



PATIENT

Indy Sommer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

13.1 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Brian Hougentogler

HOSPITAL NAME

K-Vet AC

REFERRING VET

Dr. Wong

INVOICE

75138

DATE

5/4/26

PRESENTING CLINICAL SIGNS

History: Patient recently seen for urinary tract infection; x-rays showed liver mass; patient has history of cardiomyopathy and had an echocardiogram in January 2026.

Urinary tract infection has resolved with antibiotic

Differential Diagnoses Hepatocellular carcinoma; lymphoma; benign mass

Abnormal PE/Chem/CBC/UA Results: PE: BAR; organomegaly in the cranial abdomen; discomfort on abdominal palpation BNP - 954; UA - pyuria, hematuria, crystaluria, proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.51×2.03 cm, with a cortical thickness of 0.44 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.33×2.60 cm, with a cortical thickness of 0.30 cm in the sagittal plane.

In both kidneys, 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, nephroliths, or hydronephrosis. 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 0.26 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measures 0.33 cm at the cranial pole and 0.30 cm at the caudal pole.

Spleen

Splenic thickness is 0.87 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

There is a large, heterogeneous solid mass within the region of the left medial liver lobe, containing small internal cystic areas. The lesion occupies a substantial portion of the lobe and measures at least 7×4 cm, although the full extent may be larger.

Additionally, a small hyperechoic focus measuring 0.61×0.92 cm is identified within the right hepatic lobe (exact lobe not definitively determined).



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Gallbladder

The gallbladder is normally distended. The wall measures 1.37 mm (within normal limits; typically $\leq 1-2$ mm in cats). The contents include a moderate amount of mineralized biliary sludge. There is no evidence of dilation of the cystic duct or common bile duct.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.80 mm and preserved wall layering.

Duodenum: 1.98 mm.

Jejunum: 2.12 mm (mucosa 1.02 mm, submucosa 0.48 mm, muscularis propria 0.50 mm).

Ileum: 2.96 mm (mucosa 1.20 mm, submucosa 0.90 mm, muscularis propria 0.77 mm). Wall layering is preserved.

Ileocecal junction: 2.46 mm, with muscularis measuring 0.80 mm.

No evidence of mechanical ileus or foreign material is identified.

Colon: 0.92 mm, with formed fecal material present.

Pancreas

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

Free Abdomen

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

PRIMARY FINDINGS

- Large heterogeneous hepatic mass with small internal cystic areas.
Small hyperechoic hepatic nodule.
- Moderate mineralized biliary sludge.

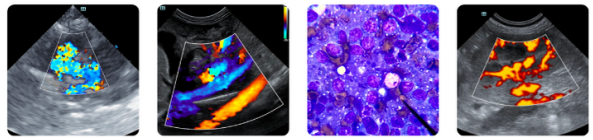
SECONDARY FINDINGS

- Ileal muscularis mildly increased.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic mass observed is heterogeneous and occupies a substantial portion of the left medial liver lobe. In cats, this appearance is most consistent with a primary hepatic neoplasm, with leading differentials including hepatocellular carcinoma, biliary carcinoma, or less commonly other primary hepatic tumors. The presence of internal cystic areas may reflect necrosis, degeneration, or cavitation within the mass.

Lymphoma is considered less likely based on imaging, as feline hepatic lymphoma more typically presents as diffuse infiltration or multiple nodules, rather than a single large cavitated mass; however, it



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cannot be completely excluded without tissue sampling.

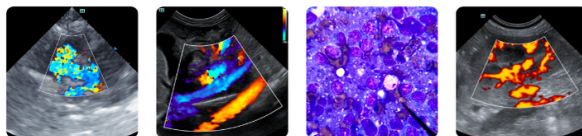
The absence of abdominal effusion, lymphadenomegaly, or additional overt metastatic lesions is somewhat reassuring, although microscopic or early metastatic disease cannot be excluded. The small hyperechoic hepatic focus is nonspecific and may represent benign change (nodular hyperplasia) or a satellite lesion.

