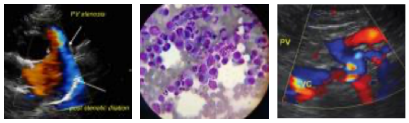


DATE

4.20.2023

PATIENT

Kiki Adrian

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10/13/2010

WEIGHT

6.21lbs

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Baumler

INVOICE

12812

PRESENTING CLINICAL SIGNS

ADR/lethargy and inappetence of 1-2 weeks. PE WNL, other than mild dehydration, hx of stomatitis and caudal mouth extractions. AFAST in hospital negative for free fluid or obvious masses.

Current Medications: Mirtazapine transdermal SID.
Lab Results: IH chem 17/CBC- Chem NSF, CBC mild eosinophilia (on re-run, first sample had errors). PCV 43%, TS 8.8.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV: Dex Domitor.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The left kidney measures small (3.30 cm) though is otherwise normal in shape and architecture with normal peripheral margins. There is decreased corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 3.77 cm. There is normal corticomedullary. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size at 0.37 cm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size at 0.35 cm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with smooth peripheral margins. The echogenicity is diffusely mildly hyperechoic with slightly decreased portal markings. There are innumerable hypoechoic nodules throughout the hepatic parenchyma of variable sizes, but all are >1.00 cm. There is one larger nodule that looks like an emerging mass, as it measures 1.82 cm x 1.73 cm. This mass is of mixed echogenicity and more complex-looking. This mass abuts the diaphragm. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contains a small volume of dependent echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum measures mildly thick at 2.80 cm, with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The ileocolic junction was visualized and had normal intact wall layering and is subjectively or normal thickness. The ileocoloic lymph nodes however, are enlarged, measuring about 3.00 cm thick x 1.00 cm in length; and they are hypoechoic surrounded by hyperechoic fat and are considered to be reactive.

The sections of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The left pancreas was mildly hypoechoic with mildly hyperechoic surrounding fat. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenopathy, aside from the ileocecocolic junction lymph nodes. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Liver mass with innumerable hypoechoic nodules throughout, concern for infiltrative neoplasia
- Chronic pancreatitis versus mild acute pancreatitis.
- Thickened duodenum with reactive ileocecocolic lymph node

Secondary Findings

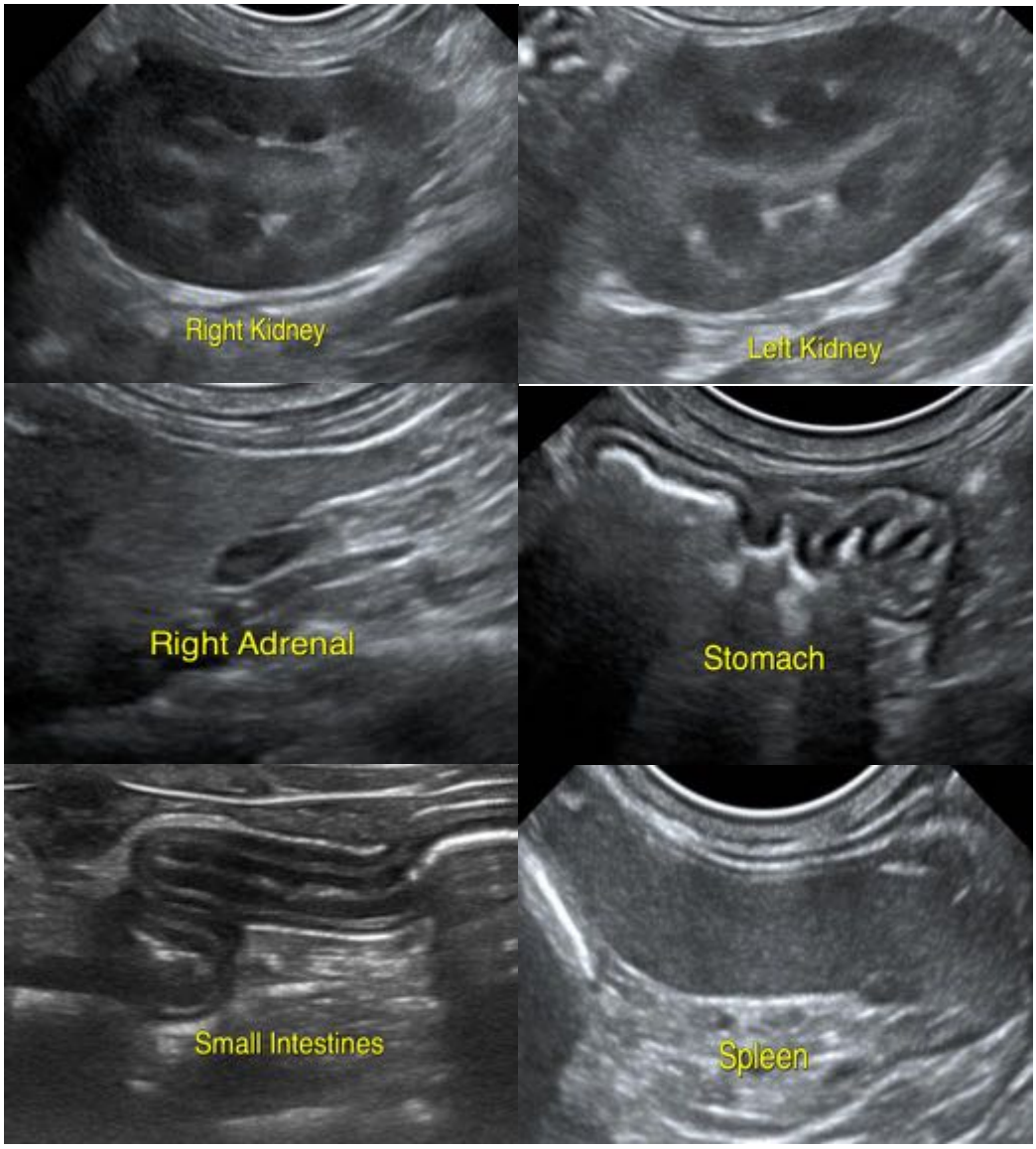
- Chronic degenerative renal changes on the left
- Gall bladder sludge

