



PATIENT

Batty Schweinberg

PRESENTING CLINICAL SIGNS

History: weight loss, inappetence, melena
Abnormal PE/Chem/CBC/UA Results: wasting, suspicious mass effect cranial mid abd

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

The urinary bladder is well distended. The wall is smooth and regular, but is mildly thicker than normal (1.4 mm). A moderate amount of free floating, gravity dependent and aggregated sediment is present, however, there is no evidence of cystoliths, polyps or a mass. No abnormalities are present with the trigone or proximal urethra.

SEX

Neutered male

Kidneys

AGE

13 years

The **left** kidney measures 3.60 cm (3.80-4.40 cm). The capsule is smooth. A mild loss of the normal definition of the cortico-medullary junction is present. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

WEIGHT

8.7 lbs

The **right** kidney measures 3.85 cm (3.80-4.40 cm). The capsule is smooth. A moderate loss of the normal definition of the cortico-medullary junction is present. There are no signs of nephroliths or pyelectasia. An anechoic structure, consistent with a benign cyst is present at the caudal pole. It measures approximately 1 mm x 1 mm. The surrounding mesentery is mildly hyperechoic.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Aortic bifurcation/trifurcation

No abnormalities observed.

IMAGING PERFORMED BY

Dr. Grau

Adrenal Glands

The **left** adrenal gland measures 0.25 cm at the cranial pole, 0.26 cm at the caudal pole and 0.99 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

HOSPITAL NAME

Fredon AH

The **right** adrenal gland measures 0.36 cm at the cranial pole, and 0.30 cm at the caudal pole. The cranial pole is round and "plump". A nodule is suspected, however, no abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

REFERRING VET

Dr. Grau

Spleen

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The spleen is within normal limits in size 6.8 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.

DATE

6/9/22



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Hepatobiliary

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Hepatomegaly is suspected. The liver appears swollen. A well-defined, heterogeneous mass, measuring 4.21 cm in diameter x 5.14 cm in length, is noted adjacent to the gallbladder. It is comprised of anechoic and hypoechoic nodules, in addition to ill-defined hyperechoic “patches”. Anechoic structures suggestive of poorly organized cysts are also noted. The contours of the mass are mildly irregular and disrupt the integrity of the hepatic capsule. The parenchyma of the left liver and the parenchyma visualized intra-costally on the right is homogeneous, yet hyperechoic. The gallbladder (GB) is moderately distended with a moderate amount of free floating, gravity dependent and inspissated echogenic material. The GB wall is within normal limits in thickness and echogenicity. The cranial portion of the cystic duct is dilated and tortuous and appears compressed by the mass. The common bile duct is not dilated (3.85 mm), but tortuous as it extends toward the duodenum. The parenchyma surrounding the cystic and CBD ducts, as well as the liver, is hyperechoic.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

8.7 lbs

Gastrointestinal

The gastric wall is within normal limits in thickness, however, the individual wall layers in the region of the pylorus are prominent to mildly thickened and appear edematous. The duodenum has a similar appearance and fluid is present within the lumen. Fogging of the duodenal mucosa is also present. The mesentery surrounding the GI tract is moderately to markedly hyperechoic.

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

Pancreas

A mildly coarse echotexture of the **left** limb is noted. Occasional pinpoint hyperechoic foci scattered throughout the parenchyma are observed. Age related changes are likely, however, the mesentery surrounding the pancreas, as well as the left cranial quadrant is hyperechoic. Signs are suggestive of active pancreatitis.

The **right** limb has a similar appearance to the left.

The pancreatico-duodenal duct cannot be followed due to the gas in the GI tract.

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HOSPITAL NAME

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Other

Lymph nodes

A mesenteric lymph node is slightly prominent, hypoechoic and “plump”, but remains within normal limits in echotexture.

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Abdominal effusion is not visualized.

