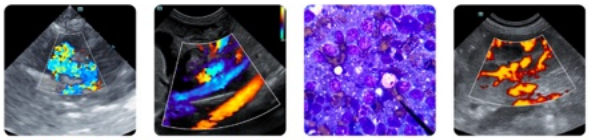


PATIENT

Pete Bixby

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

17 years

WEIGHT

11 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K Vet AC

REFERRING VET

Dr. Hougentogler

INVOICE

74709

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: Patient has history of suspected right adrenal gland mass, dilated intrahepatic bile ducts, and diffuse small intestinal thickening (noted on ultrasound from 2023); Recently patient has had elevated kidney values.
Kidneys; GI tract; Liver/GB; Right adrenal gland
Currently taking Prednisolone 5 mg - 1/4 tab, EOD; Metronidazole 125 mg - 1/2 tab, q 24 hrs; Ursodiol 250 mg - 1/4 tab, BID.
Abnormal PE/Chem/CBC/UA Results: HCT - 25%; SDMA - 27; BUN - 47; Crea - 2.2; ALT - 179; ALP - 94; fPL - 11.2; BNP - 126; Urine SG - 1.014; BG - 250; Fructosamine - 430

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 4.24×2.48 cm, with a cortical thickness of 0.36 cm in the sagittal plane. The right kidney measures 4.18×2.31 cm, with a cortical thickness of 0.38 cm. In both kidneys, the cortex is mildly hyperechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A mild medullary rim sign is present. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.36 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland measures 0.38 cm at the cranial pole and 0.33 cm at the caudal pole.

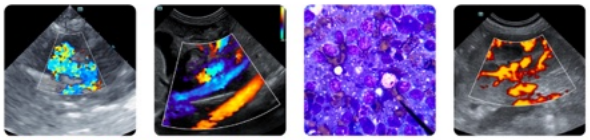
Spleen

Splenic thickness is 0.73 cm. The parenchyma demonstrates normal echogenicity and 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 is uniform and isoechoic compared to the falciform fat. A large heterogeneous cystic mass measuring approximately 5.0×3.6 cm is identified, apparently arising from the caudate liver lobe.

The gallbladder is markedly distended. The wall is focally thickened. A cholelith measuring 4.41 mm is present. The common bile duct measures 4.95–4.63–4.09–3.38 mm from proximal to distal, which exceeds the expected normal upper limit in cats (≤3 mm), consistent with biliary ductal dilation.



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Gastrointestinal

The stomach is distended with ingesta, with a mural thickness of 0.89 mm and preserved wall layering. The pylorus measures 3.22 mm. The duodenum measures 2.21 mm. The jejunum measures 2.74 mm (mucosa 1.46 mm, submucosa 0.65 mm, muscularis propria 0.39 mm). The ileum measures 1.80 mm (mucosa 0.39 mm, submucosa 0.89 mm, muscularis propria 0.25 mm). Wall layering is preserved throughout. The ileocecal junction is not visualized. No evidence of ileus, inflammation, or foreign material is identified. The colon measures 1.16 mm, with formed feces in the descending segment.

Pancreas

The pancreas measures approximately 8.48–9.24 mm in thickness and is mildly hypoechoic relative to the surrounding omental fat. The pancreatic duct measures 1.27 mm (mildly prominent; normal ≤1 mm). No peripancreatic fat inflammation is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Large heterogeneous cystic hepatic mass (5.0×3.6 cm), caudate lobe
- Marked gallbladder distension with focal wall thickening and cholelith (4.41 mm)
- Dilated common bile duct (up to ~4.95 mm)
- Mild pancreatic enlargement and hypoechogenicity with mildly dilated pancreatic duct

SECONDARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity with medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically significant finding is the presence of a heterogeneous hepatic mass, apparently arising from the caudate lobe. The predominantly cystic nature raises differential considerations including hepatic cystic neoplasia (biliary cystadenoma/cystadenocarcinoma).
Given the size and complexity, this is unlikely to be an incidental finding and is considered clinically relevant. The remaining hepatic parenchyma appears unremarkable.