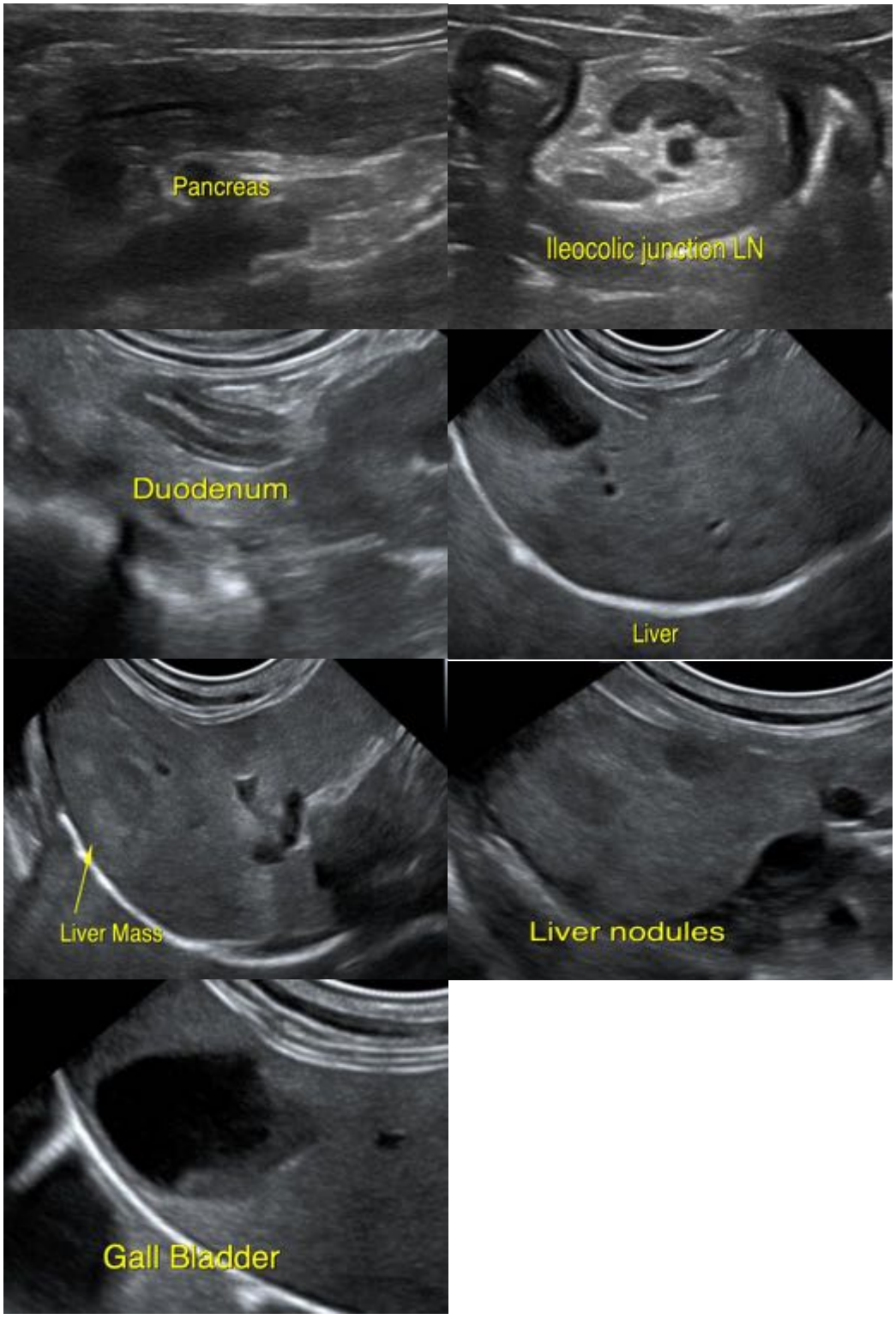
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver is concerning for malignant neoplasia, such as diffuse hepatocellular carcinoma or other carcinoma with intrahepatic metastasis, round cell neoplasia, other neoplasia. Benign nodules cannot be completely excluded based on ultrasound alone however, so further evaluations of these nodules is warranted. If the coagulation status of the patient is adequate, then fine-needle aspirates could be considered. The mass is far cranial and above the diaphragm, though in certain loops it is only 1.50 cm from the surface of the skin; so with adequate sedation it might be accessible.

There are other changes in the abdomen, such as the mild changes to the pancreas, the thick duodenum, and the enlarged ileocecocolic lymph nodes that would support an enteritis and pancreatitis as well, so

these are additional considerations for the clinical signs reported. Consider ongoing supportive care for these changes.




Pancreas
Ileocolic junction LN
Duodenum
Liver
Liver Mass
Liver nodules
Gall Bladder

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.

Jessica Midence, DVM, DACVIM (SAIM)
info@SonoPath.com