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Clinical Sonography & Telecytology
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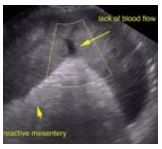
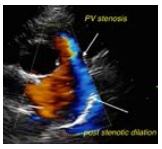
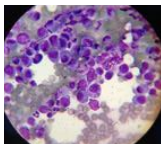
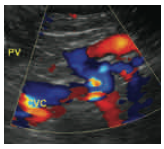





SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Riley Logan

**SPECIES**

Feline

**BREED**

Russian Blue

**SEX**

Neutered male

**AGE**

18 years

**WEIGHT**

9.3 lbs

**INTERPRETED BY**

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

**IMAGING PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

Dr. Martens

**INVOICE**

92654

**DATE**

10/21/21

## PRESENTING CLINICAL SIGNS

History: Firm irregular mass caudal abdomen palpated on exam
Abnormal PE/Chem/CBC/UA Results: Being treated for Hyperthyroid

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine. The bladder wall is relatively normal in thickness, but the dependent portion is focally thickened with a hypoechoic, solid, somewhat rounded mass effect that measured 2.6 x 1.86 cm. The area of the trigone and proximal urethra up to a depth of 2.0 cm appears normal with no evidence of a mass effect or calculi.

The left kidney has a normal shape and size (4.09 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.83 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

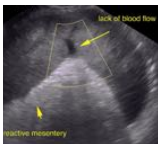
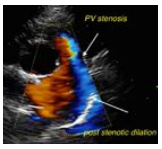
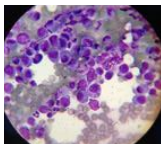
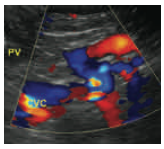
The right adrenal gland is large in size measuring 0.62 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

### *Spleen*

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

### *Liver*

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a 3.8 x 4.63 cm cystic/multi-loculated mass effect visualized in the hepatic parenchyma. The gallbladder lumen is moderately distended. The wall of

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the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

### *Gastrointestinal*

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal and the jejunum measured as normal (0.29 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### *Pancreas*

The region of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### *Free Abdomen*

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

## ULTRASONOGRAPHIC FINDINGS

**PRIMARY FINDINGS:**

- Large, cystic mass effect in the liver. This could be consistent with a benign cystadenoma or a neoplastic lesion.
- Hypoechoic mass effect in the urinary bladder. This is concerning for cancerous neoplasm, but is hypoechoic and rounded, so other differentials such as clot, etc. exist.

**SECONDARY FINDINGS:**

- Moderate gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Large right adrenal gland. Right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.

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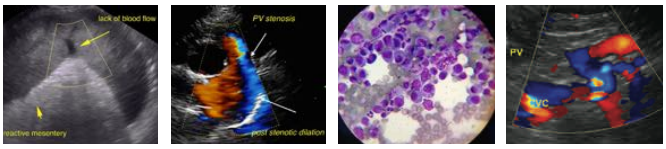

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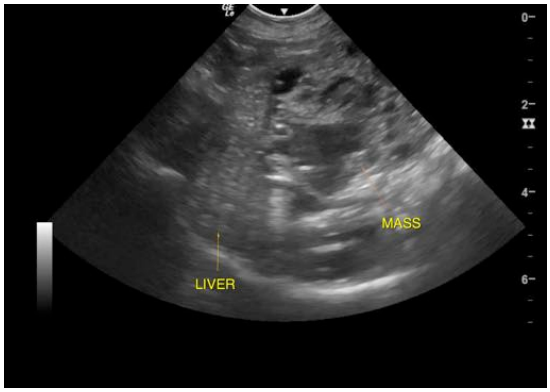
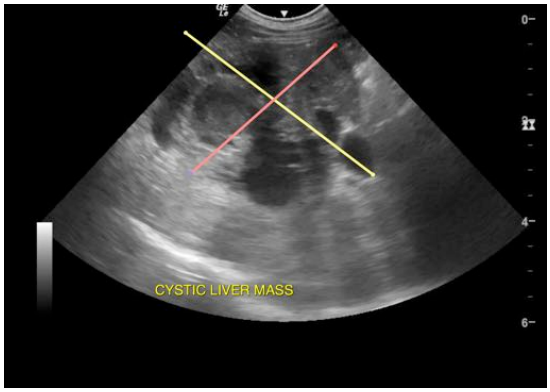
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The palpated mass effect is most likely the large cystic lesion on the liver. This could be a benign cystadenoma or a carcinoma, etc. You can consider a FNA, but the cystic nature of this lesion may make it difficult to get a definitive diagnosis. Options moving forward include continued monitoring or CT scan for preoperative evaluation of possible surgical removal.

Additionally there is a mass effect in the urinary bladder. This is large and takes up approximately 60% of the lumen of the urinary bladder. It is hypoechoic and rounded, which is somewhat atypical for a bladder mass. So this could represent a clot. I recommend urinalysis and culture. You can consider to continue monitoring with ultrasound, surgical biopsy, or traumatic catheterization.

The right adrenal gland appears large and relatively normal in shape, but prominent. If signs of Cushing's are present you can consider adrenal function testing or continued monitoring with ultrasound. I recommend blood pressure evaluation and if surgical removal is desired then consider a preoperative CT scan.





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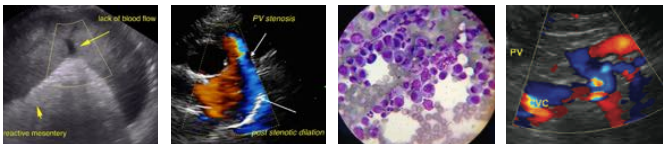

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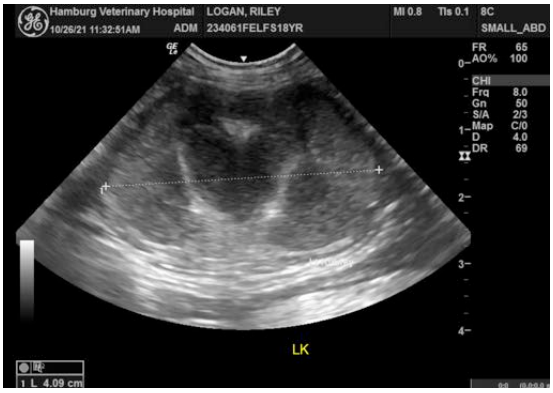



**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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