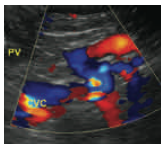

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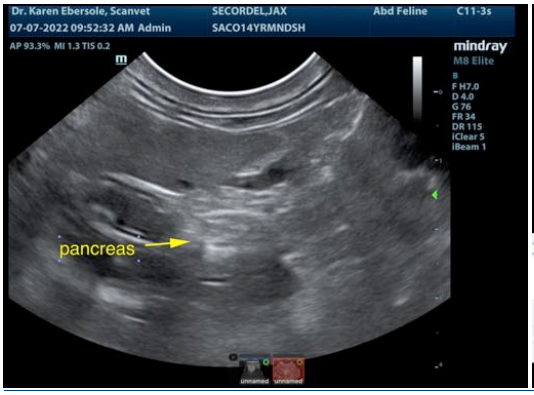

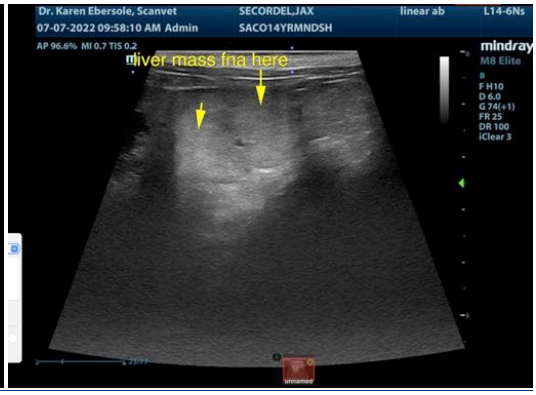

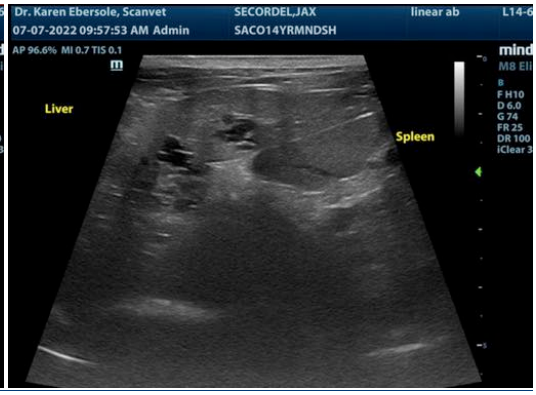

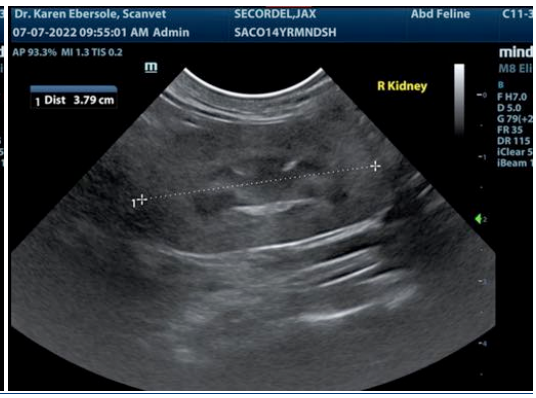

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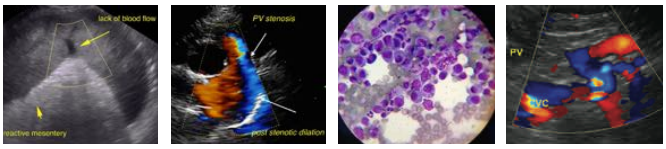

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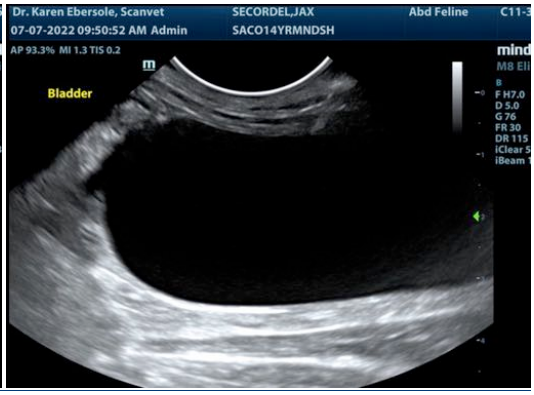

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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