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ULTRASONOGRAPHIC FINDINGS

- **Liver:** Well circumscribed hepatic mass, highly suggestive of a *biliary cystadenocarcinoma* or *hepatocellular carcinoma* with secondary inflammation, dilation and tortuosity of the cystic and

DATE

6/9/22



PATIENT	common bile ducts. Cholestasis, and <i>secondary cholangitis/cholangiohepatitis and suppurative cholecystitis</i> may also be playing a role in Batty's clinical signs.
Batty Schweinberg	
SPECIES	
Feline	<ul style="list-style-type: none"> • Gastrointestinal tract: Very severe inflammatory bowel disease is suspected, however, infiltrative disease cannot be excluded. A component of the changes noted with the stomach and duodenum are attributed to inflammation and congestion secondary to the hepatic mass. That is, Batty likely has IBD as part of "triaditis"
BREED	
Domestic Shorthair	<ul style="list-style-type: none"> • Lymph nodes: Lymphadenomegaly is not appreciated, but the one "plump" mesenteric lymph node is suggestive of reactive hyperplasia. Early infiltrative disease must also be considered. • Pancreas: Active pancreatitis is suspected.
SEX	
Neutered male	<ul style="list-style-type: none"> • Kidneys: Age-related degenerative changes are suspected. Pyelonephritis cannot be excluded in older cats, despite absence of classical sonographic signs. • Urinary bladder: The sediment is most likely clinically insignificant, however, subclinical bacteriuria and pyelonephritis should not be excluded in older cats.
AGE	
13 years	<ul style="list-style-type: none"> • Adrenal glands: Possible benign nodule involving the cranial pole of the right gland, which is not considered clinically significant at the moment. Adrenal hyperplasia secondary to stress and chronic illness is another possible explanation.
WEIGHT	
8.7 lbs	

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY	<i>It is difficult to determine to what degree the mass is causing clinical signs vs. underlying triaditis.</i>
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	The following are suggested/recommended
IMAGING PERFORMED BY	Coagulation profile
Dr. Grau	Fine needle aspirates of the hepatic mass and the normal region of the liver, as well as culture and sensitivity of any fluid that is obtained from a cystic lesion.
HOSPITAL NAME	Administration of vitamin K (0.5 mg/kg SQ q8-12h for 1-3 doses) prior to the performing the FNA
Fredon AH	Note, vitamin K is still recommended even if FNAs are not performed as Batty is likely suffering from cholestasis.
REFERRING VET	A urinalysis and culture and sensitivity are suggested to exclude early renal disease and secondary subclinical pyelonephritis, as both diseases may predispose an older cat to malaise, dehydration and constipation. The latter may also cause polydipsia
Dr. Grau	*Analgesia (buprenorphine, gabapentin, CRIs ketamine, lidocaine if hospitalized)
INVOICE	Supportive care; antiemetics, appetite stimulants, +/- subcutaneous fluids at home
30947	Although indiscriminate use of antibiotics is not normally recommended, one could start treatment with a broad-spectrum antibiotic for the treatment of cholangitis/cholangiohepatitis and suppurative cholecystitis.
DATE	
6/9/22	



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To avoid oral antibiotics due to Batty's anorexia, an injection of cefovecin (Convenia) may be tried (not ideal, but it avoids the GI tract). Discussion with the client that this is not necessarily an ideal drug is suggested, however. If an improvement is observed, at least 2 additional doses are recommended 10-12 days apart.

SPECIES

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If further diagnostics are not pursued, although not ideal, empirical treatment with steroids (anti-inflammatory dose) may be considered.

