

**DATE PRESENTING CLINICAL SIGNS**

5/3/23

Profound weight loss. Blood tinged ascites. Non regenerative anemia + mature neutrophilia of 1 mo duration. Hx: stable CKD 1. Elevated proBNP (291 pmol/L April 6 up from 77 Dec 1; acknowledge limitations of proBNP). Today- AUS and view of chest to the extent possible. Full echo approved if indicated.

PATIENT

Pandamax Putney

Current Medications: mirtazapine transdermal qd, pradofloxacin 35 mg po qd, maropitant 4 mg po
Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Declined at this time.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

DSH

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.

SEX

Neutered Male

The left kidney has a normal shape and size (3.86 cm). Overall echogenicity is slightly hyperechoic with poor 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.

AGE

8/17/09

WEIGHT

11.6 Pounds

The right kidney has a normal shape and size (3.77 cm). Overall echogenicity is slightly hyperechoic with poor 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.59 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.

HOSPITAL NAME

Cat Hospital at Towson

The right adrenal gland is normal in size measuring 0.53 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.

REFERRING VET

Dr. Martin

Spleen

The spleen is subjectively normal in size (0.67 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.

INVOICE

47088

Liver

The liver is large and irregular in shape. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a large, irregular, hypoechoic mass effect visualized in the right side of the liver measuring at least 4.4 cm x 5.46 cm. This appears to be arising from the right lateral aspect of the liver extending caudally with some mild surrounding inflammation.

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 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 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

There is a large amount of free abdominal fluid. No lymphadenopathy. The omentum is mildly hyperechoic.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

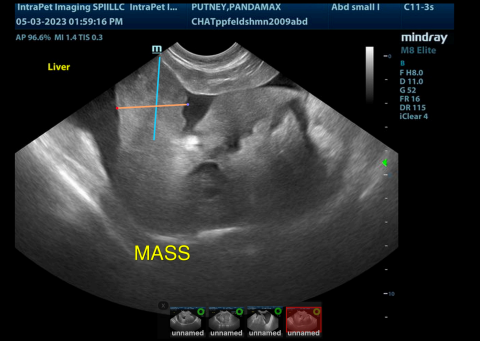
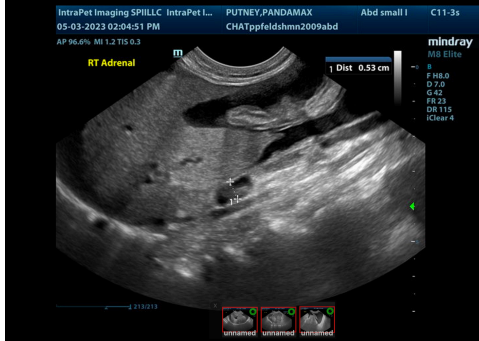
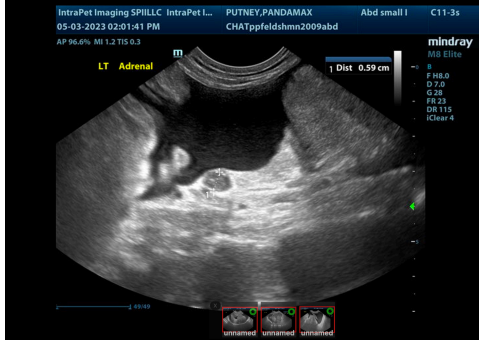
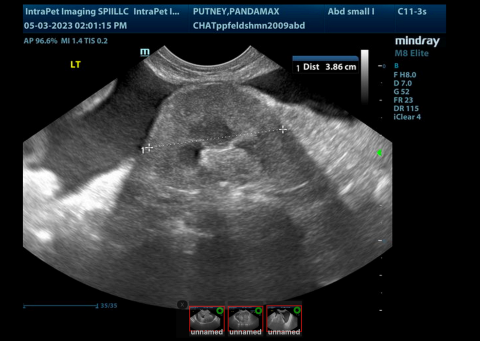
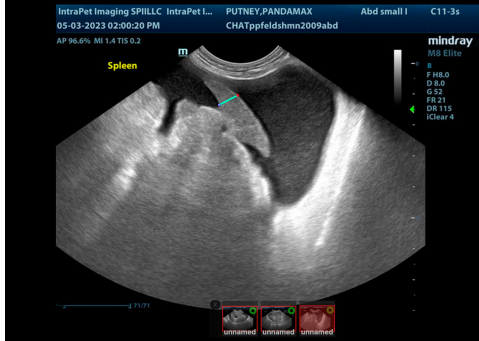
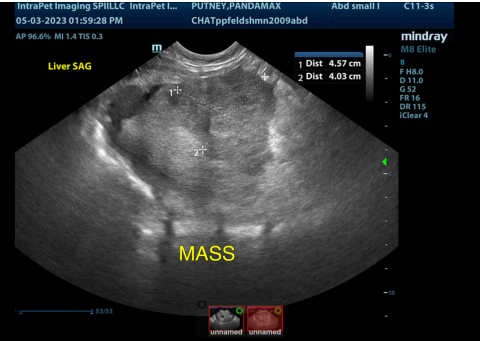
ULTRASONOGRAPHIC FINDINGS

- Irregular, hypoechoic right-sided hepatic mass – Findings are most consistent with a primary hepatic mass lesion. Differentials would include carcinoma, adenoma, hemangiosarcoma, lymphoma, other.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Large volume ascites – I suspect this is secondary to the hepatic mass visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect in the right side of the liver. The irregularity is concerning for a neoplastic mass lesion, but a benign lesion is also possible. Recommend a fine needle aspirate of the mass lesion and fluid analysis and cytology of the abdominal fluid, looking for any evidence of carcinomatosis, or if an unexpected type of mass lesion is observed. Additionally, consider a contrast CT scan to better evaluate this mass lesion for possible surgical resection and looking for evidence of concurrent metastasis, etc.

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



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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