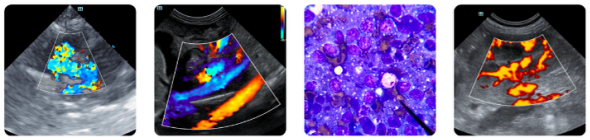



**PATIENT**

Nott Hartsgrove

**SPECIES**

Feline

**BREED**

DSH

**SEX**

SF

**AGE**

14 years 5 months

**WEIGHT**

8.28 lbs

**INTERPRETED BY**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**

Dr. Rivera

**HOSPITAL NAME**

DPC Veterinary Hospital

**REFERRING VET**

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**INVOICE**

11345

**DATE**

2/19/2026

## PRESENTING CLINICAL SIGNS

- Patient presented for evaluation of a firm, pea-sized mass palpated caudal to the left caudal mammary gland, noted recently (Friday or Saturday night). Owner desires fine needle aspiration to differentiate between neoplasia, infection, or cyst. Patient has a history of early renal disease, leading to polyuria and polydipsia.

Abnormal PE/Chem/CBC/UA Results: Abd/GI: Soft, non-painful. No masses or fluid wave palpated Skin: ~1cm, firm, round mass on L caudal nipple. Testing Performed: FNA Results: Mammary gland tumor, concerning for carcinoma 1) CBC: MONO 696 (42-467) 2) CHEM: ALT 457 (27-158), ALKP 213 (12-59) 3) UA (cysto): SG 1.015, rare rods <9/hpf 4) TT4: 3.3 (0.8-4.7) 5) Thoracic rads (met check): Multiple end-on blood vessels. Obesity.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

The left kidney measures 3.27x2.36 cm in the sagittal plane. Cortical thickness measures 0.38 cm. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney measures 3.57x1.93 cm in the sagittal plane. Cortical thickness measures 0.35 cm. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### *Adrenal Glands*

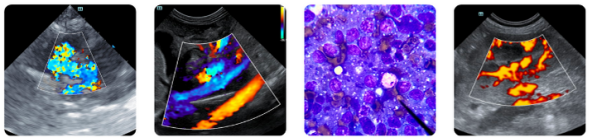
Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane:
The left adrenal gland measures 0.30 cm at the cranial pole and 0.33 cm at the caudal pole.
The right adrenal gland measures 0.30 cm at the cranial pole and 0.31 cm at the caudal pole.

### *Spleen*

Splenic thickness is 0.79 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

### *Liver*

Most hepatic lobes demonstrate normal shape, contour, and echogenicity. However, a region of the liver, presumed to correspond to one of the right hepatic lobes, demonstrates apparent enlargement. Despite the increased volume, the parenchyma in this region remains relatively homogeneous. No hepatic lymphadenopathy is clearly identified in the study.





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

### *Gastrointestinal*

The stomach is empty and folded, with mural thickness measuring 1.68 mm and preserved wall layering.
Duodenum: 1.38 mm.
Jejunum: 2.62 mm. Mucosa: 1.62 mm Submucosa: 0.65 mm. Muscularis propria: 0.26 mm
Ileum: 1.33–1.76 mm.
Wall layering is preserved throughout. The ileocecal junction was not visualized. No signs of inflammation, ileus, or foreign material are identified.
Colon: 0.36 mm, with formed feces in the descending segment.

### *Pancreas*

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

### *Free Abdomen*

No sonographic evidence of abdominal effusion, peritonitis, or abdominal lymphadenomegaly is identified. The iliac trifurcation appears normal.

## PRIMARY FINDINGS

- Enlargement of the region corresponding to the right hepatic lobes, with preserved homogeneous echotexture.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic parenchyma is homogeneous, and no discrete nodules, masses, or sonographically visible metastases are identified. However, the focal lobar hepatomegaly is concerning. In the context of markedly elevated ALT and ALKP activities, these findings raise suspicion for a diffuse infiltrative or inflammatory hepatic process (neoplastic infiltration, lymphoma, or cholangiohepatitis). The absence of discrete nodules or overt architectural distortion does not exclude infiltrative disease. No sonographic evidence of abdominal metastasis or regional lymphadenopathy is identified.

There is no ultrasonographic evidence of inflammatory bowel disease or small-cell lymphoma.

Recommendations

• Fine-needle aspiration of the enlarged hepatic region may be considered for cytologic evaluation, particularly given the history of mammary carcinoma and marked ALT elevation.

• Consider feline pancreatic lipase (fPLI) testing if vomiting persists, due to pancreatitis cannot be excluded based on ultrasonography alone, particularly in cats.

