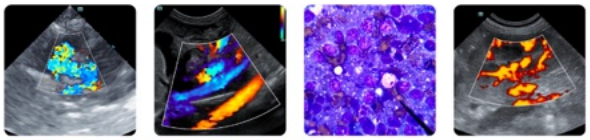


PATIENT

Shadow Rowe

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

8 years

WEIGHT

9.15 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Wester New York VS

REFERRING VET

Dr. Brenda Lefler

INVOICE

69259

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Patient presented for anorexia and weight loss. Patient appears to have a large soft tissue mass in the cranial abdomen, possibly associated with the liver. Mass was not present on the previous radiograph from the month before. CLINICAL SIGNS: severe wt loss and anorexia Energy level is reported as not good. She has been wobbly and falls over when she tries to jump on things MEDICATIONS: None
Abnormal PE/Chem/CBC/UA Results: Abnormal findings Ast=146 (0-48), Lipa=3120 (100-1400).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is very turbid with abundant echogenic suspended material. There are no calculi and no evidence of inflammatory or neoplastic changes. There is a normal appearance of the proximal urethra and vesicoureteral junction.

The left kidney is normal in shape and size: 3.30x2.35 cm, and the cortical thickness is 0.37 cm in the sagittal plane. The right kidney is normal in shape and size: 3.73x2.18 cm, and the cortical thickness is 0.35 cm in the sagittal plane. Both kidneys show normal cortical echogenicity. The corticomedullary ratio is normal, and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal pattern.

Adrenal Glands

The left adrenal gland measures 0.24 cm. The right adrenal gland is not visualized.

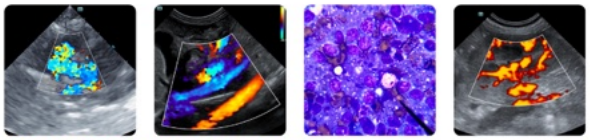
Spleen

Splenic thickness is 0.78 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

All hepatic lobes contain multiple hypoechoic nodules measuring approximately 1 cm in diameter. Hepatic lymph nodes are not clearly observed.

The gallbladder lumen is normally distended. The wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness (2.25 mm) and preserved wall layering.

Duodenum: 2.29 mm. Jejunum: 2.45 mm. Ileum: 2.15 mm. Wall layering is normal. The ileocecal junction was not clearly visualized. No signs of bowel inflammation, ileus, or foreign material are identified.

Colon: 1.28 mm, empty.

Pancreas

The pancreas measures 6.03 mm in thickness. The parenchyma is isoechoic to the adjacent omental fat. The diameter of the pancreatic duct is 1.69 mm. No signs of active inflammation or neoplastic disease are evident.

Peritoneal Cavity

Mild abdominal effusion is observed in the splenorenal recess. A pancreaticoduodenal lymph node measuring 0.98x0.79 cm is noted; it is rounded and hypoechoic.

The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Multiple hypoechoic hepatic nodules affecting all hepatic lobes.

SECONDARY FINDINGS

- Markedly turbid urine with abundant echogenic suspended material.
- Mild biliary sludge within the gallbladder.
- Mild abdominal effusion within the splenorenal recess.
- Pancreaticoduodenal lymph node enlarged (0.98x0.79 cm), rounded and hypoechoic.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of multiple, roughly 1 cm hypoechoic nodules diffusely affecting all hepatic lobes, together with a rounded hypoechoic pancreaticoduodenal lymph node and mild abdominal effusion, is most consistent with a disseminated hepatic neoplastic process. The leading differentials include hepatic involvement by lymphoma and histiocytic neoplasia, with metastatic carcinoma or other round cell neoplasia considered less likely but still possible.

The urinary bladder contains markedly turbid urine with abundant echogenic suspended material, which is consistent with significant crystalluria, cellular debris, or proteinaceous sediment. This finding warrants correlation with urinalysis but is unlikely to account for the patient's systemic signs.

