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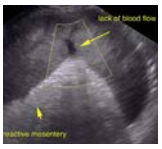
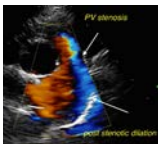
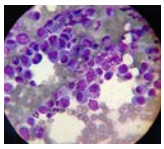
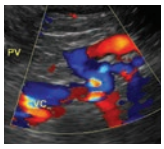





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gingie Zimerman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

6.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Cassels-Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Megan Cassels-Conway

INVOICE

33762

DATE

12/28/21

PRESENTING CLINICAL SIGNS

History of weight loss with decreased appetite. Presented to other hospital July 2021 for hemtochezia/colitis and fleas. Treated with fortiflora, panacur, metronidazole, GI fiber response, adv multi. P weighed 13lb at that time. Seen elsewhere 12/03/21 for weight loss and single episode and decreased appetite. Weighed 7.8lb at that time. Treated with capstar, praziquantal, B12. Seen elsewhere 12/17/21 for continued weight loss and single episode of V. Weighed 7.2lb. Treated with praziquantal, cerenia, famotidine. BW showed borderline hyperthyroid, hypoalbuminemia and pyuria/hematuria. P seen here for second opinion 12/24/21. Weighed 7.08lb. Started mirtaz and scheduled workup. BW, rads, US, C/S, fecal performed 12/27/21. P weighed 6.7lb. Constipated at the time. Sq fluids and enema performed, yeilding ~ 1/2 of stool seen on rads.
Abnormal PE/Chem/CBC/UA Results: 12/27/21 Rad consult: Possible sternal lymphadenopathy. Capsular bulging masslike extension from lateral margin of L kidney. Constipation. Granular mineral material in stomach, no obstruction. Severe bilateral OA hips. CBC lymphopenia 800 Chem: TP 9, Glob 6.2, ALT 109 T4 3.3 UA 1.044, 2+ protein C/S pending Fecal NPS 12/17/21 CBC wnl Chem Alb 2.5, Glob 6, ALP 61 (12-59) UA 1.036, 2+ protein, 3+ blood, wbc 10-15 T4 3.5 T3 47 fT4 3.1 fT4 39.9 Cortisol 15.4 7/16/21 CBC wnl Chem CPK 691 T4 3.8 Fecal NPS

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 has a normal shape and size (3.41 cm). Overall echogenicity is slightly hyperechoic with poor 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 (3.29 cm). Overall echogenicity is slightly hyperechoic with poor 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

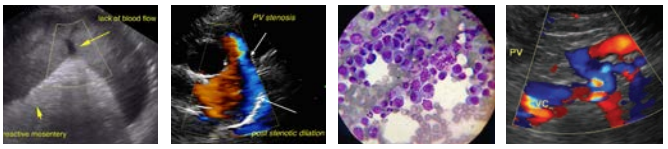
The left adrenal gland is normal in size measuring 0.29 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.22 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



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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 somewhat ill-defined, mixed echogenicity, hyperechoic mass effect visualized primarily in the caudal aspect toward the left side of the liver, measuring 2.41 cm x 1.64 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild 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 <0.36cm 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 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 (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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 distal colon are visualized with a large volume of shadowing, solid 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

- Heterogeneous liver with hyperechoic mass effect – Findings are concerning for a possible neoplastic process, but benign lesions are also possible. Consider a fine needle aspirate.

SECONDARY FINDINGS

- Decreased corticomedullary distinction both kidneys – The bilateral renal findings are consistent with age-related change.
- Mild gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Large amount of shadowing stool in the distal colon – most consistent with the reported constipation.

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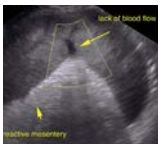
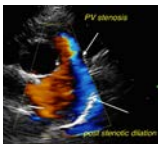
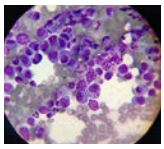
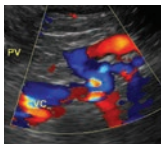

