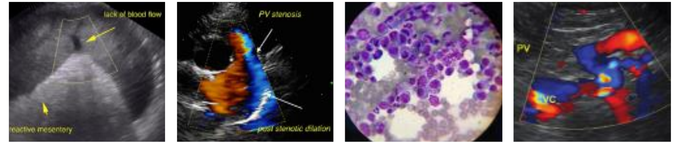

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1-800-838-4268 info@sonopath.com

PATIENT

Motor Elkin

SPECIES

Feline

BREED

Tuxedo

SEX

F/S

AGE

14

WEIGHT

6.6

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

14578

DATE

8/11/22

PRESENTING CLINICAL SIGNS

LETHARGY ANOREXIA CRANIAL ABDOMINAL MASS MAINLY ON THE RIGHT SIDE
Abnormal PE/Chem/CBC/UA Results: BW- LEUKOCYTOSIS, NEUTROPHILIA, HIGH NORMAL CREATENIN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. This may indicate minor cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural 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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

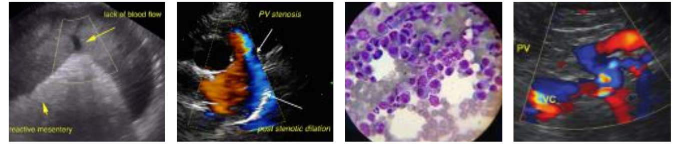
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen was normal in size measuring 0.72 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was moderate to markedly enlarged with swollen hepatic contour exhibiting areas of minor capsule asymmetry. Generalized nonhomogeneous to mixed echogenic hepatic parenchyma was present. No distinct hepatic masses or nodules were noted. The hepatic vasculature appeared to be of normal volume without evidence of congestive criteria. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited overly normal and intact wall layering. The stomach contained a mild to moderate amount of nonshadowing ingesta / chyme with no evidence of overt mechanical pyloric outflow obstruction. The gastric body wall width measured 0.21 cm.



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The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent small intestinal muscularis layer yet no overt evidence of intestinal mural hypertrophy, loss of intestinal wall layering, or visualized intestinal masses. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.22 cm width. The area of the ileocolic junction was not definitively visualized

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Intermittent mildly prominent to swollen hepatic and cranial mesenteric lymph nodes were present. An example of a hepatic lymph node measured 1.84 cm x 0.93 cm exhibiting borderline to mild abnormal width: length ratio (~0.5). Generalized mild hyperechoic mesentery was present. Mild volume peritoneal free fluid primarily around the liver was noted. No overt omental masses were present.

ULTRASONOGRAPHIC FINDINGS

- Moderate to marked hepatomegaly exhibiting nonhomogeneous parenchyma
- Associated hepatic and cranial mesenteric lymphadenopathy
- Bilateral chronic renal changes
- Possible low-grade pancreatitis
- Gastroenteritis pattern - potential for low-grade inflammatory enteropathy
- Mild volume primarily perihepatic free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this case and suspected perceived cranial abdominal mass is the moderate to marked hepatomegaly. Considerations may include metabolic, reactive, vacuolar, or inflammatory hepatopathy with primary consideration for infiltrative hepatic neoplasia. No overt evidence of hepatic vascular congestion was evident.

Further assessment may include, assuming normal clotting status, hepatic FNA cytology, and three view chest radiographs to rule out occult thoracic pathology, as well as assessment of cardiopulmonary status. Sampling is considered essential for further clarification and potential definitive diagnosis.

A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult gastrointestinal or pancreatic disease as a contributing factor to the patient's clinical signs, sonographic findings, and anorexia. A very guarded prognosis, pending hepatic sampling, is warranted.

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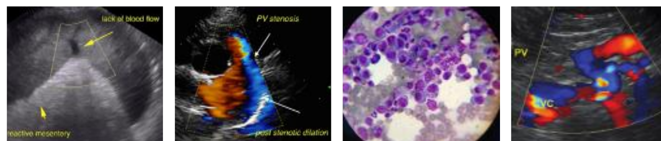

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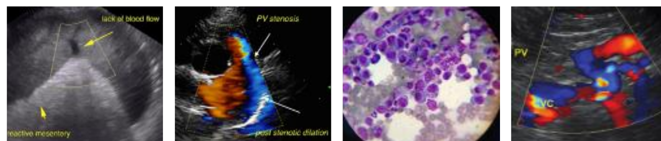

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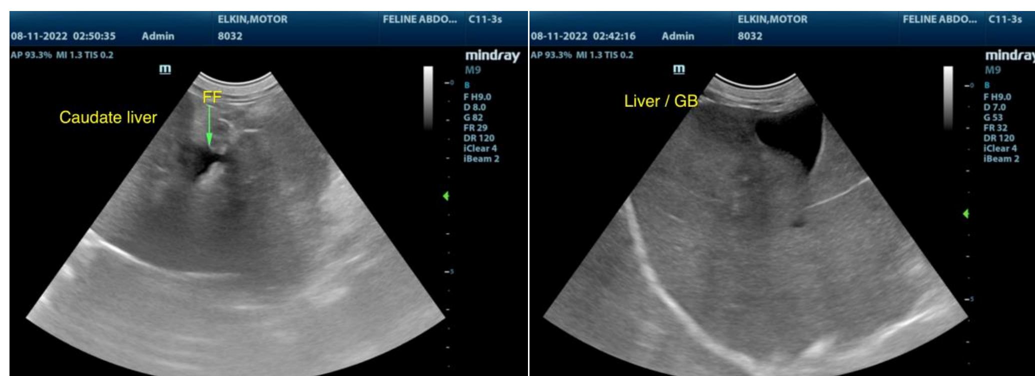

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com