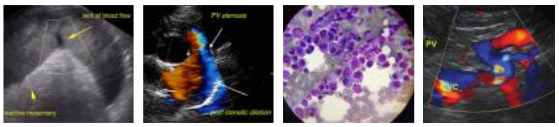

PATIENT

Mushu Thompson

SPECIES

Feline

BREED

Bermese

SEX

FS

AGE

17 y

WEIGHT

6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland

REFERRING VET

Dr. Baxter

INVOICE

14702

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8/24/22

PRESENTING CLINICAL SIGNS

Thorax and abdominal radiographs: no lung consolidation/alveolar pattern, Mineralization in stomach or cranial liver. elevated liver values: r/o hepatitis, cholangiohepatitis, hepatic lipidosis, bacterial infection, neoplasia, other
Abnormal PE/Chem/CBC/UA Results: ALT-262 H ALK Phos-126 h

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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild right kidney pyelectasia was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

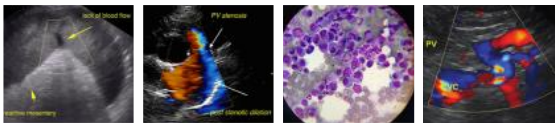
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 cm width.

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 measured 0.92 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was overall normal in size and primarily maintained a symmetrical capsule contour. Subjective mild uniform reduced hepatic parenchyma echogenicity compared to the falciform fat and spleen was present. A nondisruptive, nonhomogeneous to cystic mass was present in the deep mid to left liver measuring 2.9 cm In diameter. Concurrent spherical mixed echogenic to mineralized mass in the subjective caudal aspect of the caudate liver love measuring 3.1 cm in diameter was noted. The mineralized mass appeared to mildly distort the associated hepatic capsule. The gallbladder was non-



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distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained Ingesta, fluid, or foreign material. The gastric body wall width measured 0.25 cm.

The small intestine presented intact yet generalized mildly prominent wall layering owing to propensity for mildly prominent muscularis layer. The small intestinal wall width measured 0.30 cm. No overt pathology was noted in the area of the Ileocolic junction.

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

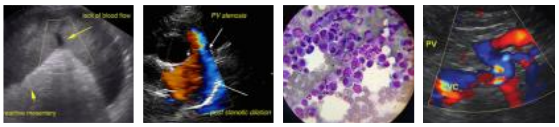
Multiple, midabdominal to perisplenic mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Regional perilymphatic hyperechoic mesentery was noted. An example of lymph node size was 1.3 cm width. Small pockets of scant peritoneal free fluid were present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting mid to left nonhomogeneous cystic mass with concurrent caudate mixed echogenic to mineralized mass
- Chronic active pancreatitis pattern
- Intact yet generalized mildly prominent small intestinal walls
- Midabdominal to perisplenic prominent to hypoechoic mesenteric lymph nodes
- Bilateral chronic renal changes with minor right kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nonhomogeneous to cystic mid to left liver mass is suggestive of cystic biliary adenoma, although potential for cystic biliary adenocarcinoma cannot be excluded. The mineralized to mixed echogenic mass in the caudate liver may indicate neoplastic criteria, mineralized hyperplasia, granuloma, consolidated chronic abscess, or other.



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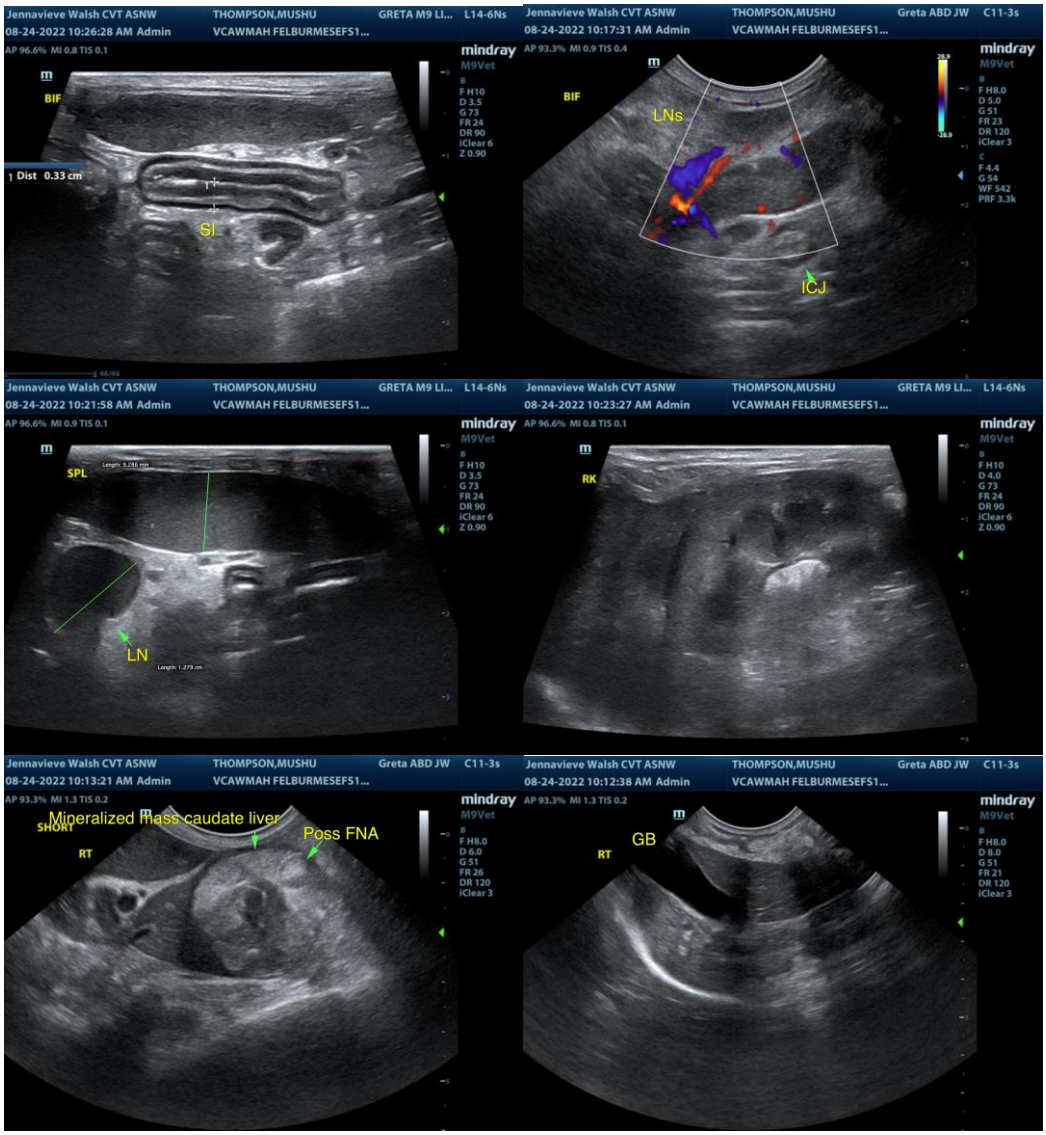
The small intestine exhibited subtle mural changes which may indicate Infiltrative enteropathy. However, given the lack of reported weight loss or GI signs, a patient variant could also be possible.

