**PATIENT**

Maya Sundin

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years 6 months

WEIGHT

15.3 lbs.

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

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

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2/15/22

PRESENTING CLINICAL SIGNS

Presents for screening prior to lumpectomy. Cytology for mass located on neck appears epithelial in origin but unable to rule-out benign vs. metastatic. Some vomiting noted after eating too fast. Otherwise no clinical signs. Chest radiographs submitted for cardiology review. DVM felt subjective mild enlargement of caudal thoracic vasculature. No heart murmur.

Abnormal PE/Chem/CBC/UA Results: See attached BW and UA results. BP 162/124 (137). HR 200

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 was noted.

The area of the aortic trifurcation was free of pathology and without evidence of medial Iliac or sublumbar lymphadenopathy.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.0 cm width.

Liver/ Gallbladder

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 minor parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent variably sized indistinct to mildly echogenic intraparenchymal hepatic nodules were present. An example measured 1.1 cm in diameter. An example of a nodule dorsal to the gallbladder common bile duct measured 1.0 cm. The gallbladder was nondistended in size with

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primarily anechoic content with mild particulate debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.33 cm diameter.

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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.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.25 cm. The ileocolic wall width measured 0.38 cm.

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

Pancreas**AGE**

14 years 6 months

The pancreas was normal in size and contour with isoechoic to mildly nonhomogeneous parenchyma compared to adjacent parenchyma. Minor pancreatic duct dilation was present. These are likely age-related pancreatic changes and considered incidental.

Free Abdomen**WEIGHT**

15.3 lbs.

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild age-related kidneys
- Nonspecific yet suspect benign hepatic Intraparenchymal nodules
- Mild nonobstructive proximal common bile duct dilation with minor gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**IMAGING PERFORMED BY**

Amy Mayhew LVT

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis. The CBD dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

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The nodules, although nonspecific, are suggestive of areas of nodular to regenerative hyperplasia, small lipogranulomas, or potential cystic biliary adenomas. The possibility of primary vs. metastatic neoplastic nodules, however, cannot be definitively excluded. Sonographic monitoring of the hepatic nodules for evidence of progression with initial recheck in 4 weeks would be reasonable. Potential ultrasound guided hepatic parenchymal and nodule FNA, assuming normal clotting status and using a 25-gauge needle, could be considered for screening cytology.

