



PATIENT PRESENTING CLINICAL SIGNS

Keisha Poulin

History: Diagnosed with asthma over a year ago and has chronic upper respiratory symptoms with intermittent hyporexia. While taking cysto sample noted an irregular mass in the cranial abdomen (cystic and involving the liver). Radiographs showed normal chest and a transient hiatal herniation of the stomach (present in one lateral, but not the other). Good serosal detail and suspected liver and/or GB involvement. Mass noted essentially incidentally.

SPECIES

Feline

FNA of mass produced 2 mL of clear, colorless fluid with low cellularity. Cytology (reference lab) pending but nothing noted on in-house cytology. CBC normal Chem - BUN mild elevation, Creatinine >170, SDMA 23 Liver enzymes low normal fT4 normal (low normal) Urinalysis - SG 1.013 with trace protein and 3+ blood (iatrogenic)

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

15 years

The left kidney has a normal shape and size (3.2 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.

WEIGHT

4.7 lbs

The right kidney has a normal shape and size (2.5 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.

INTERPRETED BY

Kathleen Sennello
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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.

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Dr. Bell

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

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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.

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91144

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a large, multi-loculated, cystic appearing mass that originated from the hepatic parenchyma on the left side and measured 5.8 cm. The gallbladder lumen is moderately distended. The

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wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Feline

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.

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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. The duodenum measured 0.21 cm and the jejunum measured 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

WEIGHT

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, predominantly, left-sided, multi-loculated cystic hepatic mass. This is most consistent with a cystadenoma. I cannot rule out carcinoma.
- Decreased corticomedullary distinction in both kidneys. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

SECONDARY FINDINGS:

- Prominent muscularis layer of the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma. This can also be a normal finding in older cats.

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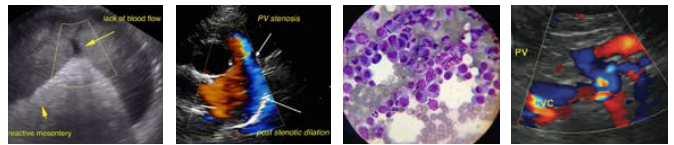
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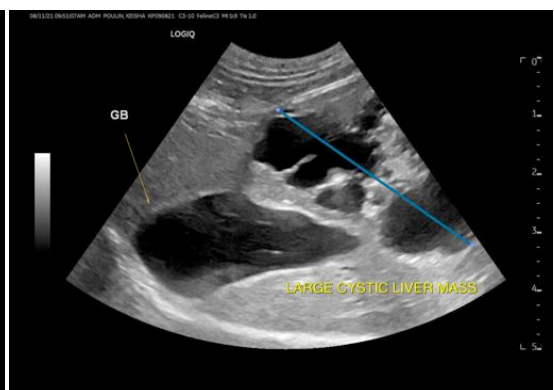
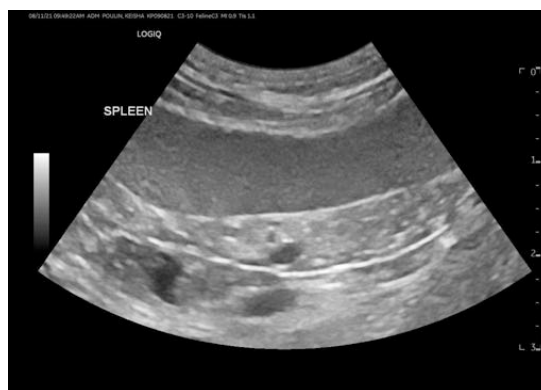
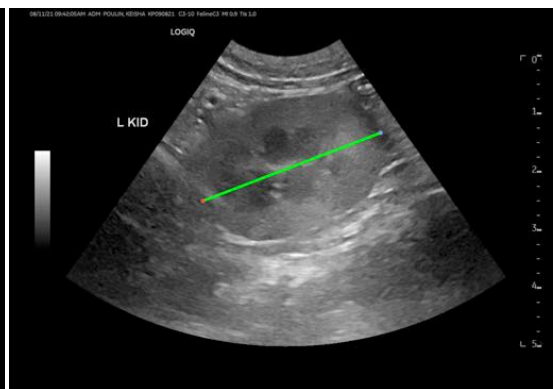
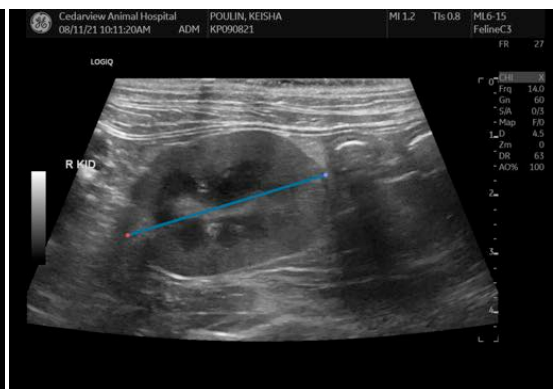
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large, cystic hepatic mass is most consistent with a biliary cystadenoma. These tend to be benign masses and are often asymptomatic unless they are large enough to start interfering with adjacent structures. This mass does appear fairly demarcated and would have the possibility for surgical removal. Ideally, a preoperative CT would be performed to make sure it is confined to one liver lobe. Alternately, you can continue to monitor it and liver values. Sometimes decompression is helpful, but in my experience unless there is one large, fluid filled cavity it is difficult to make a significant difference and the fluid tends to rebuild relatively quickly.





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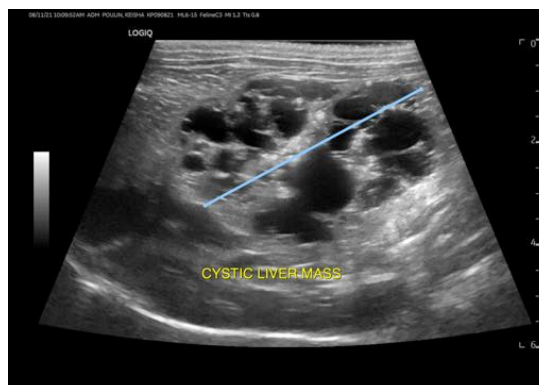
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AGE

15 years

WEIGHT

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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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