• Continued oncologic staging and monitoring given confirmed mammary carcinoma.

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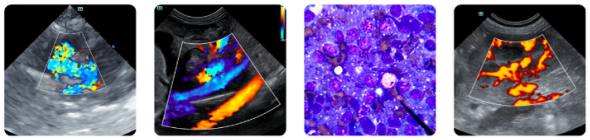

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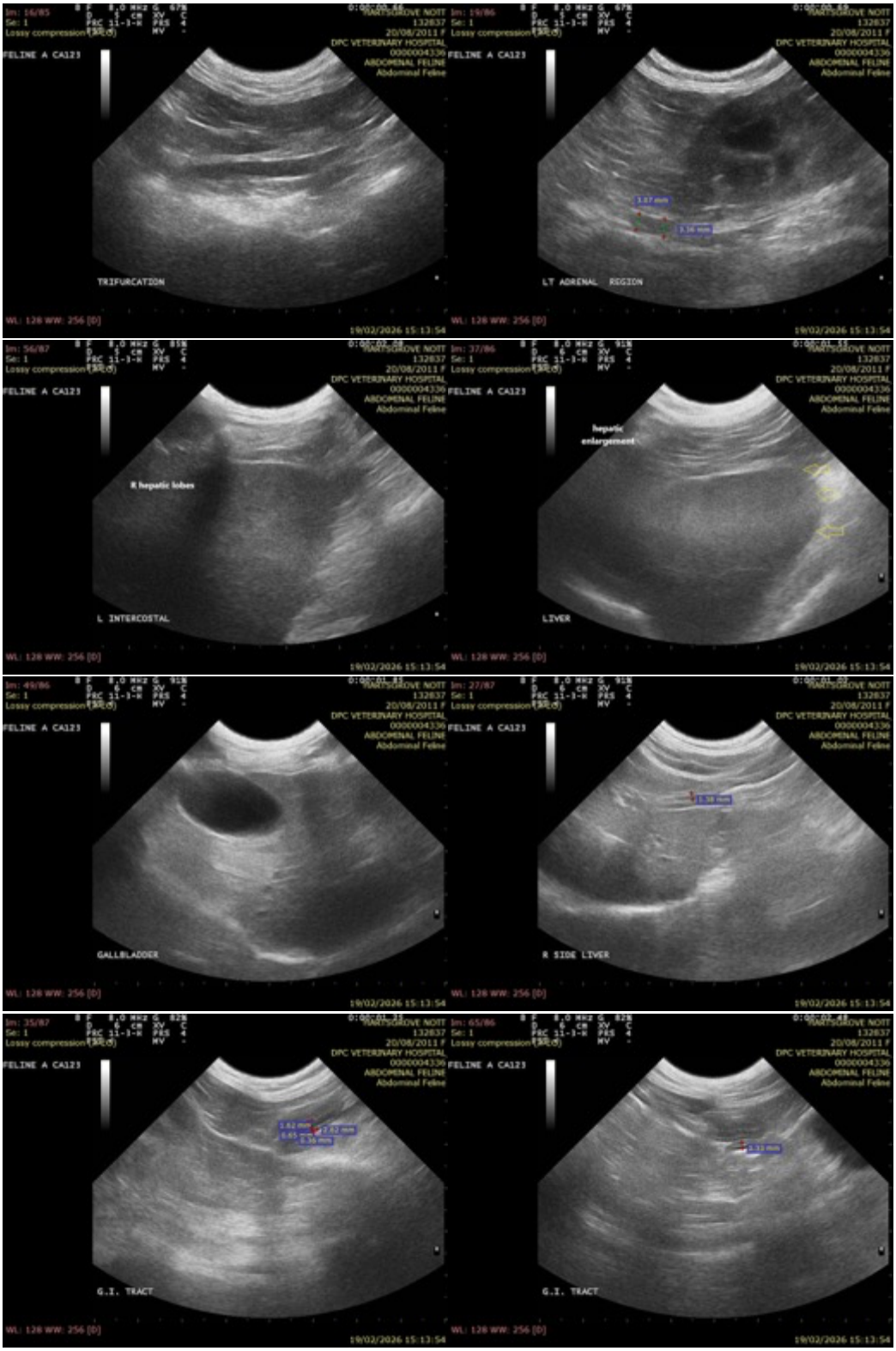

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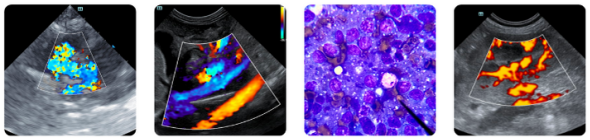

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

info@SonoPath.com