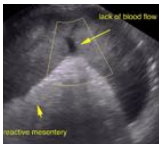
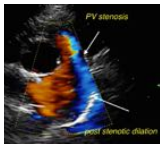
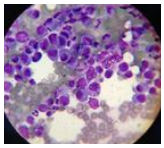
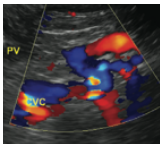
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™






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

**PATIENT**

Lacey Castellucio

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

14 years

**INTERPRETED BY**

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Greenwood Lakes AH

**REFERRING VET**

Dr. Louer

**INVOICE**

43542

**DATE**

3/28/23

## PRESENTING CLINICAL SIGNS

Hypo-anorexia, fever started 5 days ago. The patient had diarrhea with blood. WBC 35.1, neutro 39888, mono 1053, albumin 2.3

## 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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.83 cm. The right kidney measured 3.5 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*

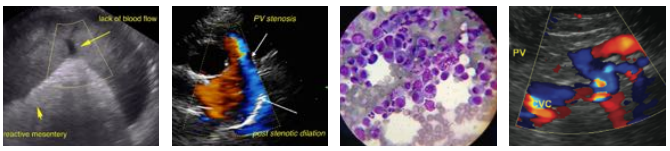
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

### *Liver*

The **liver** revealed a 1.0 x 0.6 cm hypoechoic gallbladder nodule with adjacent free fluid between the apex of the gallbladder and the diaphragm. Positive power Doppler signals were noted upon this lesion to differentiate it from adhered debris. A separate, left-sided, mixed, hyperechoic, disruptive, 4.3 cm mass was noted. A separate right medial liver mass was noted and is similar in hyperechogenicity with disruptive architecture. Both masses were significantly vascular on Power Doppler assessment. The remainder of the liver presented minor heterogenous changes, yet expected for this age patient.

### *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



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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. 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

Gallbladder nodule.

Two separate hepatic masses.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for multi-centric carcinoma. FNA can be considered; however, the masses are nonresectable and not typically responsive to chemotherapy. Supportive care is otherwise warranted. I do not recommend core biopsy of these lesions given the vascularity and the precarious tissue structure as high risk for hemorrhage.

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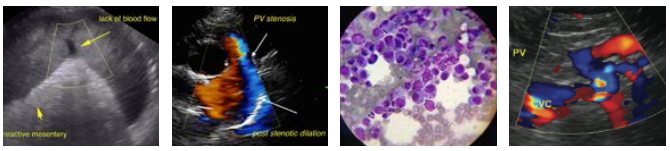

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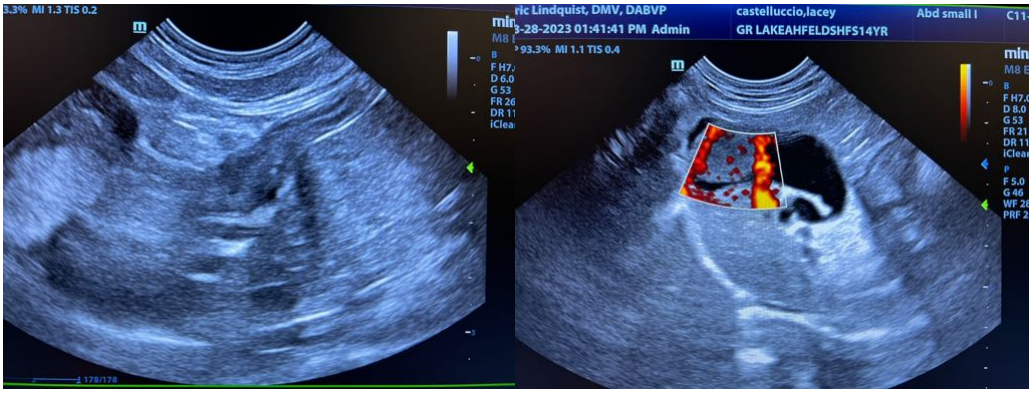


