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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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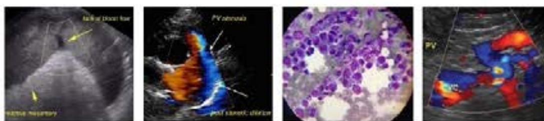


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

**PATIENT**

Hank Fewer

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

Approx 14 Years

**WEIGHT**

6.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Ingersoll VS

**REFERRING VET**

Dr. Prystayko

**INVOICE**

40642

**DATE**

8/19/22

## PRESENTING CLINICAL SIGNS

Cat seen Feb 28/22 as senior wellness check. Three cats in house and owner wants to feed all same food, but all have various health issues. Is feeding 100% canned as 1 cat is diabetic. This cat had lost 1.5 lbs in 6 months (from 9.4 to 8 lbs) and was eating advanced kidney failure food. Blood work reflected possibly very early kidney issues and as other cat on kidney diet passed away we decided to feed canned gastro (same food as diabetic cat). Advised 225 to 250 kcals per day. Cat has vey good appetite. May 2022 the 2 cats boarding in my clinic. They had been boarding at different facility and other cat got diarrhea that responded to probiotic and metronidazole. This cat developed diarrhea 1.5 weeks after house mate and had diarrhea while boarding. At that point he had lost approx another 0.5 lbs. ( from8 lbs. down to 7.4 lbs.). Cat responded well to metronidazole and probiotic at the time.. Cat presented again Aug 5/22 with major diarrhea for 4 days (not using litterbox). Ongoing weight loss (from 7.4 to 6.4). Cat is very hungry and is getting adequate calories. Poor resonse so far to metronidazole and probiotic this time. Stools firm up for a few days then cat gets diarrhea again despite being on meds. Cat is cachexic on exam HR 200 and no heart murmur. Liver feels very prominent and intestines feel "ropey". Is on canned Gastro food, metronidazole and Fortiflora.

Abnormal PE/Chem/CBC/UA Results: SDMA M1 high, Creatinine low, Globulins high(borderline)WBCs high 21.4, RBCs, HGB, HCT all low, MPV low.

## 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. Minor amount of suspended debris noted. 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 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 left kidney measured 4.05 cm. The right kidney measured 3.63 cm.

### *Adrenal Glands*

The regions of the **adrenal glands** were unremarkable.

### *Spleen*

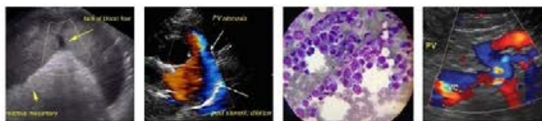
The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

### *Liver*

The **liver** revealed an expansive mixed echogenic parenchymal mass measuring 5.35 cm. The mass occupies the left cranial liver, deviating the gallbladder. Possibly resectable with removal of the gallbladder. The mass also impinged medially upon the common bile duct and cystic duct. Likely hepatocellular carcinoma. FNA could be considered for further definition. The right cranial liver revealed other nodules, possibly related to the left-sided mass.

### *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 and luminal content as unremarkable. Slight mesenteric lymph node enlargement noted.

### *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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### *Free Abdomen*

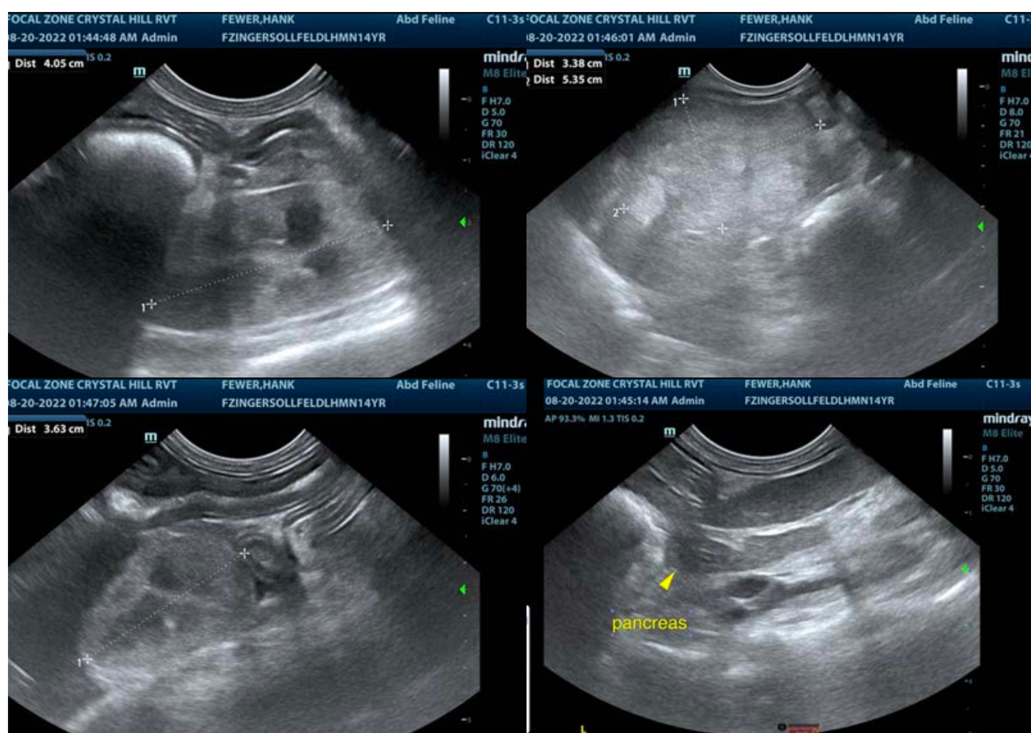
Trace free fluid noted.

