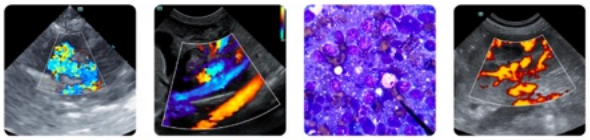


PATIENT

Calvin Foged

SPECIES

Feline

BREED

Norwegian Forest Cat

SEX

Neutered male

AGE

16 years

WEIGHT

9.7 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Dr. Frint

INVOICE

69351

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Acute significant weight loss (1.5lbs in 3-4 months)
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 - unremarkable USG - 1.022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.79×2.30 cm, with a cortical thickness of 0.45 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.25×2.42 cm, with a cortical thickness of 0.40 cm in the sagittal plane. In both kidneys, the renal cortex is slightly increased in echogenicity, resulting in increased corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.32 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland measures 0.25 cm at the cranial pole and 0.25 cm at the caudal pole.

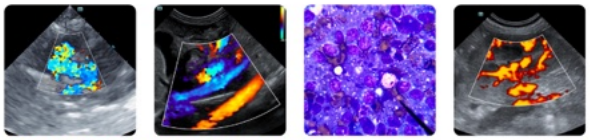
Spleen

Splenic thickness is 0.76 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic compared to the falciform fat. A 2.7×2.8 cm multicystic lesion is identified within the liver. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin, and the contents are anechoic. The cystic duct and common bile duct measure approximately 3.29 mm proximally, 2.30 mm mid-portion, and 1.66 mm distally.



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Gastrointestinal

The stomach is empty and folded, with mural thickness ranging from 1.67 to 2.58 mm and preserved wall layering.

The duodenum measures 2.29 mm. The jejunum measures 2.89 mm, with the following wall layer measurements: mucosa 1.45 mm, submucosa 0.70 mm, and muscularis propria 0.56 mm. The ileum measures 2.34 mm, with mucosa 0.92 mm, submucosa 0.84 mm, and muscularis propria 0.48 mm. Wall layering is preserved throughout the small intestine. The ileocecal junction is not visualized. No signs of obstruction, ileus, or foreign material are identified.

The colon wall thickness measures approximately 0.99–1.21 mm, with formed feces present in the descending segment.

Pancreas

The pancreas measures approximately 5.77 mm. The pancreatic parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct measures 0.93 mm. No sonographic evidence of active inflammation or neoplastic disease is identified.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized, but the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Multi-cystic hepatic lesion.
- Mild diffuse increase in renal cortical echogenicity bilaterally.

SECONDARY FINDINGS

Mild dilation of the extrahepatic biliary tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic appearance of the hepatic lesion is most consistent with a benign cystic hepatic process, such as a complex hepatic cyst, or biliary cystadenoma. The absence of hepatic lymphadenopathy and the lack of overt parenchymal distortion elsewhere are mildly reassuring but do not definitively rule out clinically significant hepatic disease.

The mild dilation of the cystic duct and common bile duct, in the absence of cholelithiasis or biliary sludge causing obstruction, may reflect functional or partial biliary outflow disturbance, potentially related to the adjacent hepatic lesion.

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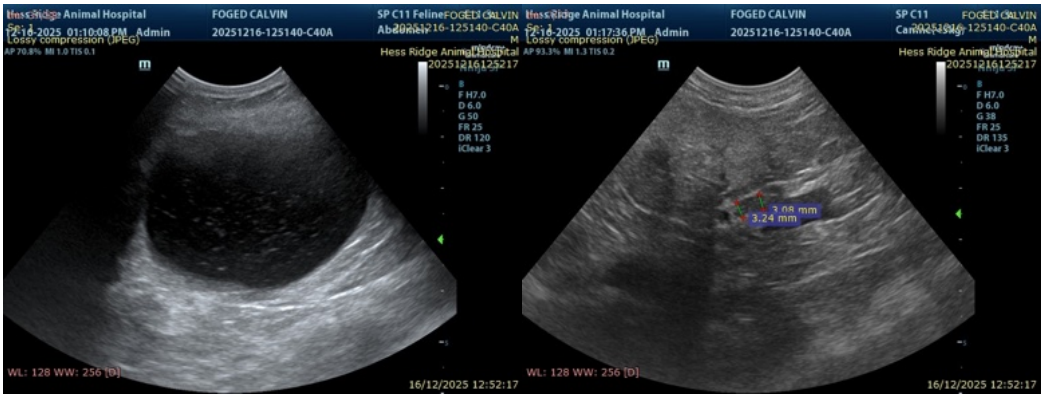
Both kidneys demonstrate mildly increased cortical echogenicity, which in a geriatric cat may be consistent with early or subclinical chronic kidney disease, especially when considered alongside a urine specific gravity of 1.022. Renal size and architecture are preserved, and no obstructive changes are present.

The gastrointestinal tract appears structurally normal, with preserved wall layering and normal thickness throughout, and there is no sonographic evidence of infiltrative enteropathy or mechanical obstruction to account for the weight loss.

Recommendations

- Continued monitoring of renal function is advised, including repeat urinalysis, UPC, SDMA, and systemic blood pressure measurement, given the mild renal changes and borderline urine concentrating ability.
- Further evaluation of the multicystic hepatic lesion is recommended. Given its cystic appearance, ultrasound-guided fine-needle aspiration may be of limited diagnostic value. In the absence of clinical or biochemical evidence of hepatic dysfunction, serial ultrasonographic monitoring is considered an appropriate initial approach to assess lesion stability or progression over time.
- If weight loss persists or progresses, additional diagnostics such as a gastrointestinal panel or referral for internal medicine consultation may be warranted to further investigate metabolic or functional causes not apparent on ultrasonography.



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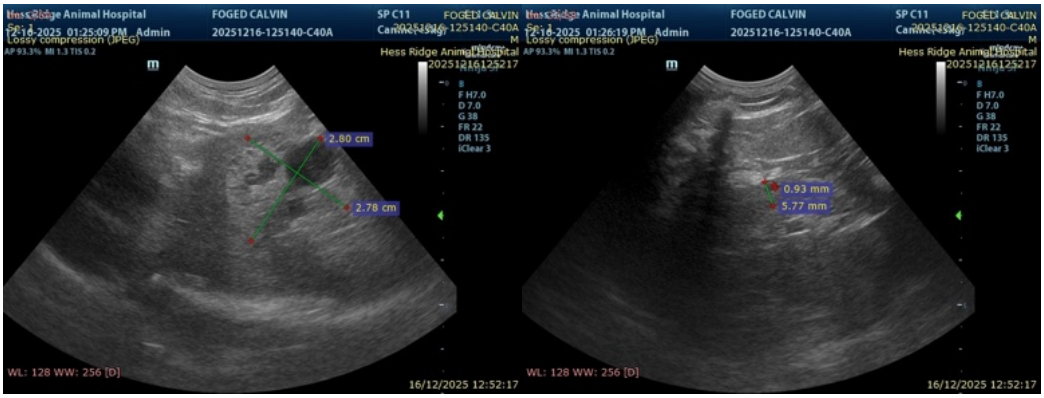

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com