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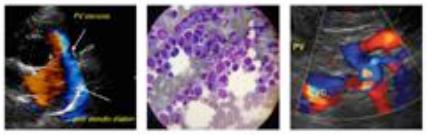

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Reginald Congdon

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

11.5 lbs

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

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REFERRING VET

Family Pet Practice

INVOICE

99949

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4/25/22

PRESENTING CLINICAL SIGNS

Surgical removal of hemangiosarcoma from dorsum/flank region 9/2021, healed well. Hypercalcemia slowly increasing on monitoring BW. Most recent panel done 3/30/22 with calcium 11.8 (8.2-10.8). MSU malignancy profile pending today.
Abnormal PE/Chem/CBC/UA Results: Previous BW and AUS report attached for review. Per last exam, patient doing well. Did have open wound on proximal tail, had mass that had ruptured/drained early March 2022 was still open/minimal discharge noted at time of exam.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra. There is no evidence of cystoliths, polyps or a mass. A mild amount of free floating sediment is observed, in addition to sediment that is adhered to the dorsal wall. The sediment extends 1.52 cm in length and casts a “dirty” shadow.

Kidneys

The **left** kidney measures 4.31 cm (3.80-4.40 cm). The capsule is smooth. The capsule is hyperechoic. Its overall architecture, including the definition of the cortico-medullary junction, is well preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 4.23 cm (3.80-4.40 cm). The capsule is smooth. The cortex is hyperechoic, i.e., it is hyperechoic to the liver. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.43 cm in diameter. No abnormalities are noted with the gland’s overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.47 cm in diameter. No abnormalities are noted with the gland’s overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size 9.4 mm (normal = 10 mm), echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

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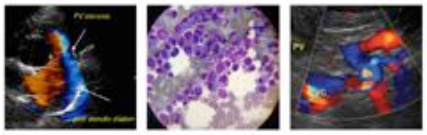

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Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp.

Left liver, transverse view: mass effect, measuring 2.0 cm in diameter x 2.5 cm in length. It is mildly to moderately heterogeneous, consisting of a few anechoic to hypoechoic nodules within the mass. The lesions are not cavitary, however. A fine needle aspirate may be performed of the mass.

Right liver, transverse view: mass effect, measuring 2.5 cm in diameter x 2.6 cm in length. It is more homogeneous compared to the first mass, above.

A subcapsular, mildly hypoechoic nodule, measuring 3.8 mm in diameter x 6.6 mm in length.

Debris within GB with possible continuation into CBD but no dilation.

The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels visualized.

The gallbladder wall is within normal limits in thickness and echogenicity. A mild to moderate amount of echogenic material (sludge) is present within the GB; it is primarily gravity dependent, as well as a small amount of free floating sludge. The sludge extends along the cystic duct toward the common bile duct, however, there are no signs of an obstruction.

Gastrointestinal

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. The muscularis of the small intestinal tract is mildly thicker than what is considered normal. The ileo-cecal-colic junction is within normal limits. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal.

There are no obvious signs of a mass, foreign body or an obstruction in the gastrointestinal tract.

Pancreas

The left limb is mildly to moderately hypoechoic. The surrounding mesentery is mildly hyperechoic. These findings are suggestive of active pancreatitis.

No overt abnormalities are observed with the right limb.

Other

Lymph nodes

No abnormalities are observed. A "plump" lymph node is observed in the region of the left limb of the pancreas. It measures 3.7 mm in diameter x 7.4 mm in length. It is mildly hypoechoic.

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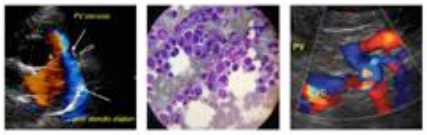

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Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- Two intrahepatic masses of variable echotexture are present; one in the left and right liver lobes. A fine needle aspirate of the mass in the left lobe may be performed based on its depth and location. Differential diagnoses include nodular regeneration and nodular hyperplasia. A malignant neoplasm cannot be excluded, but is not characteristic of hemangiosarcoma.
- Cholecystitis cannot be excluded based on the presence of sludge within the gallbladder.
- Signs suggestive of pancreatitis are present in the left limb.
- Inflammatory bowel disease cannot be excluded based on the subtle changes observed. Obvious signs of neoplasia are not appreciated.
- Both renal cortices are mildly to moderately hyperechoic, however, overall architecture is well preserved. Changes may be due to glomerulonephritis (GN) or interstitial nephritis, however, pyelonephritis cannot be excluded, despite the absence of classical sonographic signs.
- Mineralized sediment is present within the urinary bladder. Although the bladder wall is smooth, a urinalysis is suggested to exclude a urinary tract infection.
- Idiopathic hypercalcemia may be the cause of the mineralized sediment in the urinary bladder. The ionized calcium, PTH and PTHrP will yield further information.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis is suggested to exclude a urinary tract infection and pyelonephritis. If an infection is excluded, a urine protein: creatinine ratio is suggested to exclude GN.

A fine needle aspirate of one or both liver masses may be attempted. A coagulation profile is suggested prior to performing the procedure, in addition to administration of vitamin K at least one or two doses of vitamin K (0.5 mg/kg SQ q8-12h).

Evaluation of Reginald's history for signs of gastroesophageal reflux disease is suggested.

The ionized calcium, PTH and PTHrP will yield further information.

