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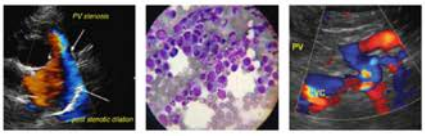

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PATIENT

Dexter Bradley

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Teresa Taylor

INVOICE

45193

DATE

2/16/23

PRESENTING CLINICAL SIGNS

Recheck AUS. Hyperbilirubinemia (slow steady increase) despite starting treatment with prednisolone (currently at 5mg sid). Gaining weight. No longer vomiting.

Abnormal PE/Chem/CBC/UA Results: 2-7-23 Tbil - 0.5 Ubil - 0.4 Alb 4.1 T4 2.4 Normal CBC 12-6-22 Cobalamin > 1000 wnl, Folate 20.3 (high normal), TLI 56.7 wnl Attached cytology results of FNA of cystic liver mass/fluid

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.38 cm). Overall echogenicity is normal 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.

The right kidney has a normal shape and size (4.5 cm). Overall echogenicity is normal 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The right adrenal gland is normal in size measuring 0.31 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 appears somewhat “plump”, but measures at a normal size (0.94 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. The parenchyma is slightly hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. The two previously identified mass lesions are visible and appear slightly larger than on the previous scan (12/2022). There is a more solid hyperechoic lesion mid liver measuring approximately 2.62 cm x 3.23 cm (previous measurement was 2.35 cm x 2.53 cm). Additionally, there is a large, hyperechoic, multiloculated cystic mass lesion towards the caudal aspect of the liver measuring at least 7.9 cm x 6.58 cm (previous measurement was 4.21 cm x 5.41 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 bile duct is prominent

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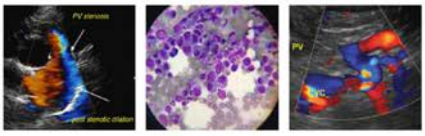

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on today's exam with no apparent debris or stones. It measures at 0.25-0.40 cm (previous measurement 0.28 cm). The bile duct appears to travel through the region of the large cystic mass.

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. Duodenum wall measures 0.21 cm. Jejunum wall measures 0.31 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

Scant/small volume of free fluid is noted. No 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

- Borderline large spleen – This is a large cat and likely within normal limits for this individual. If round cell neoplasia is a concern, consider a fine needle aspirate.
- Large, hyperechoic cystic mass lesions in the liver – These lesions still have the general appearance of benign cystadenomas, but they do appear to be growing.
- Prominent bile duct – The bile duct appears relatively similar to the previous scan, but there is a possibility of a partial obstruction secondary to the mass lesion.
- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

SECONDARY FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass lesions visualized in the liver appear somewhat larger, and there is concern with the progressive elevation in bilirubin that these could be causing a partial obstruction, although the bile duct does not appear significantly more dilated. Also consider the possibility of primary hepatic parenchymal disease, as the liver does appear somewhat hyperechoic.

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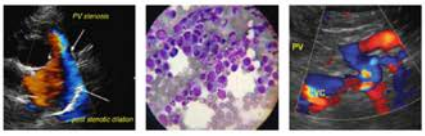