Concurrent findings of marked gallbladder distension, focal wall thickening, cholelithiasis, and dilation of the common bile duct (up to ~5 mm; normal ≤3 mm in cats) are consistent with partial extrahepatic biliary obstruction or severe biliary stasis. Despite the presence of biliary dilation, the absence of marked hyperbilirubinemia may reflect partial or intermittent obstruction, or early-stage disease, as ultrasonographic changes can precede biochemical evidence of cholestasis.

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The pancreas is mildly enlarged and hypoechoic with a mildly dilated pancreatic duct. In cats, these findings are compatible with pancreatitis, even in the absence of marked peripancreatic fat changes, and may contribute to or coexist with the biliary abnormalities.

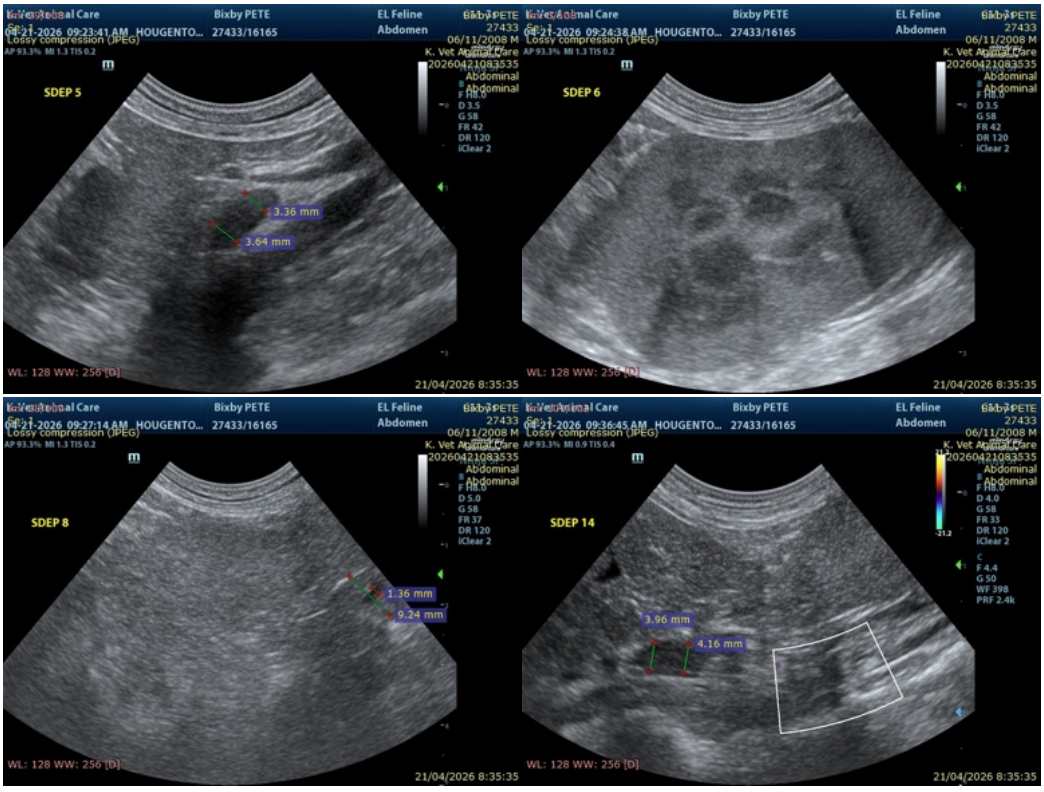
Renal findings (mild cortical hyperechogenicity and medullary rim sign) are consistent with chronic kidney disease, correlating with the patient's laboratory abnormalities, and are not considered the primary driver of current clinical signs.

Compared to the prior study, the right adrenal gland appears normal.

Recommendations

- Further characterization of the hepatic mass is recommended: fine-needle aspiration, biopsy (preferred) or advanced imaging such as CT if clinically appropriate.
- Assessment of bilirubin and liver function is recommended to evaluate the functional significance of the biliary dilation.
- Management of suspected pancreatitis and hepatobiliary disease should be considered.
- Given the degree of biliary dilation, monitoring for progression of obstruction is advised.

