



## PATIENT

Jasper Dellaria

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

11 years

## WEIGHT

12.9 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dana Kraeutler, CVT

## HOSPITAL NAME

Pocono Peak VC

## REFERRING VET

Dr. Santore

## INVOICE

74373

## DATE

4/9/26

## PRESENTING CLINICAL SIGNS

History: Progressively distended abdomen, intermittent lethargy, episodic neurologic signs (hear tremor, obtunded at times).

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is normally distended. The wall appears thin and smooth. Urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 4.24×2.69 cm, with a cortical thickness of 0.47 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is not visualized in the available images.

### Adrenal Glands

Not confidently visualized.

### Spleen

The spleen is not confidently identified. Structures labeled as spleen are most consistent, based on echotexture and anatomical location, with displaced hepatic parenchyma (likely left lateral liver lobe), presumably due to mass effect from the large hepatic lesion.

### Liver

Liver: A large hepatic mass is present, not fully measurable within the field of view but exceeding at least 10×7 cm. The mass has a mixed solid and cystic echotexture and occupies the region of the right hepatic lobes, with apparent dorsomedial displacement of the gallbladder. Within the left hepatic lobes, multiple small hyperechoic and cystic nodular lesions are identified.

Gallbladder: The lumen is normally distended. The wall measures 3.09 mm. Contents are predominantly anechoic with a small amount of mineralized biliary sludge. No dilation of the cystic duct or common bile duct is identified.

### Gastrointestinal

The stomach contains a small amount of fluid; wall thickness is 2.83 mm. Jejunum measures 2.21 mm and ileum 2.14 mm. Wall layering is preserved throughout. No evidence of inflammatory change, ileus,



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or foreign material is identified. Colon measures 1.27 mm, with formed feces present in the descending colon.

## *Pancreas*

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

## *Free Abdomen*

A moderate amount of anechoic peritoneal effusion is present. The region of the iliac trifurcation appears unremarkable.

## PRIMARY FINDINGS

- Large mixed solid–cystic hepatic mass.
- Multifocal small hyperechoic and cystic nodular lesions in left hepatic lobes.
- Moderate volume anechoic abdominal effusion.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The dominant finding is a very large, heterogeneous hepatic mass with mixed solid and cystic components, accompanied by multifocal nodular lesions in the remaining hepatic parenchyma and moderate abdominal effusion. This constellation of findings is most consistent with multifocal hepatic neoplastic disease, with a primary hepatic tumor and intrahepatic metastases.

The size, architectural distortion, and mixed echotexture (including cystic/necrotic components) strongly support a malignant process over benign entities. In cats, differentials include:

- Biliary carcinoma/Cholangiocarcinoma. It represents a leading differential, particularly given the species, lesion morphology, and multifocal hepatic involvement.
- Hepatocellular carcinoma—although the latter is less common in cats.

The presence of moderate anechoic effusion raises concern for:

- Neoplastic effusion (carcinomatosis or tumor leakage/rupture).
- Portal hypertension secondary to mass effect.
- Less likely, hypoalbuminemia (not assessable here but should be clinically correlated).
- 

From a clinical integration standpoint, the history of episodic neurologic signs (head tremor, obtundation) is highly relevant. In the context of severe hepatic disease, this raises strong concern for hepatic encephalopathy, potentially secondary to advanced hepatic dysfunction or vascular compromise due to mass effect.

Recommendations:

- Abdominal effusion analysis (if clinically feasible and well tolerated). Even without sampling the mass, fluid analysis (cytology ± protein/cell count) may provide useful information with