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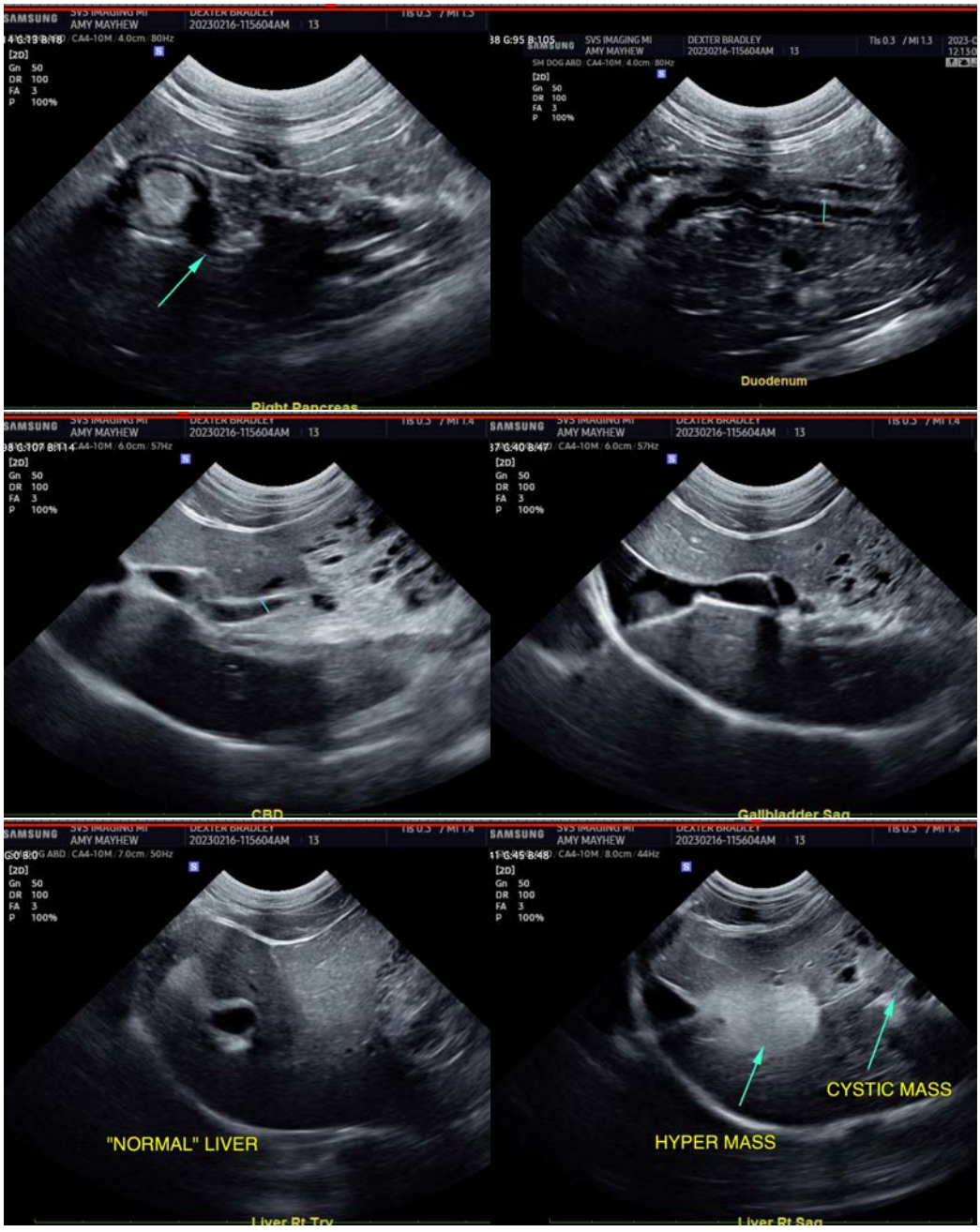
A fine needle aspirate of more solid "normal" liver could be considered, as well as a CT scan to further evaluate the location of the bile duct in relation to the mass lesions and to consider the possibility of debulking these lesions (the cause cystic mass lesion). Treatment with Ursodiol could be considered, as there is the possibility it could thin the bile, making flow through a narrowed bile duct improved, but it could also cause progressive bile duct dilation, etc. If you start Ursodiol, I would consider monitoring the bilirubin level and consider a recheck ultrasound 2-4 weeks after initiation of therapy to look for any evidence of worsening obstruction.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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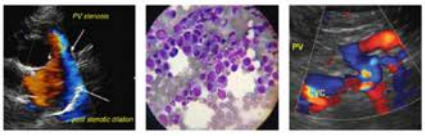

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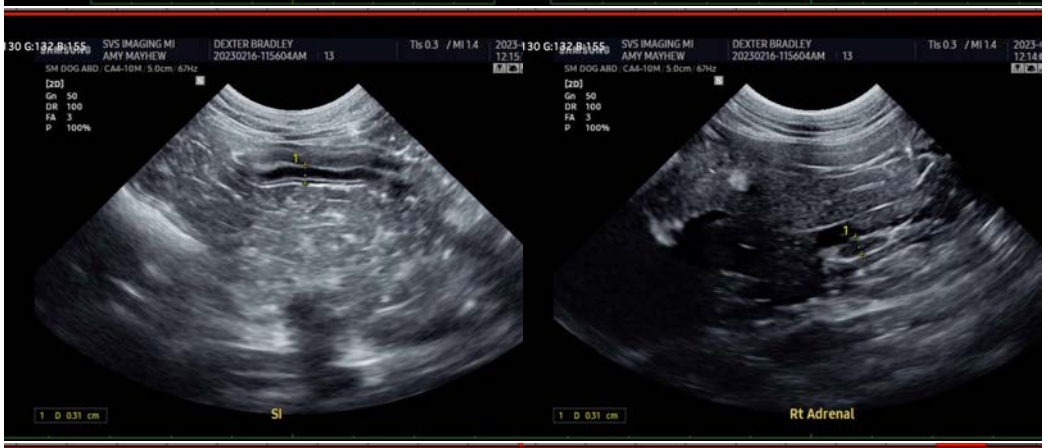