These findings represent clinically significant abdominal disease, and further diagnostic and therapeutic decisions should be guided by overall patient status and clinical goals.



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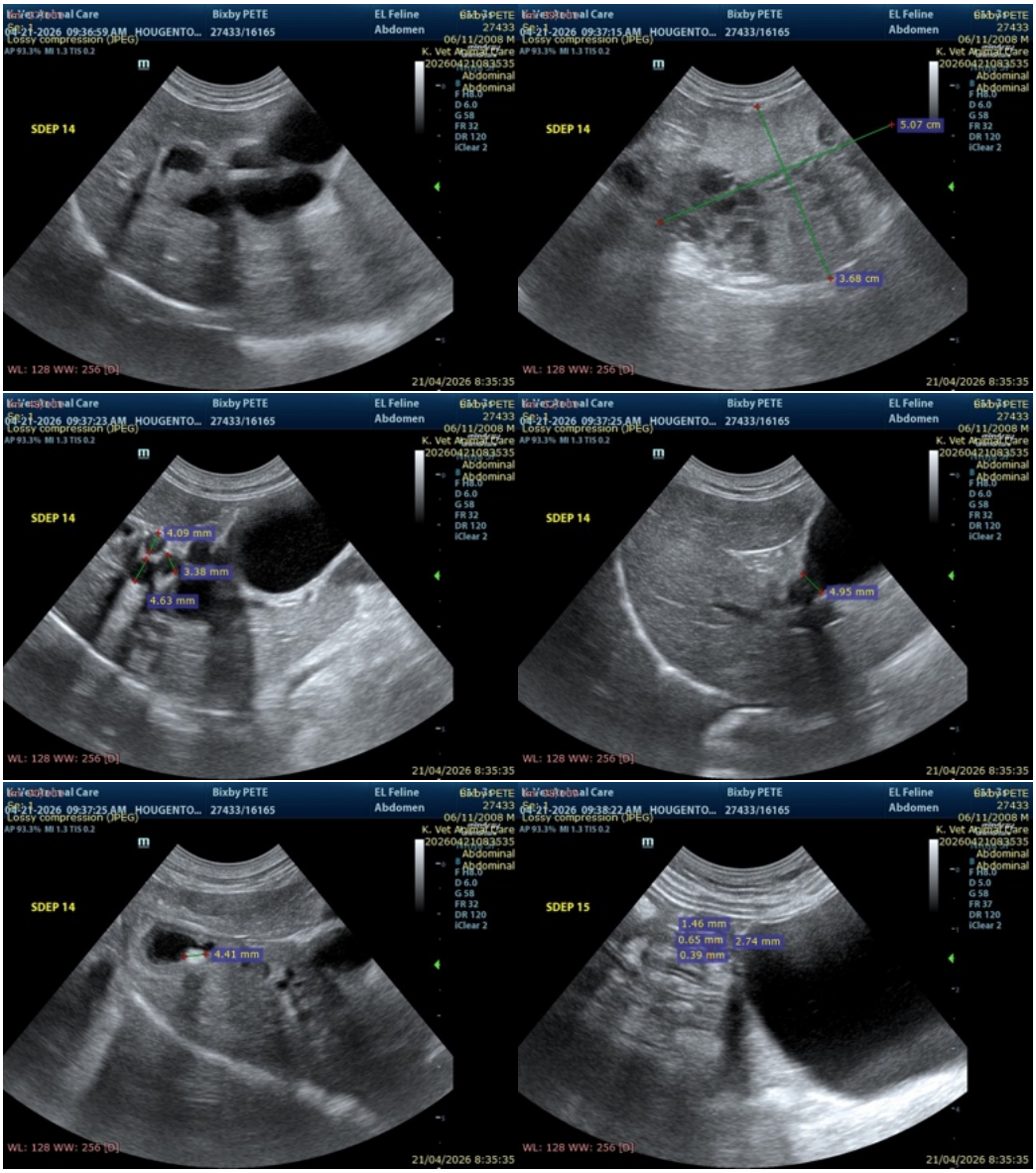

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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