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Clinical Sonography & Telecytology
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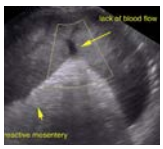
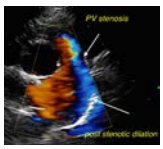
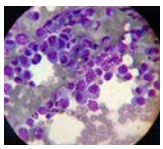
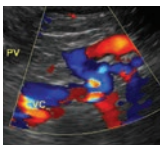

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sophie Meagher

SPECIES
Feline

BREED
DLH

SEX
Spayed Female

AGE
12 Years

WEIGHT
5.3 kg

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

IMAGING PERFORMED BY
Dr. Trudeau

HOSPITAL NAME
Petworks VH

REFERRING VET
Dr. Trudeau

INVOICE
40891

DATE
8/31/22

PRESENTING CLINICAL SIGNS

Dx with IBD 2017 has been on Pred every since; had gallbladder removal in 2020 due to GB /bile duct stones. Has been doing well until recently she has had an increase in vomiting. Increased the pred to 2.5mg SID (was EOD) - still vomiting since the increase but less

Abnormal PE/Chem/CBC/UA Results: CBC -WNL Chem - slight decrease in Urea and Creat levels, increase GGT at 12 U/L; otherwise NSF

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 (3.97 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. 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 left adrenal gland is normal in size measuring 0.34 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 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.

Spleen

The spleen is borderline large with an irregular scalloped edge, measuring 1.12 cm. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large and irregular in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The left side of the liver appears somewhat rounded and mildly heterogeneous but has relatively normal appearance. The left side of the liver is hyperechoic and severely mottled with numerous irregular complex cysts and cavitated lesions. This area of the liver measures approximately 4.55 cm x 3.98 cm.

The gallbladder was surgically removed in 2020. There is a tubular structure with thickened walls, which I suspect is the common bile duct, measuring 0.57 cm in diameter.

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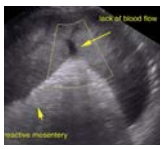
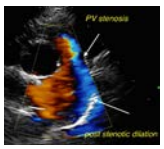
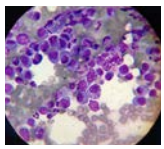
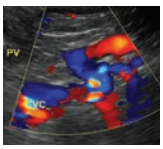

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Gastrointestinal

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 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. Jejunum wall measures 0.27 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 prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free abdominal fluid. There is a prominent mesenteric lymph node visualized at 0.33 cm. The omentum is hyperechoic around the spleen, liver, and ileocecal junction.

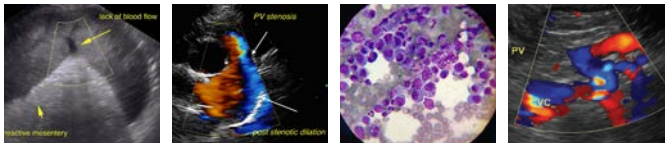
ULTRASONOGRAPHIC FINDINGS

- Ill-defined, hyperechoic, severely cystic region of the liver – most consistent with an ill-defined liver mass. Consider such differentials as a cystadenoma or biliary carcinoma.
- Large spleen with scalloped edge – This could be normal for a larger cat. Consider fine needle aspirate to rule out round cell neoplasia.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Absent gallbladder, surgically removed in 2020.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right side of the liver is extremely irregular and cystic in appearance. I am unable to differentiate biliary structures from cystic structure but suspect that the common bile duct is dilated and thickened. The left side of the liver appears such more normal, although it is heterogeneous and enlarged. Consider a fine needle aspirate of the edge of a cystic region or a more solid area of the mass lesion. Additionally, consider a contrast CT scan to better demarcate the more normal regions of liver to determine if surgical resection is an option.