The remainder of the abdominal study is unremarkable. Mild intestinal findings (ileal muscularis 0.77 mm relative to mucosa 1.20 mm; ratio ~0.64) are only mildly increased and of uncertain clinical significance, particularly in the absence of clinical gastrointestinal signs attributable to small intestinal disease.

Recommendations

- Further characterization of the hepatic mass is recommended, ideally via ultrasound-guided fine needle aspiration or biopsy (if clinically appropriate)
- Consider thoracic imaging (if not recently performed) for staging purposes.
- Monitor liver enzymes and clinical status; supportive care may be appropriate depending on overall clinical goals

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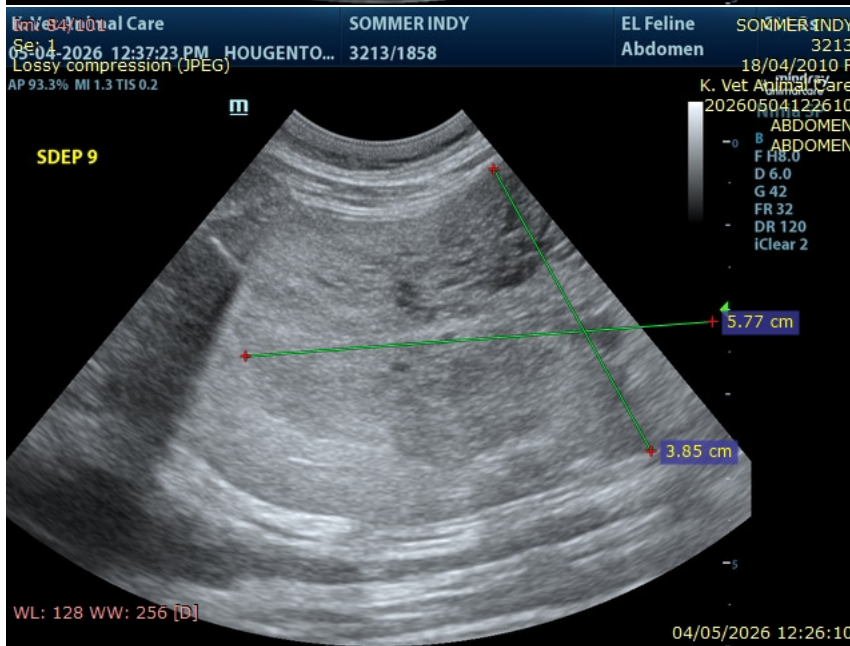
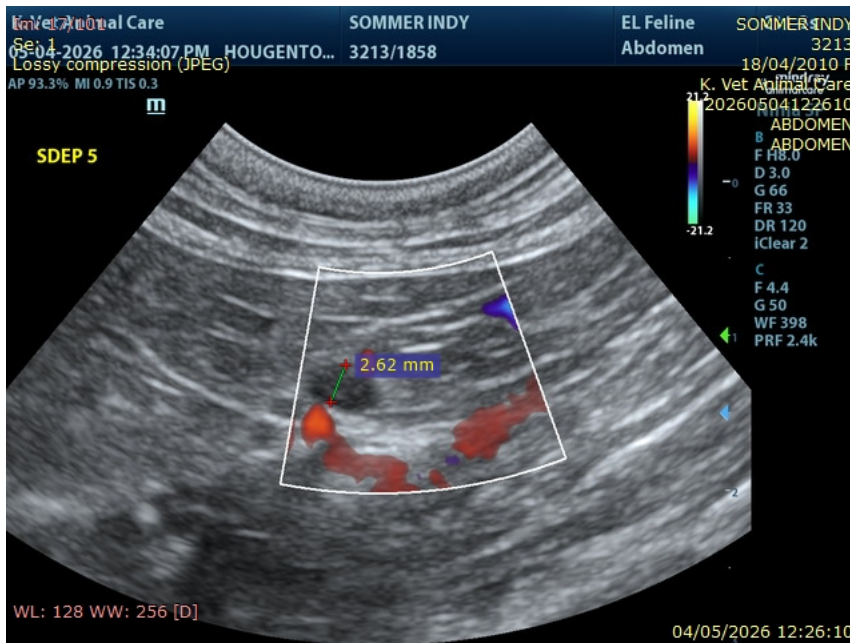
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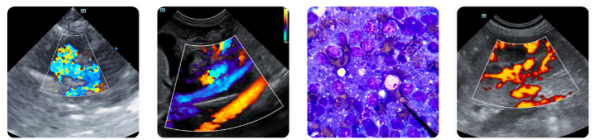