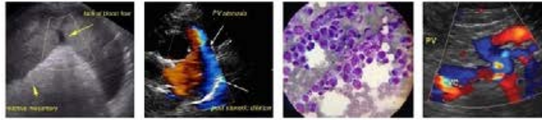
## ULTRASONOGRAPHIC FINDINGS

- Left-sided liver mass, potentially resectable
- Chronic GI changes
- Age related renal changes
- Volume contracted spleen
- Age related pancreas
- Trace free fluid

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation recommended for surgical planning. The free fluid may be paraneoplastic secondary to the liver mass, or owing to lymphatic congestion, given the minor lymphadenopathy and mesenteric root, where the main fluid was present, or owing to cachexia. CBC path review +/- bone marrow aspirates warranted, given the reported anemia.







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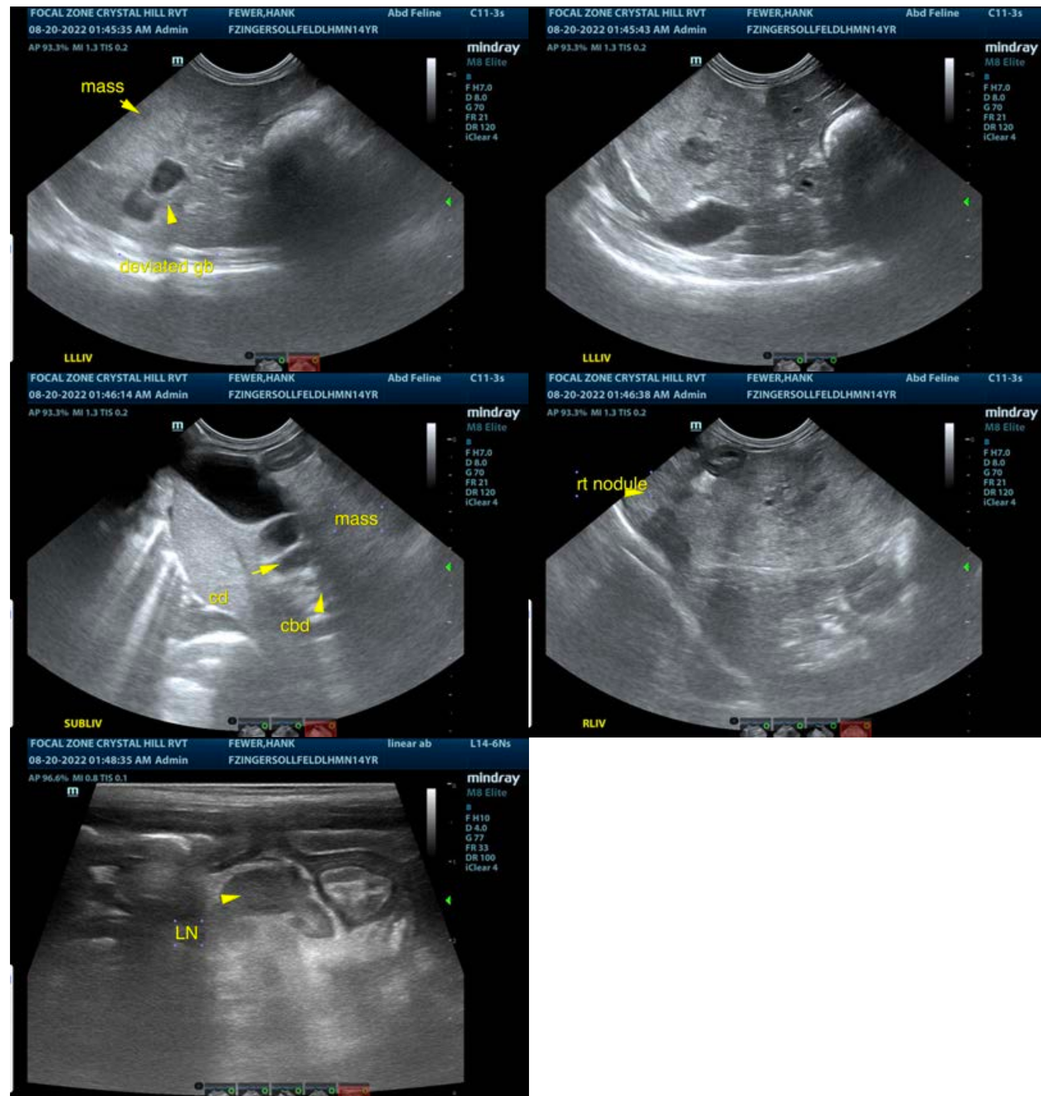


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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