



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Percy Drakes
SPECIES Feline
BREED DSH

15y/o MN DSH. 2 week hx of inappetance, v+ episodes. 1 day ago noticed jaundice. See current problem list below: 1) diabetes mellitus with 1.3 mmol/L serum ketones (negative urine ketones) 8 year history of DM - treated with glargine 2 units q 12 2) inappetance, occ. vomiting x 2 weeks, anorexia x 2 days 3) hyperbilirubinemia, increased ALT, ALP and GGT - r/o secondary to liver mass (r/o benign vs. neoplastic) vs. chloangiohepatitis vs. hepatic lipidosis 4) azotemia - r/o prerenal (hypovolemia, dehydration) vs. renal (CKD, pyelonephritis, vs. other) vs. post-renal (urine retention) 5) free abdominal fluid - r/o ascites vs. effusion (neoplastic vs. other) vs. uroabdomen vs. bile peritonitis vs. other 6) liver mass - r/o benign vs. neoplastic 7) enlarged pancreas 8) intestinal thickening 9) enlarged abdominal lymph nodes 10) normal PT, prolonged aPTT - r/o factor XII deficiency vs. other 11) distended urinary bladder - requires expression to empty Historical problems: 1) diabetes mellitus 2) chronic kidney disease 3) urethral obstruction

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

SEX Plain and post contrast studies available for review.

MN COMPUTED TOMOGRAPHIC FINDINGS

AGE A venous catheter is placed in the left femoral vein.

15 A mineral attenuating point like structure is seen at the distal end of the urethra and considered compatible with a penis bone.

INTERPRETED BY The urinary bladder is severely distended. No evidence of calculi is seen within the urinary bladder, ureters, or kidneys.

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

There is a moderate amount of free peritoneal fluid. Extensive peritoneal fat stranding is seen. There appears to be no fluid and no fat stranding within the retroperitoneal spaces.

HOSPITAL NAME Both kidneys are mildly irregular in outline. The renal nephrograms appear to be weak. A cystic structure of 13mm diameter is seen in the corticomedullary transition area in the cranial pole of the left kidney.

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An expansile heterogeneously enhancing nodule of 8mm is seen within the spleen.

REFERRING VET Moderate generalized enlargement of the liver is seen. Multiple cystic nodules and masses are distributed throughout all liver lobes. The largest mass with multicystic appearance is seen within the right lateral liver lobe and measures 2.5 cm in diameter.

Dr. Judy Brown

INVOICE The gallbladder is moderately distended. Moderate generalized thickening and increased enhancement of the gallbladder wall are noted. There is mild extrahepatic biliary duct dilation. The common bile duct is mildly dilated and presents generalized wall thickening with increased contrast enhancement. No obstructive pathology is seen on the way to the major duodenal papilla.

53267

DATE Mild generalized enlargement and heterogeneity of the pancreas with peripheral fat stranding is noted.

8-4-22

The adrenal glands presents within normal limits.



PATIENT The stomach and small intestine present within the expected limits.

Percy Drakes There is no evidence of mesenteric lymphadenomegaly.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

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- Multiple multicystic liver masses and nodules.
- Generalized hepatomegaly.
- Extrahepatic biliary duct dilation.
- Mild dilation of the common bile duct with evidence of cholecystitis.

BREED

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- Pancreatopathy.
- Expansile and heterogeneously enhancing splenic nodule.
- Suspect bilateral chronic nephropathy with cystic lesion within the cranial pole of the left kidney.

SEX

MN

- Peritoneal effusion.
- Distended urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

15

The CT study reveals presence of multiple multicystic masses and nodules throughout the entire liver. Multiple cyst adenoma is thought most likely. Cyst adenocarcinoma, cystic hyperplasia, and other cystic neoplasia cannot be ruled out entirely. Consider the potential for concurrent cholangiohepatitis which is suspected because of the changes of the gallbladder, extrahepatic biliary duct, and common bile duct dilation. Parallel presence of several or multiple entities should be considered in the differential diagnoses of the liver changes since there is evidence of nodules, masses, as well as “cholangiohepatitis-like” changes.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The changes of the pancreas are most suggestive for pancreatitis. Benign nodular hyperplasia and edema are potential differential diagnoses. The findings are not necessarily suggestive for a neoplastic infiltrate.

HOSPITAL NAME

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The expansile nodule within the spleen may represent neoplasia such as hemangioma or hemangiosarcoma. Nodular hyperplasia and hematoma are thought less likely.

The cystic lesion within the left kidney may represent cyst, abscess, hematoma, granuloma, or less likely ischemic necrosis.

REFERRING VET

Dr. Judy Brown

Aspiration and analysis of the peritoneal fluid is recommended in order to rule out bile peritonitis even though the changes do not appear to be concentrated in the portal hilus.

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REFERRING VET

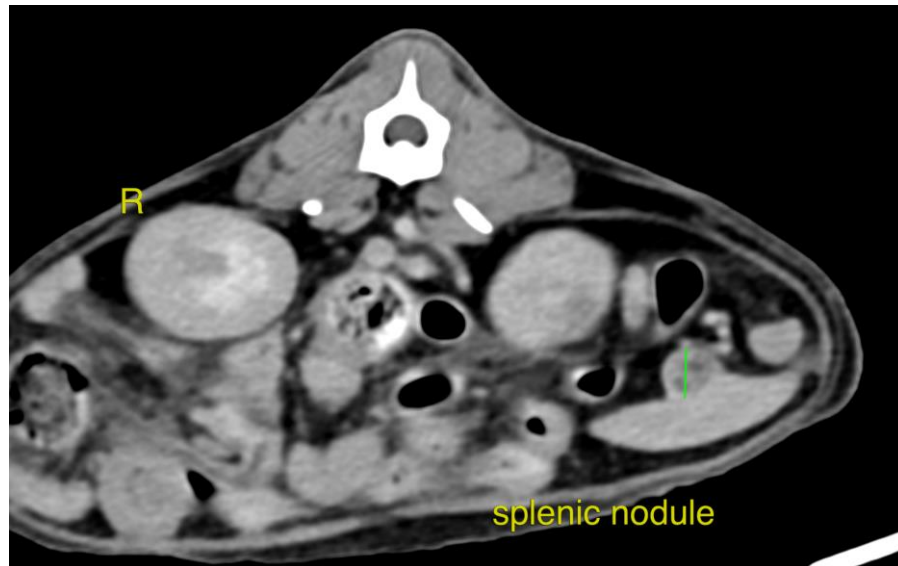
Dr. Judy Brown

INVOICE

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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.

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