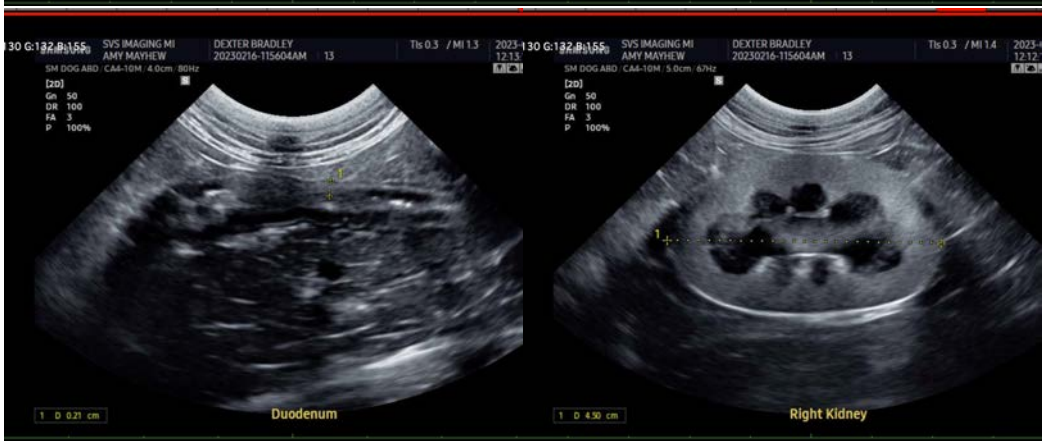

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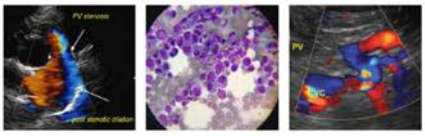

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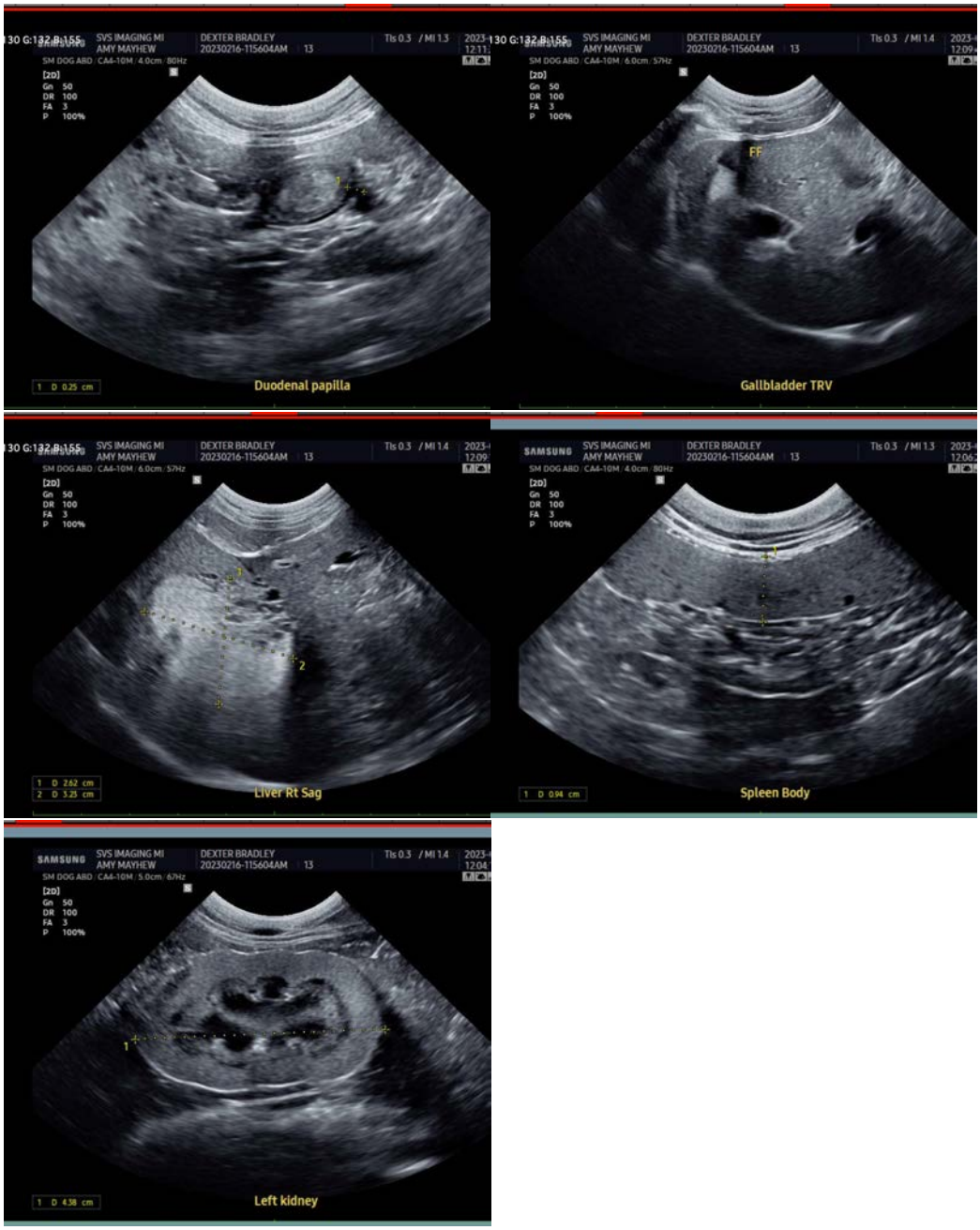

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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