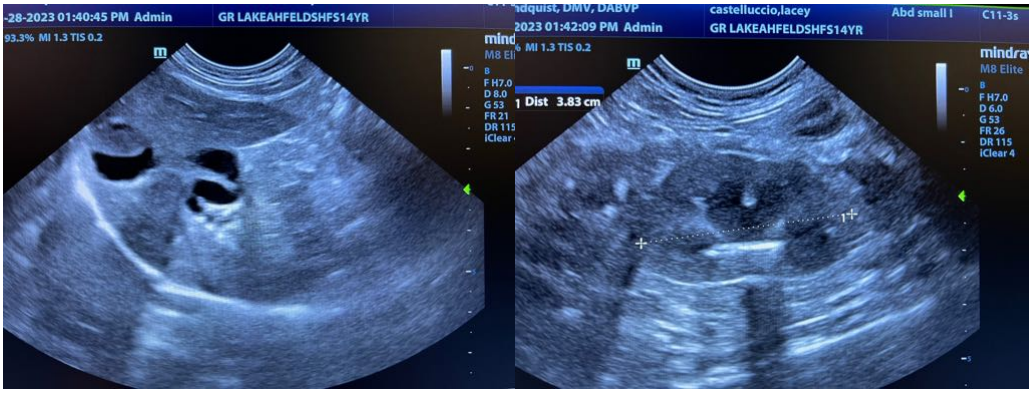


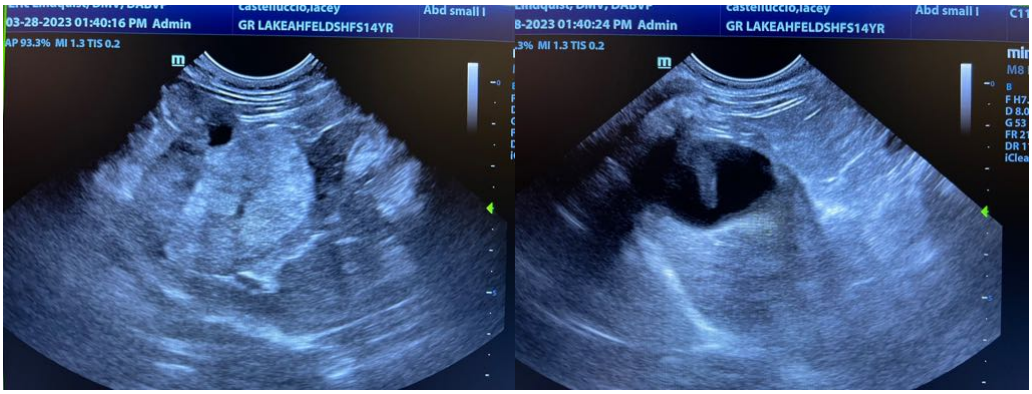


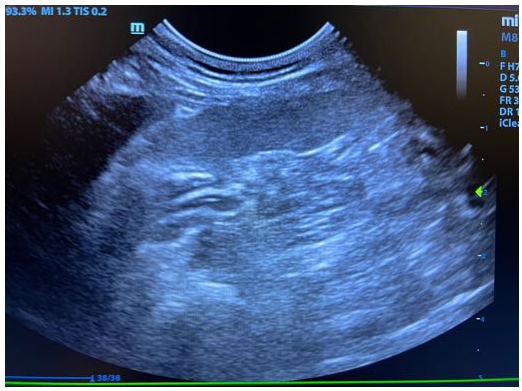

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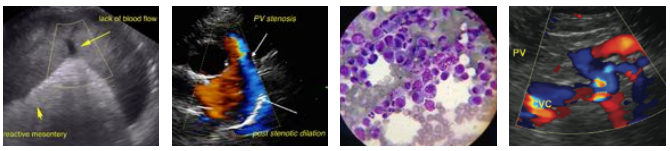


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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