

**PATIENT**

Dexter Bradley

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

14.5 Pounds

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETCat Care of
Rochester Hills**INVOICE**

43103

DATE

12/1/22

PRESENTING CLINICAL SIGNS

Chronic vomiting 2-3 times a week (improved with Cerenia), mild gradual weight loss, history of FLUTD. Dexter's serum (for TAMU panel) looked icteric and we are now rechecking a CBC/Chem/T4 panel to assess liver values and bilirubin again.

Abnormal PE/Chem/CBC/UA Results: Dental disease, otitis externa, otherwise nsf. fPL = 4.1 (0-3.5) Mild hematuria on u/a (cysto) otherwise nsf BP = 140 T4 3.3 *Please see attached BW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is normal in size (4.37 cm) but irregular in shape (likely consistent with previous infarcts). Overall echogenicity is hyperechoic with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.59 cm) and shape. Overall echogenicity is hyperechoic with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.42 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 borderline large in size (1.13 cm), 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 large and irregular with normal echogenicity. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a large hyperechoic, multiloculated/cystic mass lesion in the left caudal aspect of the liver, measuring >4.21 cm x 5.41 cm. Additionally, there is a hyperechoic, somewhat solid mass lesion with adjacent cystic regions measuring 2.35 cm x 2.53 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The proximal bile duct appears slightly tortuous and prominent, measuring at 0.28 cm.

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm 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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.26 cm. Duodenum wall measures 0.30 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 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.

PRIMARY FINDINGS

- Large, irregular, hyperechoic cystic mass effect visualized on the left side of the liver as well as a hyperechoic, somewhat cystic mass lesion located more cranially and to the right of the larger lesion – Findings could be consistent with benign cystadenomas, but a fine needle aspirate of solid tissue is recommended.
- Mildly prominent muscularis layer of the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.

SECONDARY FINDINGS

- Mildly hyperechoic kidneys with evidence of previous infarcts – The bilateral renal findings are consistent with age-related change.
- Borderline large spleen – The spleen appears relatively normal but measures as slightly enlarged. This could be normal for a larger cat or could be consistent with congestion, infiltration, etc.
- Prominent bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect associated with the liver. This could represent a benign cystadenoma or could represent a more concerning neoplastic lesion. If possible, consider a fine needle aspirate of a more solid region of one of the mass lesions. It is very possible that this is not related to the cause of the vomiting.

No focal lesions were visualized associated with the gastrointestinal tract, but the muscularis layer is somewhat prominent. This can be a normal finding in some older cats but can also be an indication of underlying gastrointestinal disease.

Consider such differentials as food allergy/dietary intolerance, GI parasitism, chronic pancreatitis, IBD and less likely neoplasia, etc...

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend 3-view whole body radiographs.
- Consider a contrast CT scan of the abdomen to further evaluate the liver and assess for the possibility of surgical resection.
- Biopsies of the GI tract may be necessary to further investigate the cause of the vomiting.

It is very possible that the liver lesion is not a surgical lesion.

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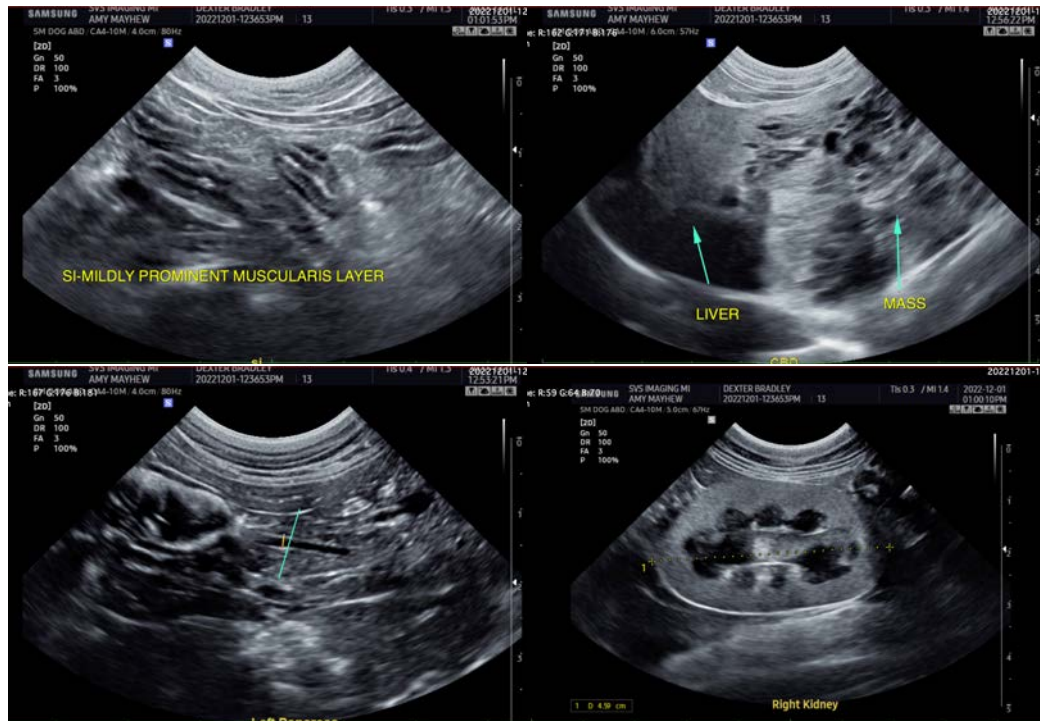
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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