I would suspect this patient would benefit from being on Ursodiol, and there is the possibility of ascending infection from the GI tract. The lesions observed appear much more dramatic than the bloodwork changes and symptoms described, so I suspect this has been a chronic progressive condition,



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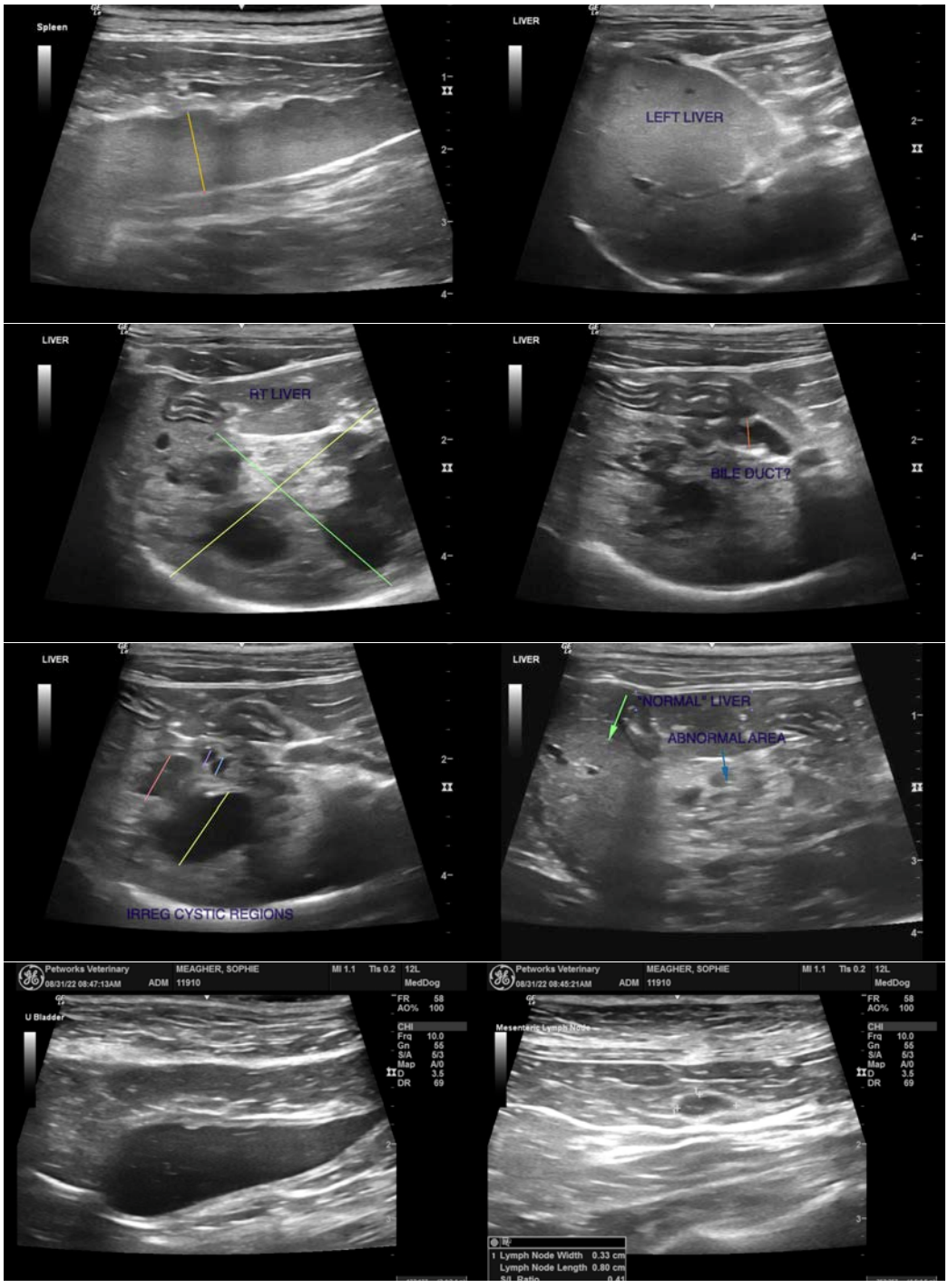
and if surgery isn't pursued, it could be slowly progressive. Consider management with anti-nausea medications, Ursodiol, steroids as needed, +/- antibiotics and probiotics. Continued monitoring is warranted.