BREED

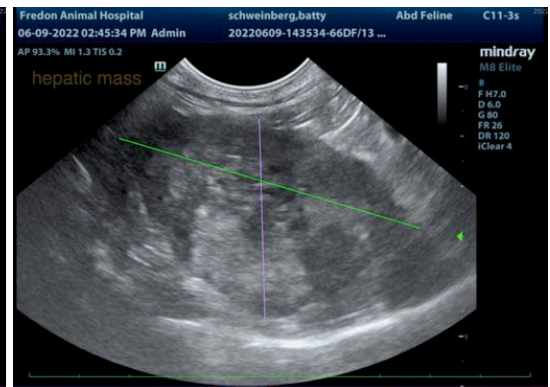
Domestic Shorthair

SEX

Neutered male

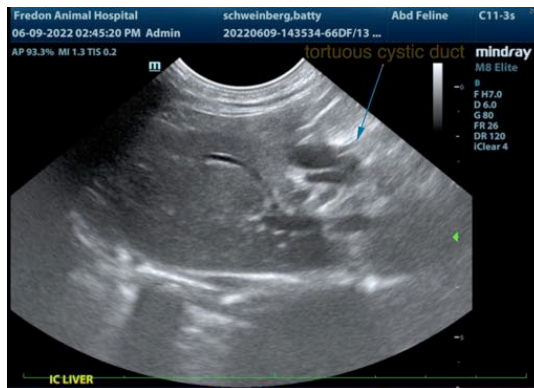
AGE

13 years



WEIGHT

8.7 lbs



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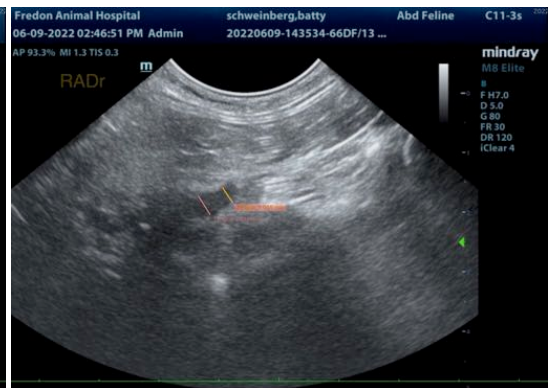
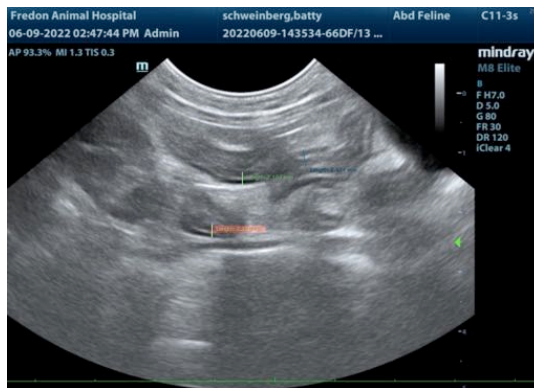
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IMAGING PERFORMED BY