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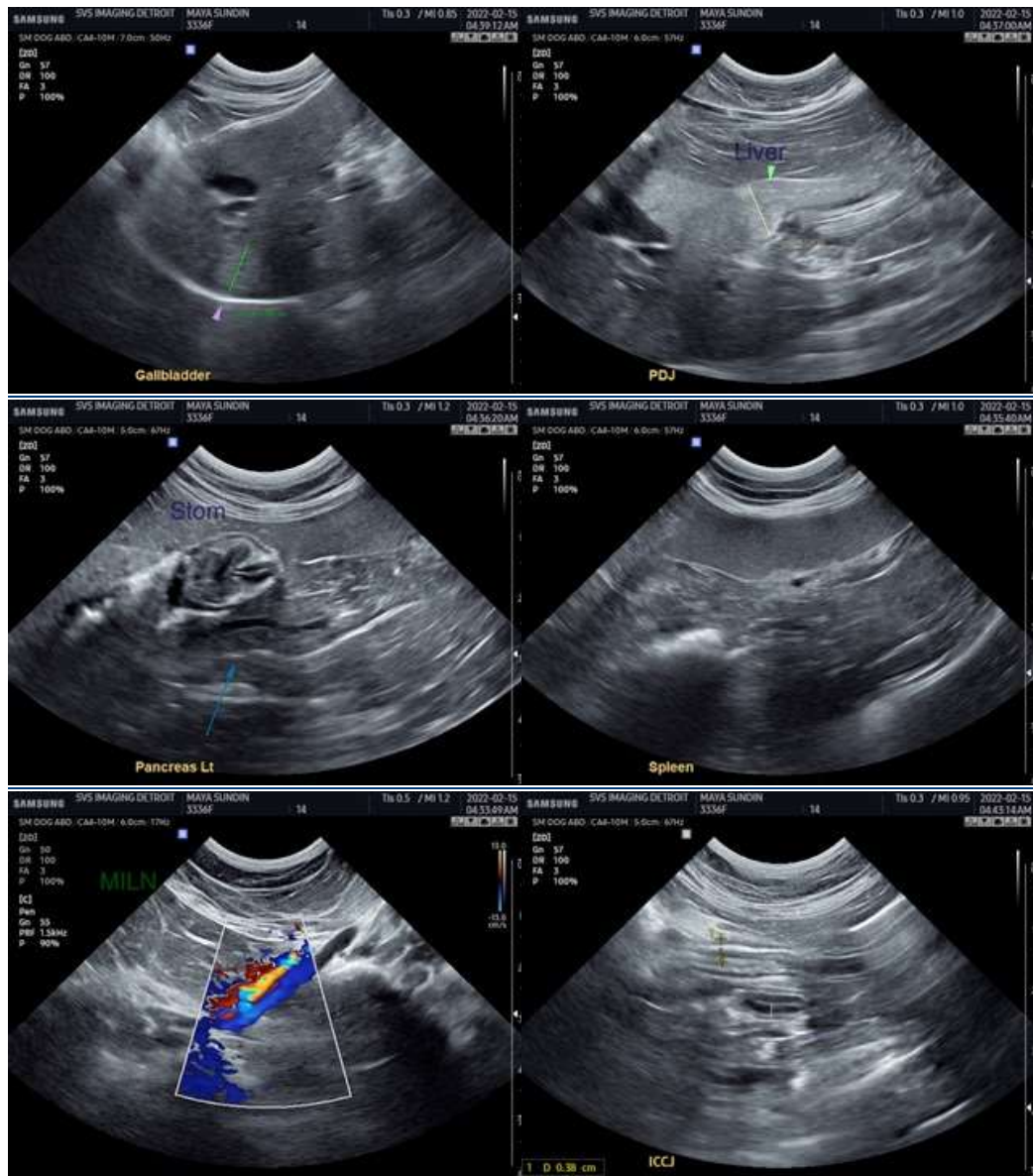
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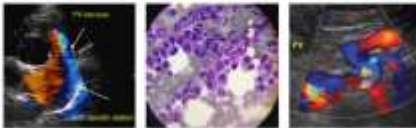
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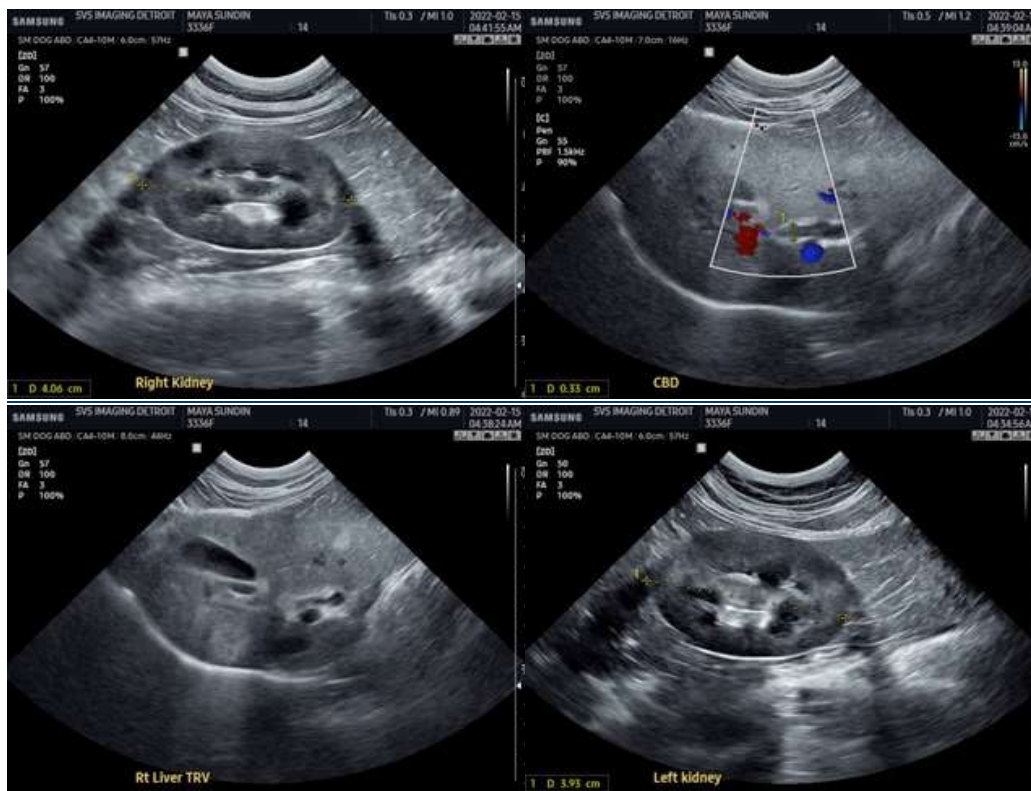
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Amy Mayhew LVT

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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