



PATIENT

Harvey Gulas

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

5.47 kg

INTERPRETED BY

Alicia Angosto
Guerrero, DMV, PgDip,
MSc.

IMAGING PERFORMED BY

Michelle DeMelo, RVT

HOSPITAL NAME

Woodstock VH

REFERRING VET

Dr. Duschinsky

INVOICE

69276

DATE

12/3/25

PRESENTING CLINICAL SIGNS

History: Harvey presented for an exam for worsening lameness. He receives monthly Solensia injections but the owner noted that he had been showing increased lameness on the R hind after jumping awkwardly. On exam I found abnormalities in the cranial abdomen. Radiographs were recommended as the first step to better assess this - the radiographs show evidence of a large lobulated liver mass which is displacing the stomach caudally. A CBC, 17 chemistries and total T4 were relatively unremarkable not showing any sig elevations in liver enzymes, bilirubin or concerns with blood protein levels (Albumin was in the middle of the normal range). An abdominal ultrasound was recommended and was performed by our own RVT who has recently completed the SonoPath training virtually, any comments on technique are appreciated. I am hopeful that we are able to get some answers regarding the type of liver mass, in the hopes that it is benign!

Abnormal PE/Chem/CBC/UA Results: See above hx- will submit the radiographs

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 contains small mineral sediment (no calculi). Normal appearance of the proximal urethra and vesicoureteral junction. No evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.72 x 2.55 cm, and the thickness of the cortex is 0.38 cm, in the sagittal plane.

The right kidney is normal in shape and size: 3.80 x 2.25 cm, and the thickness of the cortex is 0.25 cm, in the sagittal plane.

Both kidneys show mildly increased cortical echogenicity, resulting in increased corticomedullary distinction (medullary ring sign). There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

The adrenal glands are not visualized.

Spleen

Splenic thickness is 0.59 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The entire liver is filled with simple cysts as well as multi-cystic masses of varying sizes. All hepatic lobes contain cystic lesions to a greater degree (right lobes) or lesser degree (left lateral lobe). The large size of the multi-cystic masses makes precise measurement difficult. The largest simple cyst observed measures 4.90x4.62 cm.



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

Gastrointestinal

The stomach is semi-distended with residual food, mural thickness of 1.67 mm, and preserved wall layering. Duodenum: 1.76 mm. Jejunum: 1.25 mm. Ileum: 1.40 mm. Wall layering is normal. The ileocecal junction measures 2.12 mm. No signs of inflammation, ileus, or foreign material are identified. Colon: 0.76 mm, with formed feces in the descending segment.

Pancreas

Pancreatic thickness is 4.99 mm. The parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct diameter is 0.76 mm. No signs of active inflammation or neoplastic disease are evident.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Hepatic lymph nodes, cranial mesenteric lymph nodes, and ileocecal lymph nodes are not visualized, but surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Liver parenchyma is extensively replaced by numerous simple cysts and large multicystic masses involving all hepatic lobes, most prominently the right lobes. Massive distortion of normal hepatic architecture due to diffuse cystic and polycystic lesions.
- Renal cortical hyperechogenicity bilaterally with accentuated corticomedullary distinction (medullary ring sign).

SECONDARY FINDINGS

- Small mineral sediment in the urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of global hepatic parenchymal replacement and displacement of adjacent organs (as noted radiographically) is highly concerning for a neoplastic biliary process, particularly within the biliary cystadenoma–biliary cystadenocarcinoma spectrum. These tumors in cats often appear as multiloculated cystic hepatic masses with thin septations, variable internal fluid characteristics, and progressive lobar effacement—features strongly reflected in this study. Importantly, the absence of significant liver enzyme elevation does not rule out malignancy in cats, as biliary cystadenocarcinomas may spare hepatocellular function until late in progression.



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No regional lymphadenopathy or abdominal effusion is visualized; however, this does not allow for complete exclusion of metastatic disease.

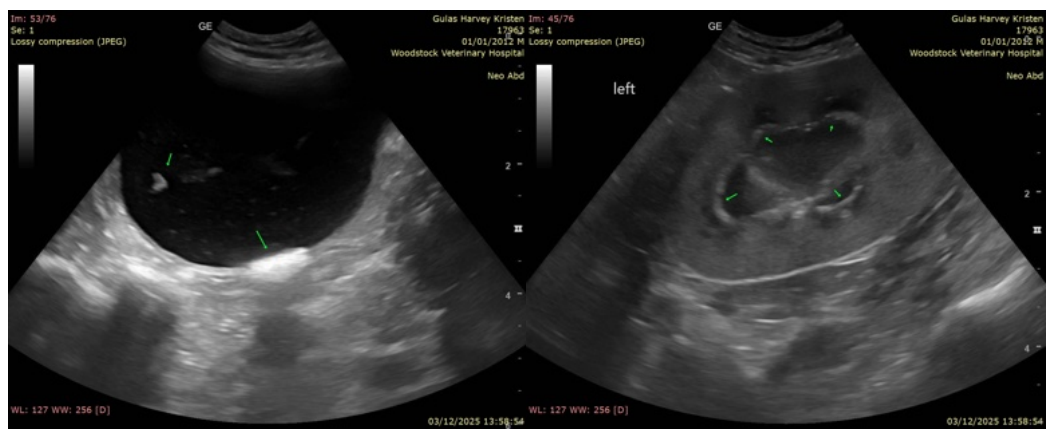
The kidneys show mild cortical echogenicity with preserved architecture, a nonspecific but commonly incidental finding in geriatric cats and unlikely to be clinically relevant.