A spec fPL may be performed depending on Reginald's clinical signs, in addition to a serum cobalamin, and folate. Another option is to administer buprenorphine for 7 to 10 days and assess response to therapy.

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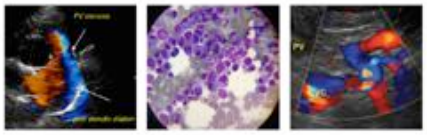

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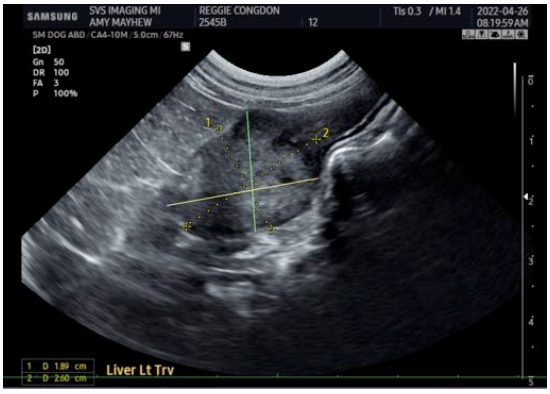

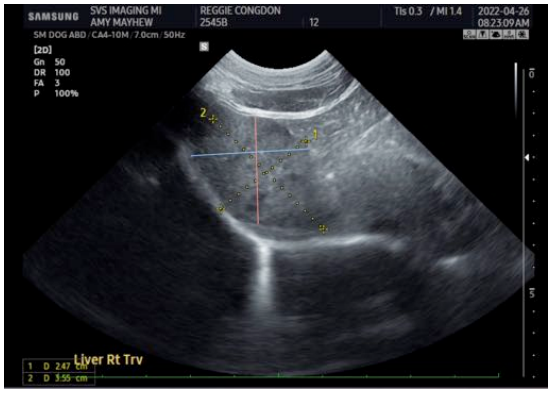

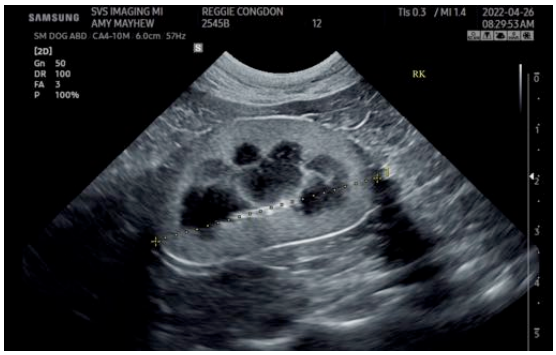

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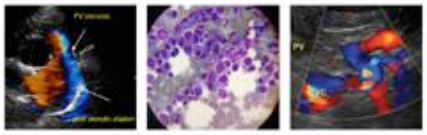

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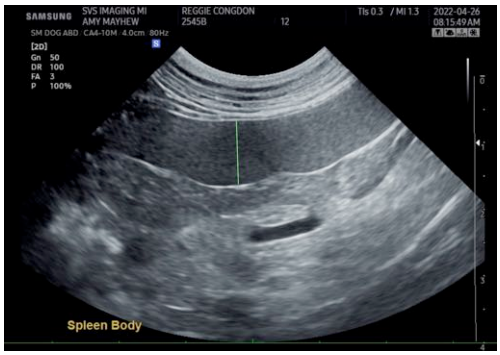

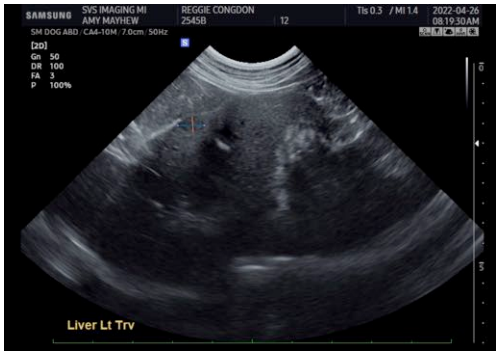

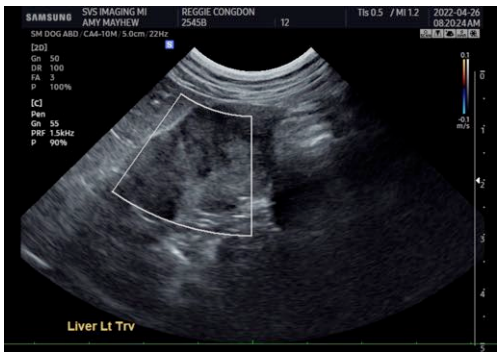

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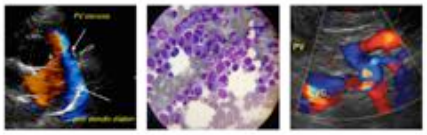

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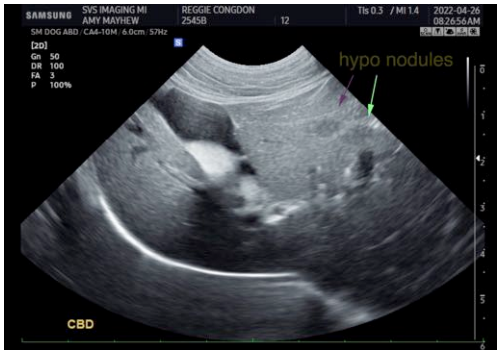

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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