Dr. Grau

HOSPITAL NAME

Fredon AH



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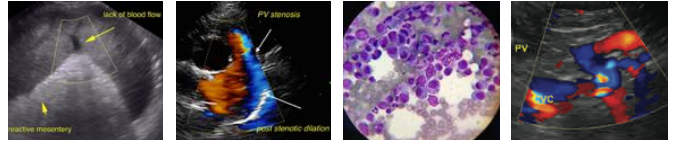
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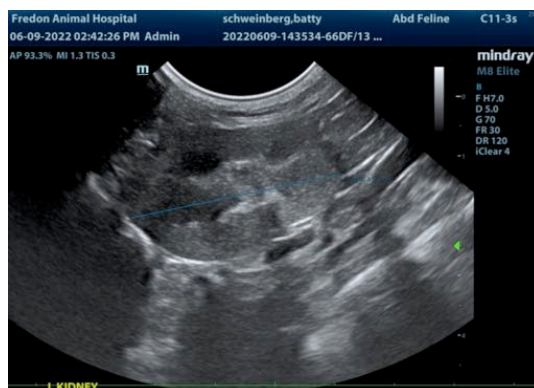
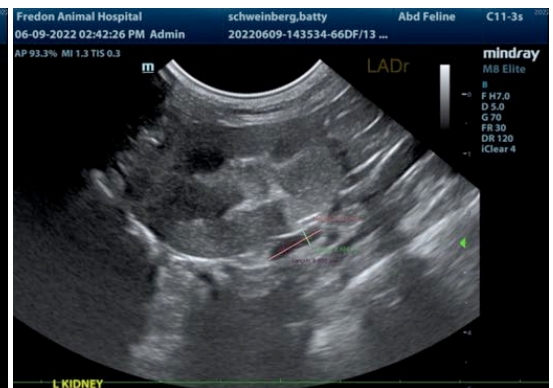
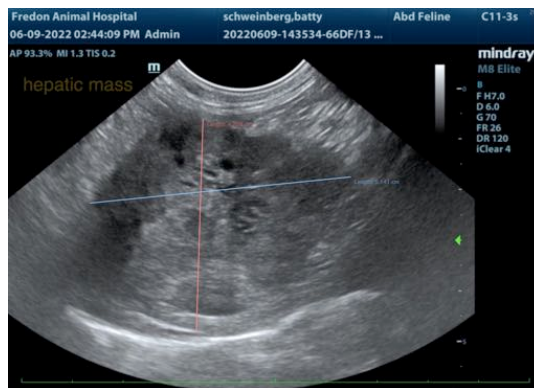
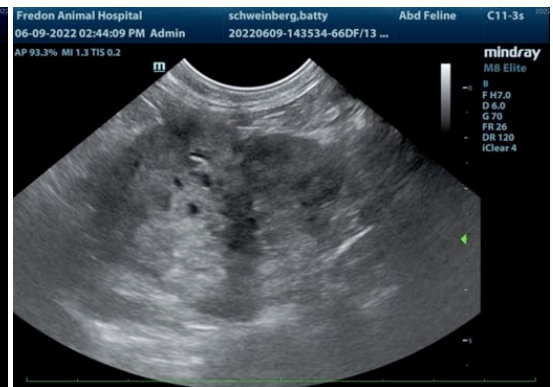
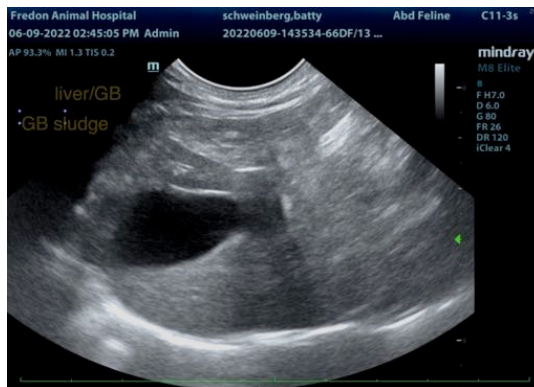
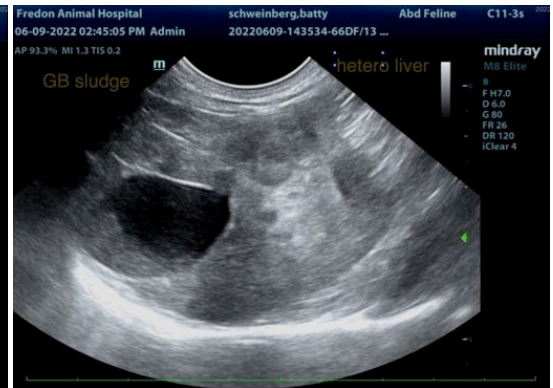
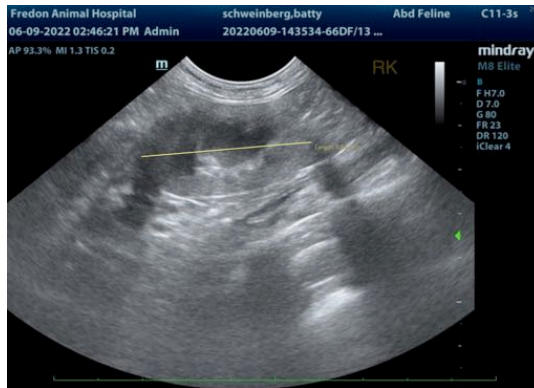
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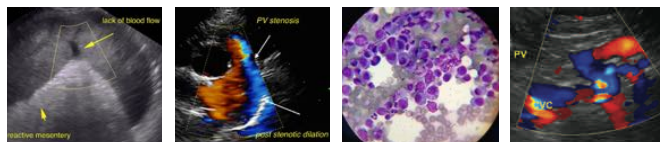
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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

Lisa.Carioto@sonopath.com

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

8.7 lbs

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