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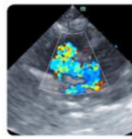
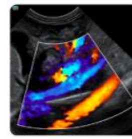
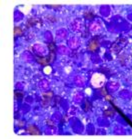
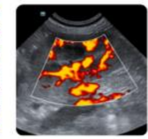





Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Jasmine Miller

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

13 Years

WEIGHT

7.1 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Kaye Morgan, DVM

INVOICE

35565

DATE

1/23/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL:

- Referral for jaundice, elevated liver enzymes, enlarged liver, and vomiting.
- P has distended abdomen and paper-thin skin.
- Despite her health condition, she has a voracious appetite

MEDICATIONS:

- Convenia 0.34ml SQ, Depo 1.0cc sq - last injection two nights ago, LRS with B vites 100cc sq sid.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall appears thin and smooth. The urine is mildly turbid with a small amount of suspended sediment. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.43×2.25 cm, with a cortical thickness of 0.34 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 4.22×2.54 cm, with a cortical thickness of 0.31 cm in the sagittal plane.

In both kidneys, the renal cortex demonstrates normal echogenicity. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.31 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.37 cm.

Spleen

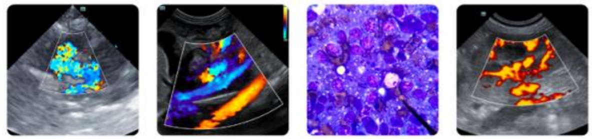
Splenic thickness measures 1.35 cm, with rounded margins. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

A large hepatic mass is identified, measuring at least 6 cm in diameter, involving the region of the left hepatic lobes. The remaining hepatic parenchyma appears homogeneous, with rounded margins consistent with apparent hepatomegaly.

The gallbladder is not clearly visualized. No image of biliary tract obstruction is observed.

Gastrointestinal



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The stomach is distended with ingesta. Gastric wall layering is preserved, with a mural thickness of 1.64 mm. Duodenum: mural thickness 1.91 mm. Jejunum: mural thickness 1.68 mm, with preserved wall layering. No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

Pancreas

Pancreatic thickness measures 4.71 mm. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.44 mm in diameter. There is no ultrasonographic evidence of active pancreatic inflammation or neoplastic disease.

Free Abdomen

Abdominal effusion is present. Cranial mesenteric and ileocecal lymph nodes are not visualized, and the surrounding regions appear unremarkable. Multiple dilated and tortuous vessels are observed between the left kidney and the spleen, consistent with acquired portosystemic collateral vessels. The iliac trifurcation has a normal appearance.

PRIMARY FINDINGS

- Large hepatic mass involving the left hepatic lobes.
- Abdominal effusion

SECONDARY FINDINGS

- Acquired portosystemic collateral vessels.
- Splenomegaly with homogeneous parenchyma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large hepatic mass is the most likely primary driver of the portal hypertension. Differential considerations for such a mass include primary hepatic neoplasia (such as hepatocellular carcinoma or cholangiocarcinoma.

The gallbladder is not clearly visualized; however, absence of gallbladder distension or biliary duct dilation suggests that clinically significant biliary obstruction is unlikely. The hepatic mass appears to predominantly involve the left hepatic lobes, making direct compression of the gallbladder or extrahepatic bile ducts less likely.

The identification of acquired portosystemic collateral vessels strongly supports chronic portal hypertension, rather than an acute process. A superimposed acute component, such as portal vein thrombosis or tumor-associated vascular obstruction, cannot be excluded and may account for acute decompensation and ascites development.

The splenic enlargement and rounded margins further support congestive splenomegaly secondary to portal hypertension. The abdominal effusion is most consistent with a portal hypertensive ascites, in agreement with the previously reported icteric transudate.

Recommendations

- Avoid ultrasound-guided sampling of the hepatic mass at this time, as the predominantly cavitated nature of the lesion is unlikely to yield diagnostic information and carries an

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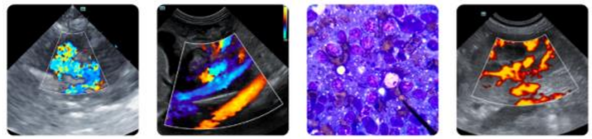
increased risk of hemorrhage, particularly in the context of suspected portal hypertension and potential coagulopathy. The combination of findings suggests malignant hepatic neoplasia regardless of definitive histologic diagnosis.

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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