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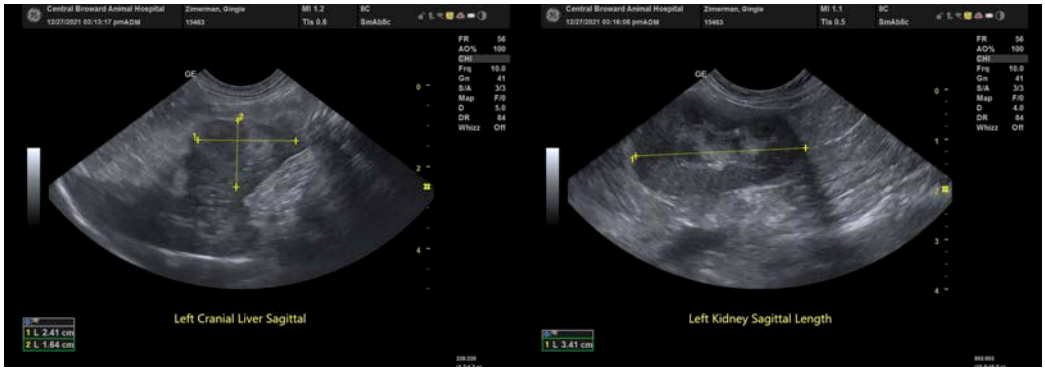
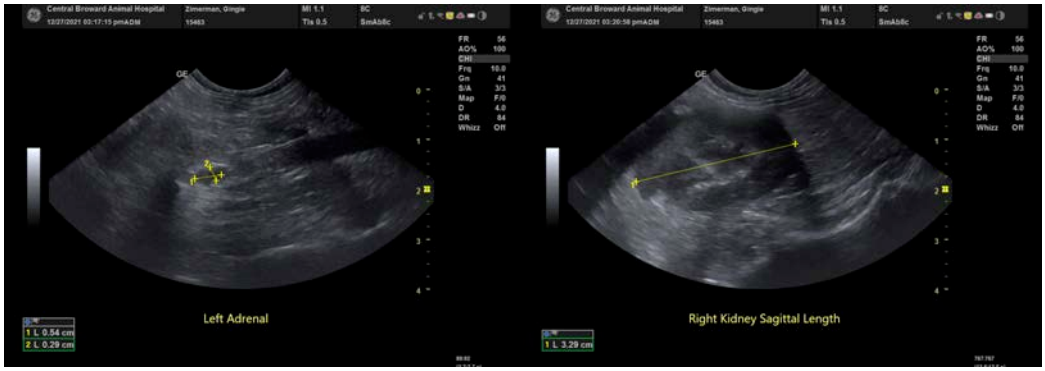
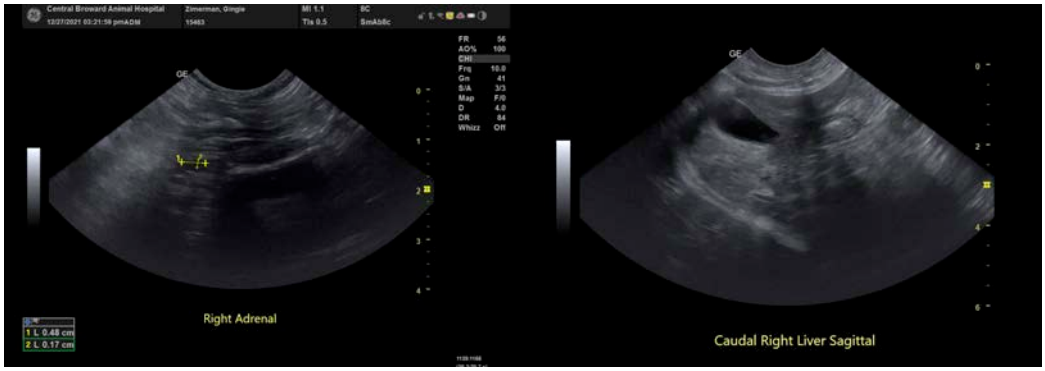
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The caudal aspect of the liver is irregular and nodular, most consistent with an ill-defined mass effect. Consider a fine needle aspirate of the liver mass to look for evidence of round cell neoplasia. Otherwise, you could consider a CT scan of the abdomen to evaluate the mass effect for possible surgical removal.

Recommend 3-view thoracic radiographs.







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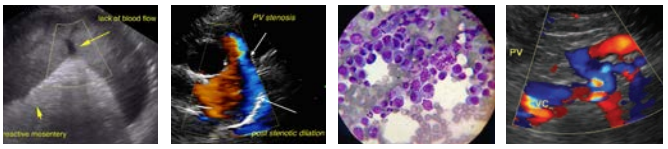

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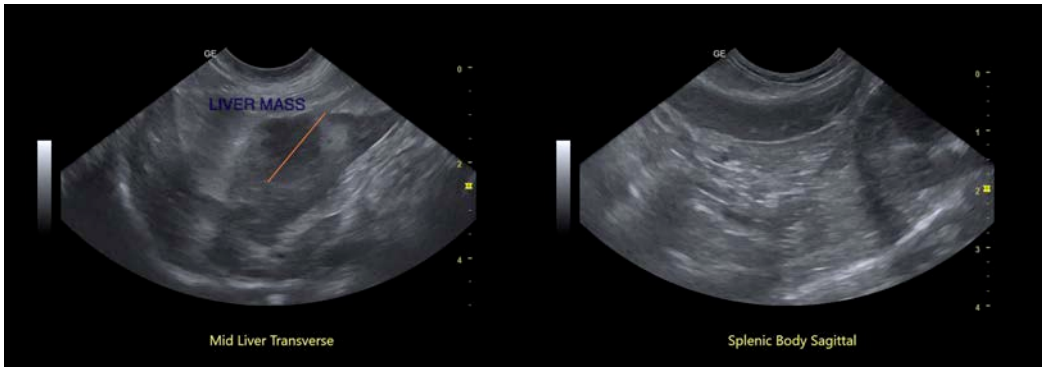

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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