The enlarged to hypoechoic mesenteric lymph nodes may indicate midabdominal mesenteric lymphadenitis with possible emerging lymphatic neoplastic criteria. Assuming normal clotting status, hepatic parenchyma and caudate nodule FNA, along with mesenteric lymph node FNA for cytology is recommended for further assessment.

A GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of the pancreas, as well as assessment for possible underlying intestinal disease, given the intestinal presentation, is warranted.



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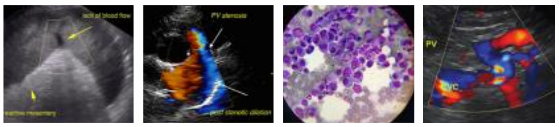

ANIMAL SOUNDS NW
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IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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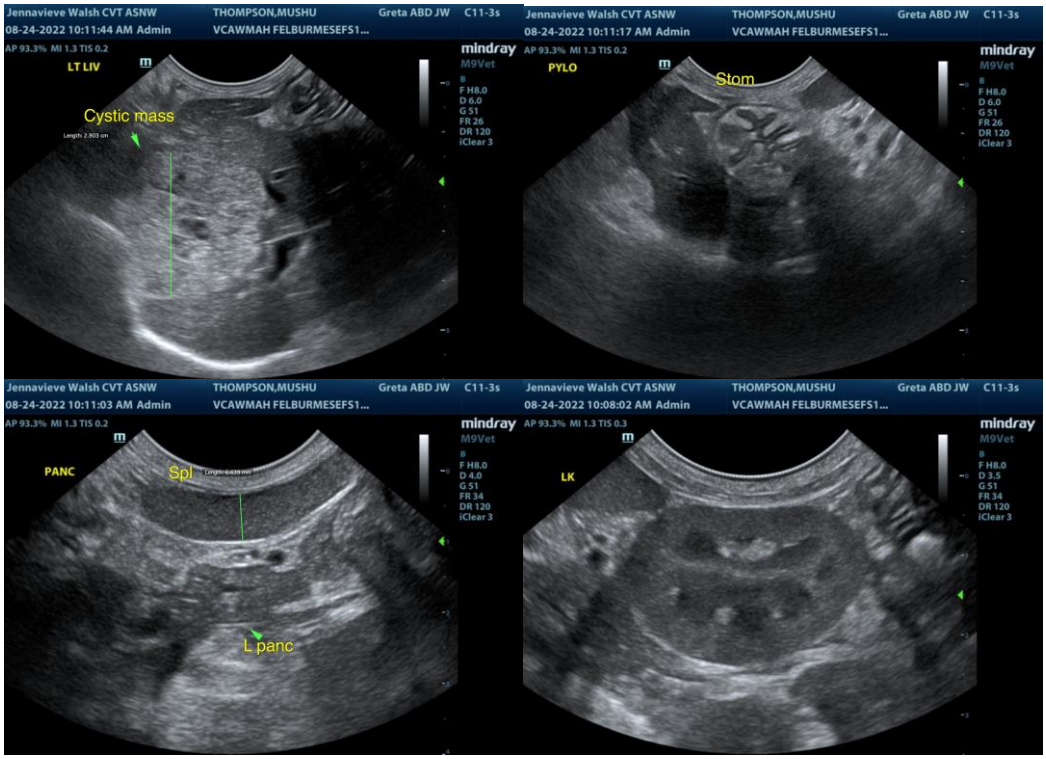

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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