

**DATE PRESENTING CLINICAL SIGNS**

8/2/23

PATIENT

Mylo Judd

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4/1/11

WEIGHT

12 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Eldersburg VH

REFERRING VET

Dr. James

INVOICE

44588

Complaint: Still urinating outside litterbox. Diet: Fancy feast wet. History Medication History: Gaba 250mg/mL transdermal (0.2mg SID). Notes: Pt presents for continuously urinating outside of the litterbox. Per O, pt has not improved much since last visit. The transdermal gaba does not seem to impact pt. O noted that pt now sometimes urinates in the litterbox, but still urinates outside as well. No environmental changes to trigger pt, O thinks the cause may be behavioral. Pt introduced to home Dec. 2022, weary of housemate cats. O has tried pheromone diffusers in the past and not noted an impact, has not attempted w/ pt. Doing well otherwise: E/D well, normal U/D, no V/D. Indoor mostly, supervised outdoors. Abdomen - sl distended; large mass effect palpable mid cranial abdomen.

Current Medications: Gabapentin 50mg/ml #30ml - mix 1ml into small amt of canned food q 12 -24 hrs - for pain

Lab Results: See attached.

Radiographs: radiopaque mass effect cranial mid abd- region of spleen and liver tip; serosal detail lost cranial abd; spondylosis LS

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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** 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. Mineralization noted in both kidneys. The left kidney measured 2.93 cm. The right kidney measured 4.21 cm.

Adrenal Glands

The **left adrenal gland** was 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 left adrenal gland measured 0.44 cm.

The region of the **right adrenal gland** was unremarkable.

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 large coalescing mixed echogenic hepatic masses measuring up to 11.0 cm, occupying the left and right liver. A left hepatic mass measured 8.0 cm. The liver masses enveloped the gallbladder and are non-resectable. Minimal recognizable hepatic parenchyma.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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

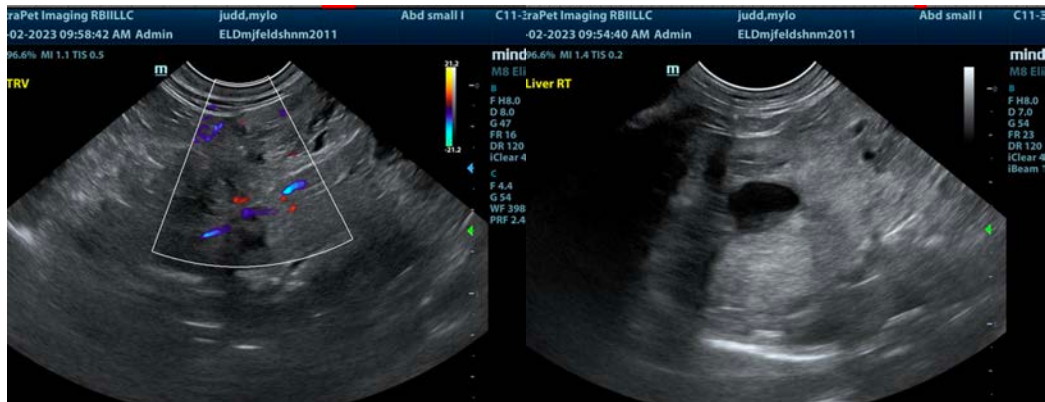
Slight amount of free fluid noted.

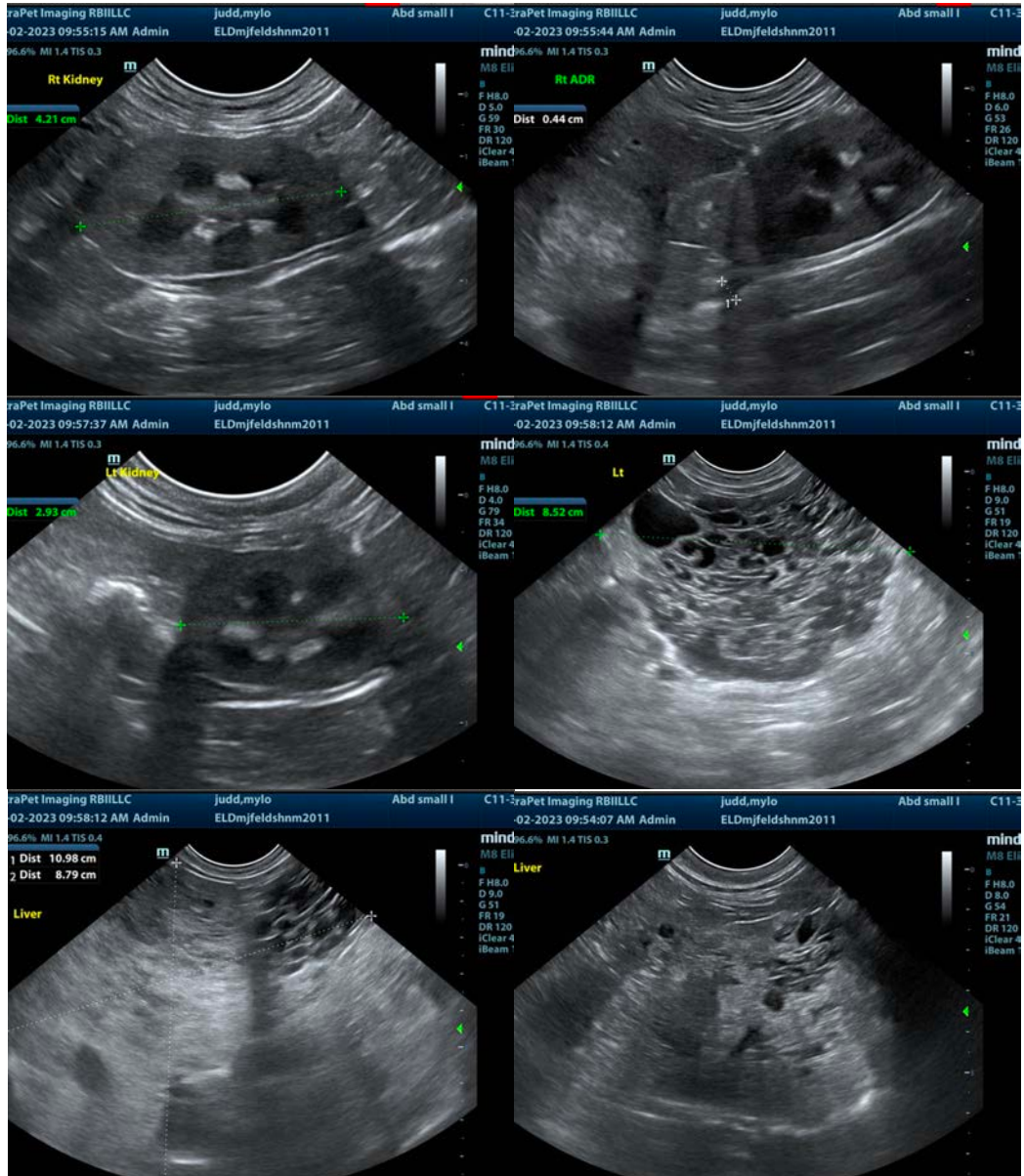
ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic neoplasia occupying left and right liver – benign biliary cystadenoma versus carcinoma yet not resectable.
- Slight amount of free fluid – possibly from cyst rupture
- Age related renal changes with mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of inappropriate urination is unclear. However, bile acid profile is indicated to assess for hepatic dysfunction, given the degree of the masses.





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