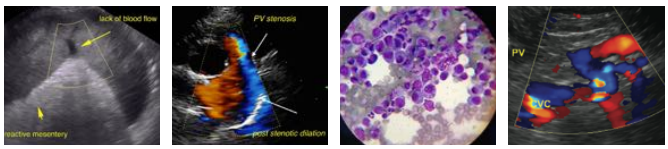

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1-800-838-4268 info@sonopath.com

PATIENT

Hudson Jansen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

4.85 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harris

HOSPITAL NAME

TotalBnd VH

REFERRING VET

Dr. Toner

INVOICE

32660

DATE

8/30/22

PRESENTING CLINICAL SIGNS

History: Hudson is a 13 YO FS DSH who presented for her routine annual visit. O reported vomiting once daily for months. Still has good appetite. Pt had lost about 1 lb in 1 year. PE- pt BAR, thin (bcs 3/9), moderate diffuse muscle wasting, grade 2/6 parasternal heart murmur (historical), abd soft and non-painful. Routine labs revealed liver enzyme elevations- AST 162 (H), ALT 750 (H), ALP 218 (H), T. bili 1.3 (H). PSL also elevated at 30. DDX- hepatic (inflammation, HL, neoplasia, sepsis) vs post hepatic (pancreatitis, cholangitis, cholecystitis). Pt started on amoxicillin, metronidazole, and cerenia for care prior to AUS.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys and was non-obstructive. The right kidney measured 3.3 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. The right adrenal gland measured 0.87 x 0.3 cm.

Spleen

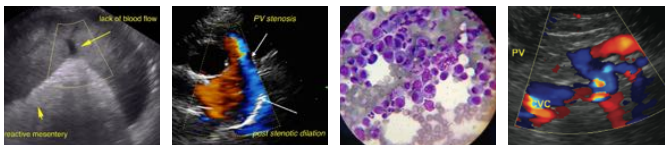
The **spleen** was enlarged and measured up to 2.0 cm in width.

Liver

The **liver** revealed mixed, echogenic, ill-defined mass with ill-defined margins that impinged upon the diaphragm and deviating the gallbladder caudally. Heterogenous changes were noted elsewhere in the liver. The liver was otherwise swollen. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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. Intestinal wall thickness measured up to 0.26 cm. 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. 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

Splenomegaly.

Hepatomegaly.

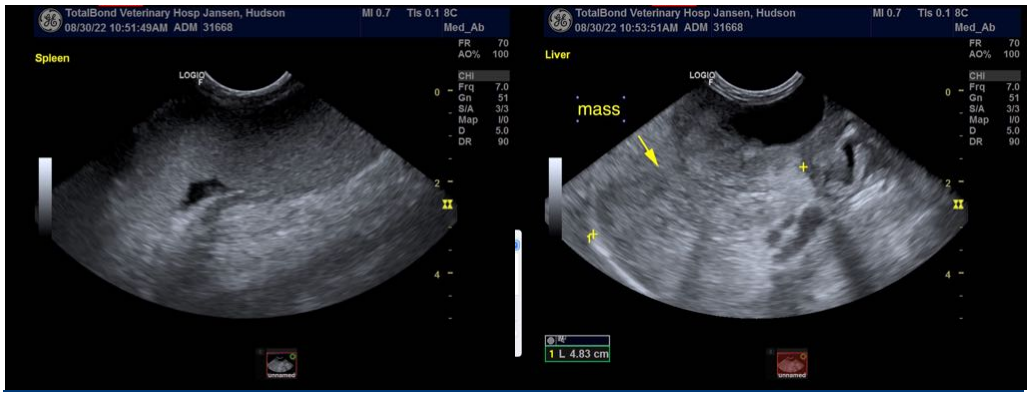
Concurrent right cranial liver mass.

Age related renal changes with minor mineralization and minor chronic GI changes.

Concurrent low-grade pancreatitis is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for infiltrative disease of the spleen and liver as well as concurrent mass that is consistent with carcinoma. Dual pathology such as round cell neoplasia and hepatic carcinoma may be playing a role in this patient given the clinical sonographic presentation. FNA of the spleen, general liver and the liver mass from the right intercostal approach is all indicated. The prognosis is very guarded depending upon cytology results.



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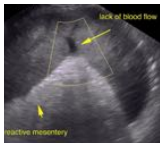
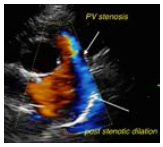
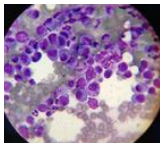
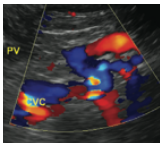

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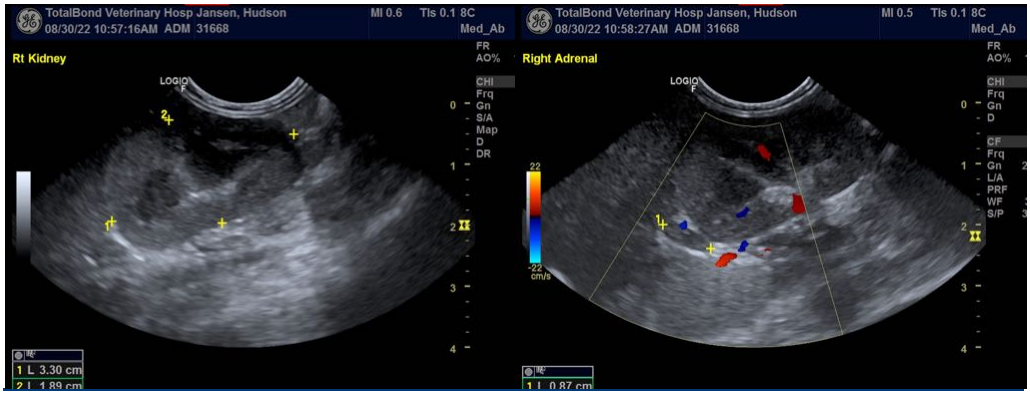

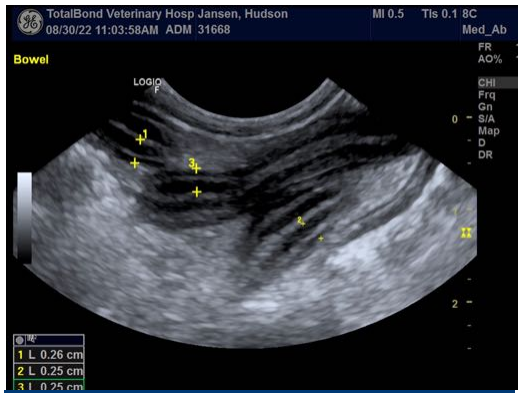

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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