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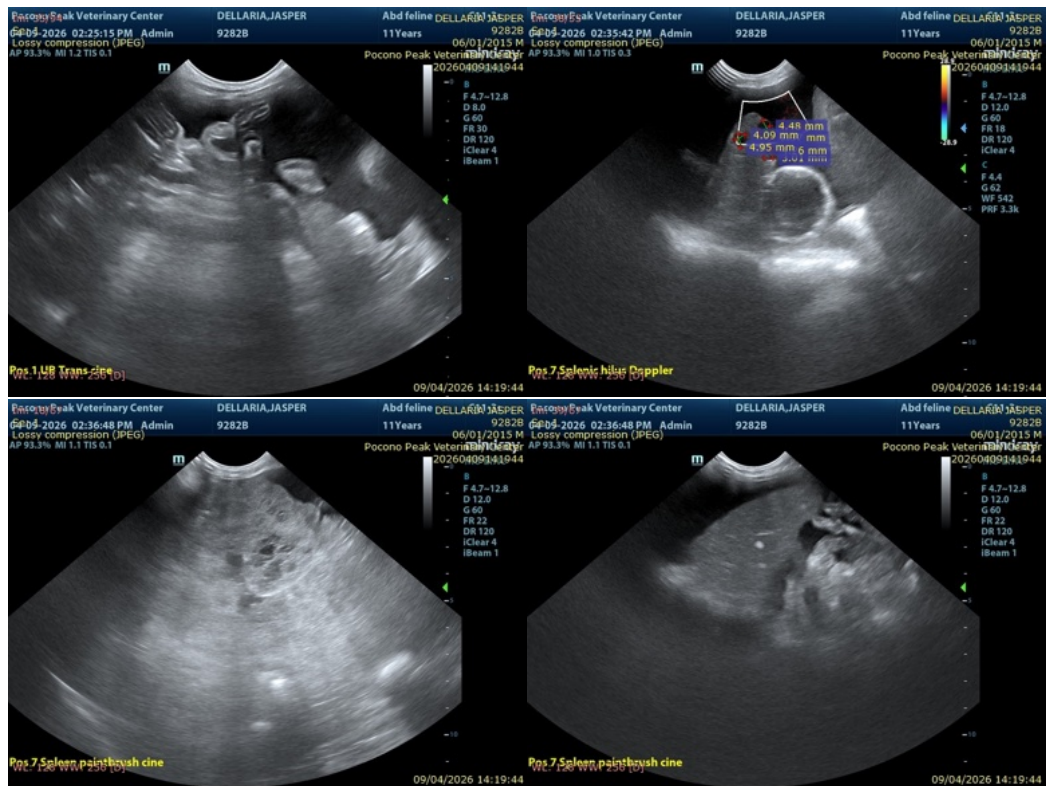
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relatively low invasiveness.

- Supportive management of hepatic disease: Empirical use of hepatoprotective therapy (SAME, silybin) may be considered, recognizing that this is unlikely to modify the underlying structural disease but may support residual hepatic function.
- Management of suspected hepatic encephalopathy: lactulose, dietary modification, is reasonable given the clinical context, even in the absence of definitive confirmation.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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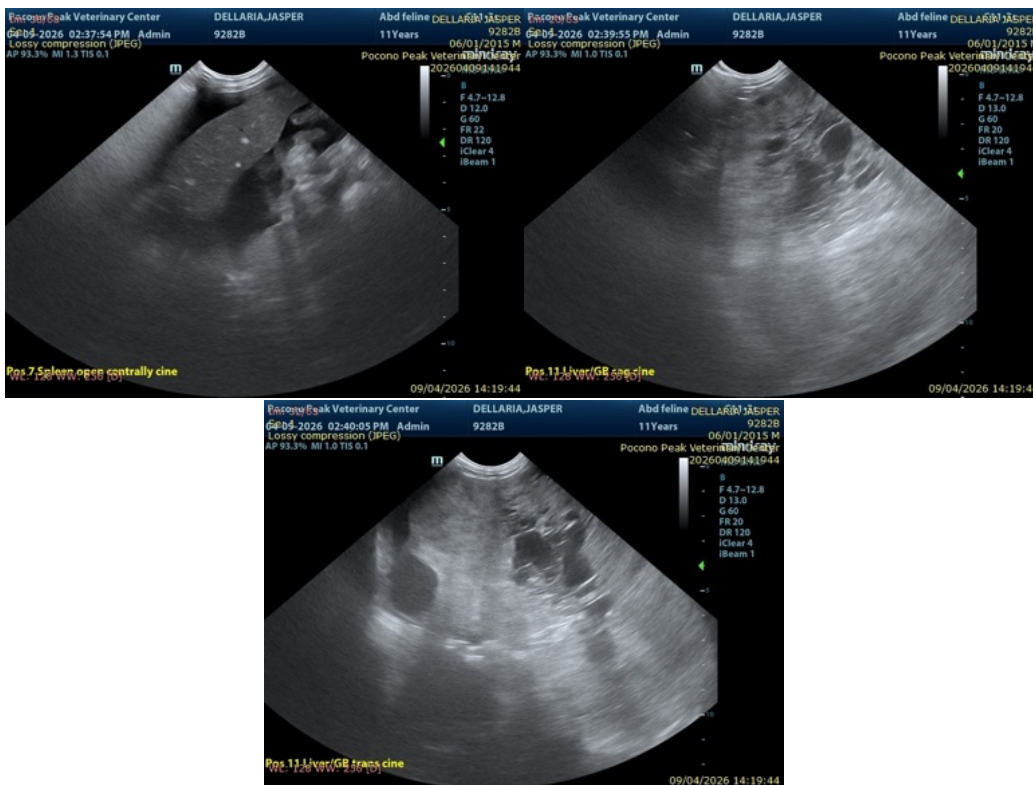
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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