

**PATIENT**

Honey Kerrigan

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

18 Years

**WEIGHT**

6.74 Pounds

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**Wixom Family Pet  
Practice**INVOICE**

34315

**DATE**

1/17/22

**PRESENTING CLINICAL SIGNS**

History of chronic kidney disease Iris stage 2, history of mammary gland carcinoma (diagnosed Oct 2021 on cytology), chronic rhinitis previously controlled with Depomedrol injections. Recent weight loss and muscle atrophy (2.5lbs). Recently not eating and drinking well.

Abnormal PE/Chem/CBC/UA Results: WBC 23.75 w/neutrophilia, eosinopenia, Hct 32.3, BUN 37.5, Crea 1.5, Phos 6.2, Total Protein 10.9 w/hyperglobulinemia 7.6, amylase >2500, lipase 48. T4 <0.5.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm. The right kidney measured 2.8 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm in width. The right adrenal gland measured 0.40 cm in width.

**Spleen**

The spleen exhibited a solitary mild to moderately expansive non-homogeneous mass subjectively within the area of the cranial spleen measuring approximately 2.7 cm x 2.0 cm. The splenic parenchyma not involved with the mass exhibited mild generalized heterogeneity with intact splenic capsule exhibiting areas of minor asymmetrical contour.

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, non-homogeneously hyperechoic to cystic nodule was noted in the deep mid liver parenchyma, measuring 0.94 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Mild retained anechoic antrum and pyloric fluid. No overt evidence of retained ingesta or foreign material with moderate luminal gas noted. Pylorus wall measured 0.27 cm.

The small intestine presented intact wall layering and primarily maintain 1:3 muscularis/mucosa ratio. No evidence of loss of intestinal wall layering or intestinal mural thickening, yet subjective propensity for subtly prominent segmental muscularis layer. Jejunum wall measured 0.23 cm. Ileocolic wall measured 0.30 cm.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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**Pancreas**

The left limb of the pancreas was normal in size and contour with uniform hypochoic parenchyma compared to adjacent omentum.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Splenic mass
- Bilateral moderate chronic renal changes
- Non-specific liver nodule
- Mild to low-grade pancreatitis pattern
- Possible enteropathy with suspect mild gastric stasis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

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The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Given the hyperglobulinemia, a splenic neoplastic mass is favored, although the hyperglobulinemia may also be associated with inflammation. Assuming normal clotting status and using 25-gauge needle, ultrasound guided FNA of the splenic mass is warranted for screening cytology. Although non-specific, the liver nodule is suggestive of focal benign cystic biliary adenoma or nodular hyperplasia, although potential for neoplastic nodule cannot be excluded, yet thought less likely.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological examination are recommended to assess for or rule out occult disease which may cause weight loss. Continued as needed gastrointestinal support and conservative therapy for low-grade pancreatitis recommended.

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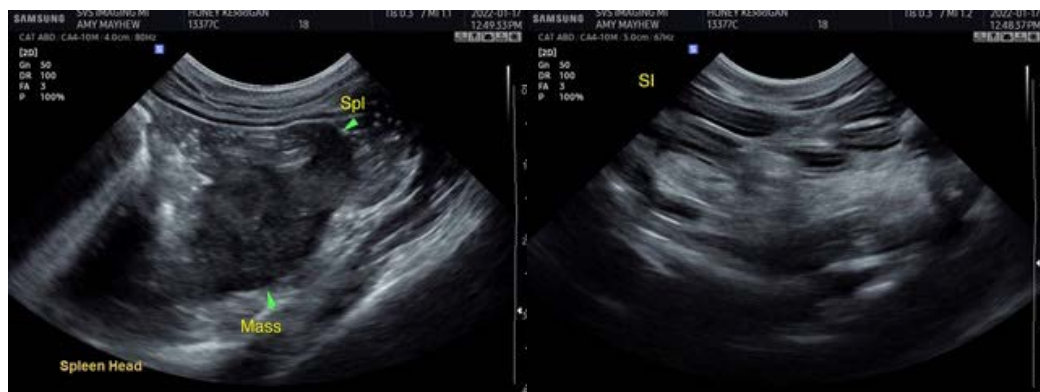
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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