Conclusion

The ultrasonographic appearance is highly suggestive of a biliary cystic neoplasm, with biliary cystadenoma and biliary cystadenocarcinoma being the primary differentials. Although less likely based on the predominantly cystic architecture, a cholangiocarcinoma cannot be excluded and should remain in the differential.

Recommendations

- Fine-needle aspiration may have limited diagnostic yield in cystic lesions but may still be considered; core biopsy or surgical biopsy provides more definitive diagnosis.
- Serial monitoring of liver enzymes and bilirubin, though currently normal, as progression is possible.
- Discuss prognosis, which depends on histopathology and resectability; some cystadenomas behave benignly, whereas cystadenocarcinomas carry a guarded to poor prognosis without surgical intervention.
- Abdominal CT with contrast for surgical planning, local invasion assessment, and metastatic evaluation.





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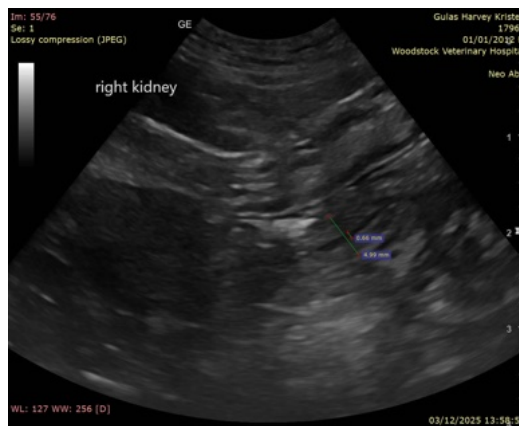
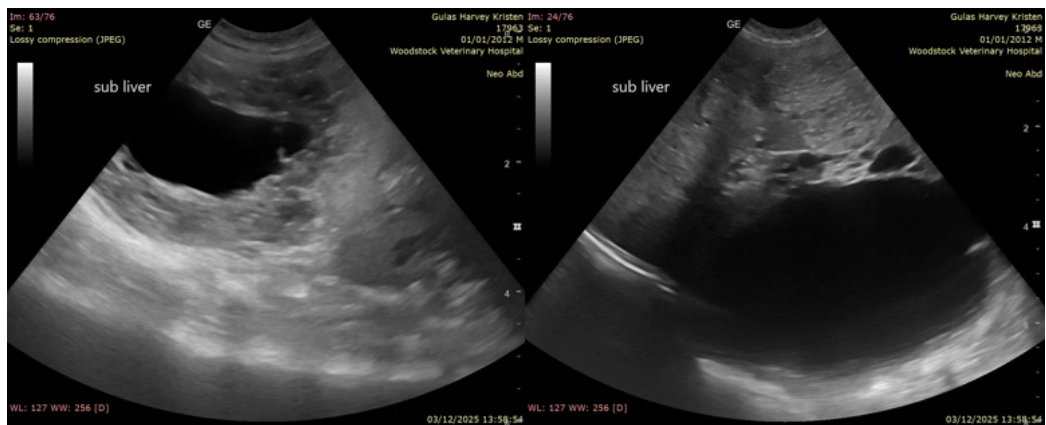
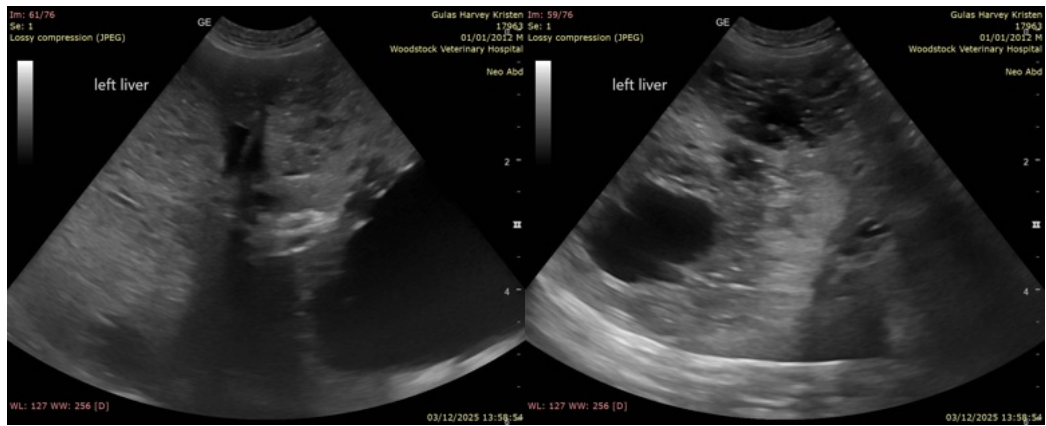
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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MV Esp Ultrasound in Domestic and Wild Animals

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