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



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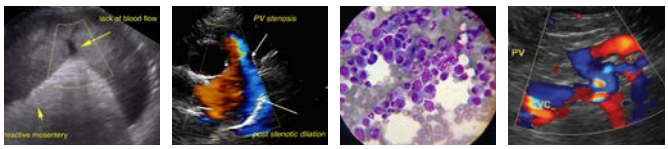

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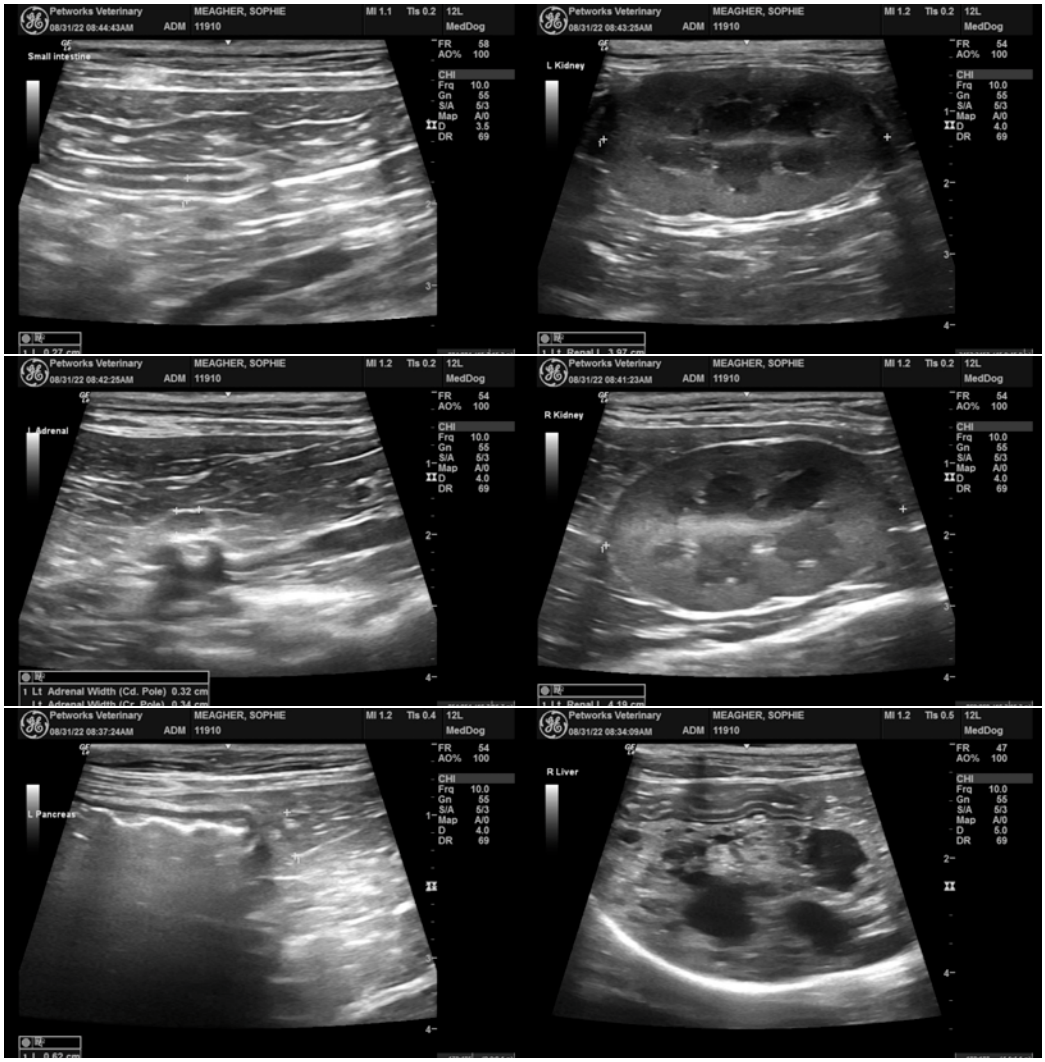

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com