CENTRAL HOSPITAL FOR VETERINARY MEDICINE

4 Devine Street
North Haven, CT. 06473
Phone 203-865-0878 Fax 203-867-5195

SURGERY CONSULTATION

Thursday, September 10, 2020

Client: Dominic Maccio 114521
Patient: Ricky 14 Yrs. 9 Mos. Neutered Male Shorthair, Domestic

Presenting Problem: Vomiting, diarrhea, weight loss

History:
- **Tech Intake:** No coughing/sneezing at home; vomiting hairballs/food since June 2020 about 2-3 times a week. Eating/drinking normally. No defecation since 9/8 - patient has a history of constipation
- **9/10/20 Cardio Consult DeMadron:** Echocardiogram - Borderline LV free wall hypertrophy, otherwise normal heart. No changes compared to last exam; BP - 154/82 (131)
- **9/4/20 AUS Medvet Norwalk:** Moderately large cystic structure associated with the liver adjacent to the stomach - rule out biliary cyst adenoma versus other. Bilaterally hyperechoic renal cortices with decreased corticomedullary definition - rule out age-related renal degeneration versus other. Diffusely mildly thickened small intestinal wall with prominent muscularis layer - rule out inflammatory bowel disease (IBD) versus small cell small intestinal lymphoma versus other. Mesenteric lymphadenopathy - rule out reactive lymphadenopathy versus metastatic neoplasia versus other
- **9/3/20 MedVet Norwalk:** Presented to clinic for vomiting, diarrhea and 1 lb weight loss. Vomiting food along with bile. Patient is still eating but vomits after the food is ingested

Additional Medical Problems: Elevated proBNP; constipation

Current Medications: Miralax 1/4 tsp SID (O stopped); Metronidazole 50mg BID (only gave once); Laxatone 2x week

Physical Examination:

T: 100.2 **P:** 200 **R:** 44 **MM:** pale pink **CRT:** <2s **BW:** 6.4 **kg** **Body Condition Score:** 7/9

Subjective: Ricky is BAR
EENT: WNL
ORAL: WNL
CV: no murmur, regular heart rhythm, no pulse deficits, synchronous femoral pulses
RESP: eupneic, clear lung fields bilateral
PLN: mandibular and popliteal lymph nodes normal size and symmetric
INTEG/ SC: WNL/ multiple soft, non-painful subcutaneous masses
ABD/ GI: WNL (no overt organomegaly or abdominal mass palpable, no abdominal discomfort)
UG: WNL
MS: WNL
NEURO: cursory exam WNL
RECTUM/PERINEUM: WNL (no palpable masses of rectal mucosa, anal glands or perineum)

Assessment:
Ricky is clinically stable with the following problems:
- Intermittent vomiting and weight loss
- Large cystic left division liver mass - cystadenoma vs. malignancy
- Diffuse thickening of small intestine - IBD vs. small cell lymphoma vs. other
- Enlarged mesenteric lymph nodes - inflammatory vs. neoplastic
- Possible early kidney disease based on ultrasound findings
- Chronic intermittent constipation - inactivate

Diagnostic Workup:
No additional diagnostic testing today.

Client Discussion/Recommendations:

- It is unknown whether or not the liver mass and or the small intestinal wall thickening is causing vomiting. It is plausible that either or both may be contributing. The liver mass, if large enough, is in a location that could be causing mechanical pressure on the stomach which can result in nausea, vomiting and decreased appetite. The small intestinal thickening may also be a cause of these symptoms.
- Definitive diagnosis can only be achieved through biopsy of the liver mass, intestines and lymph nodes. Since there are multiple lesions to address, open abdomen exploratory is recommended.
- Resection of a segment of liver, particularly of the left division is typically well tolerated with minimal risk of complication.
- Intestinal biopsy is frequently performed. There is a risk of serious complication if leakage of intestinal contents occurs at the biopsy site. This is reported to be up to 20% but my clinical impression is that the risk is much lower.
- Prognosis depends on definitive diagnosis provided by histopathology. Liver cystadenomas are benign tumors and removal is curative. Small cell lymphoma is treatable and patients can survive for many years. Other more serious cancers of the liver and intestine cannot be ruled out without histopathology.

- Ricky is currently in good body weight and is still eating so surgery is not urgent. However if you choose to proceed with surgery it should be scheduled within the next couple of weeks to minimize risk of significant illness progression.

Plan:

- Owners to decide on whether or not to proceed with surgery for liver mass removal and biopsy of the thickened small intestine and mesenteric lymph nodes.

Thank you for the referral. I appreciate the opportunity to be a member of Ricky's health care team.

Donna-Lee Taylor, DVM, DACVS