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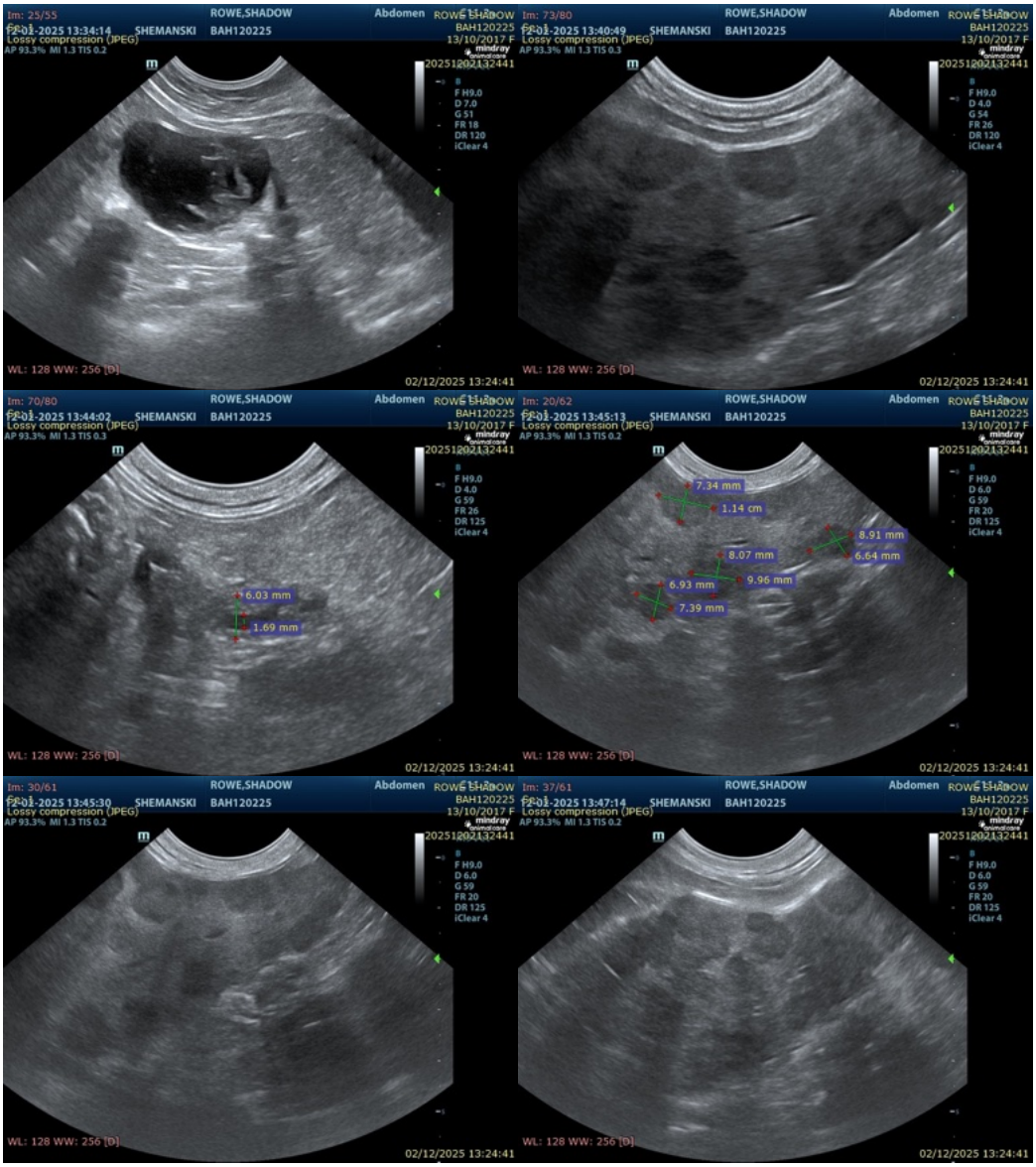
Recommendations

Thoracic radiographs have been obtained and serve as an appropriate initial screening tool for metastatic disease. Depending on the cytologic findings and treatment goals, contrast-enhanced abdominal CT is recommended if more detailed characterization of the hepatic lesions, assessment of regional lymph nodes, or full staging are desired.



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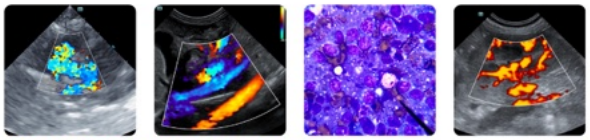

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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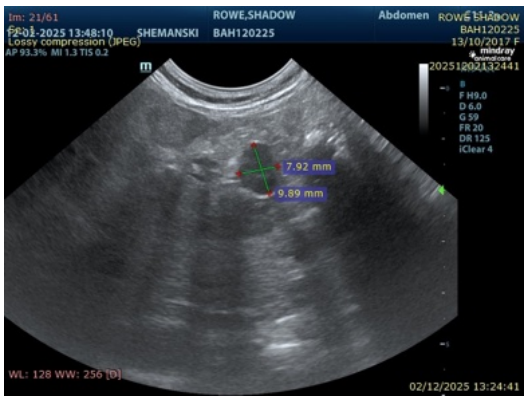

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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