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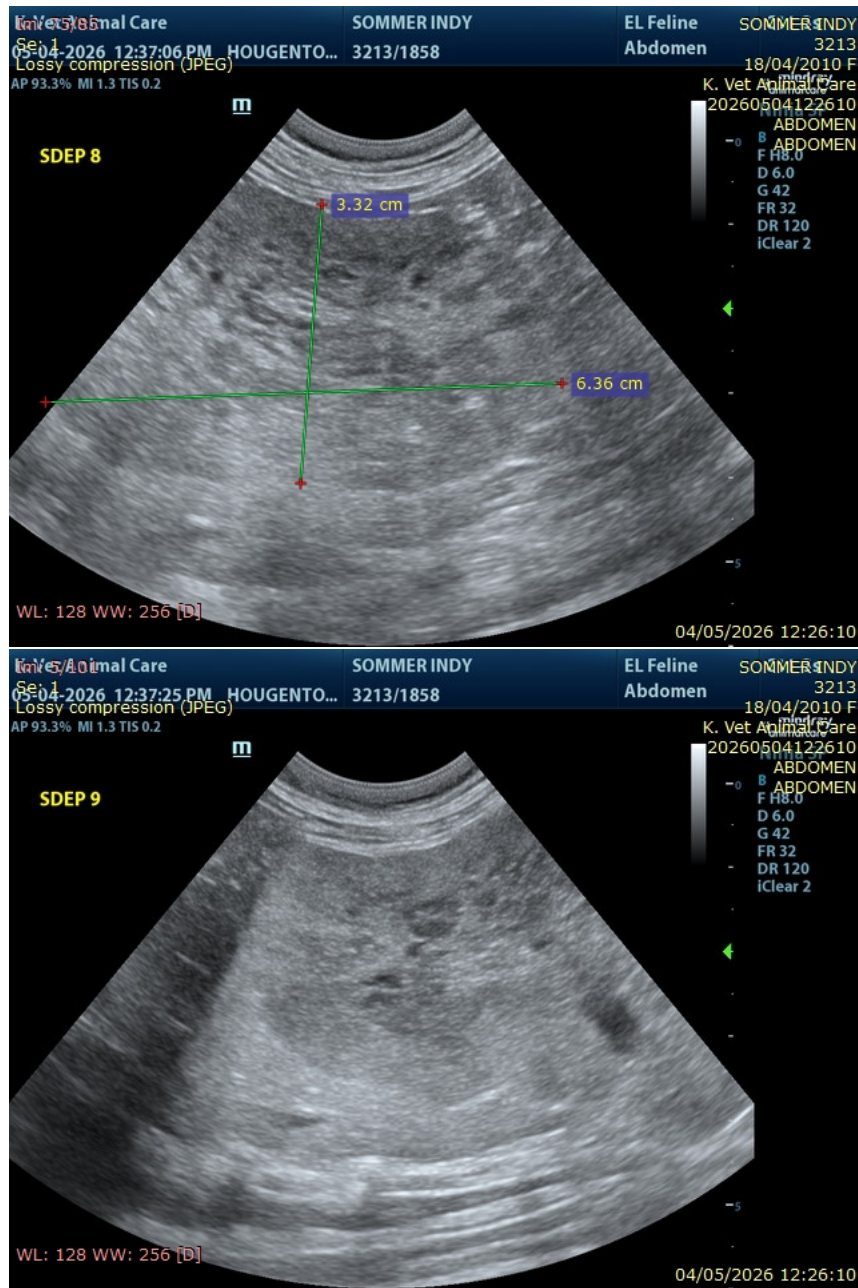
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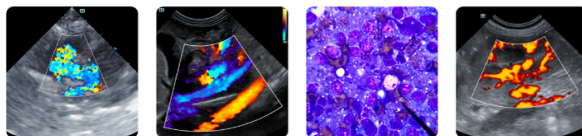
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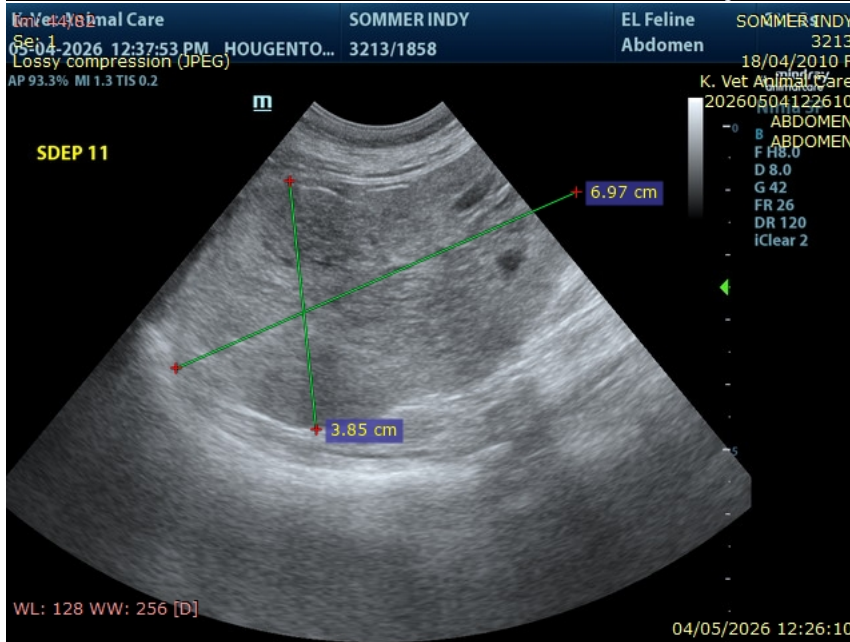
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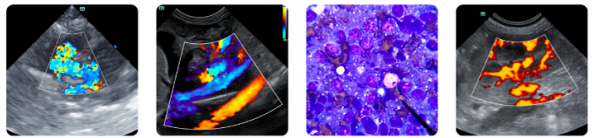
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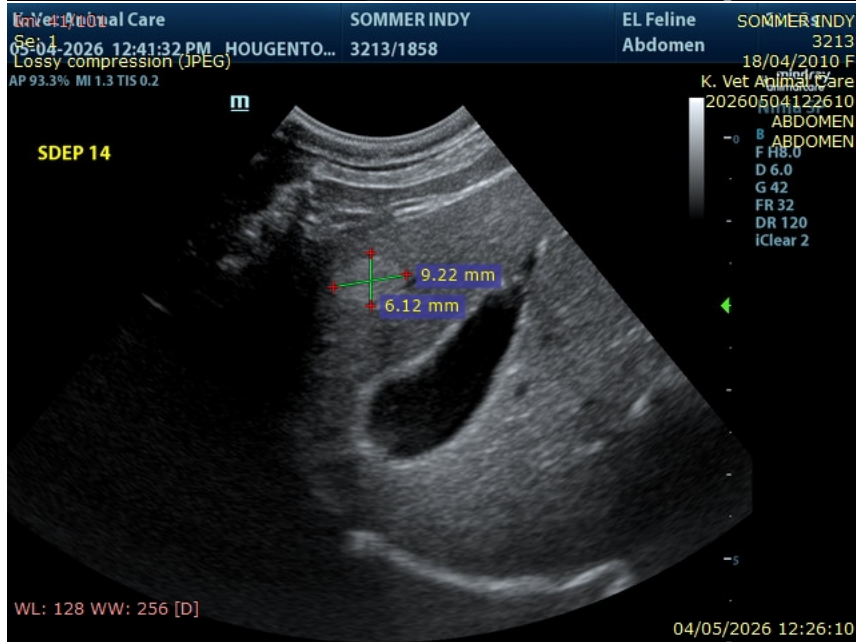
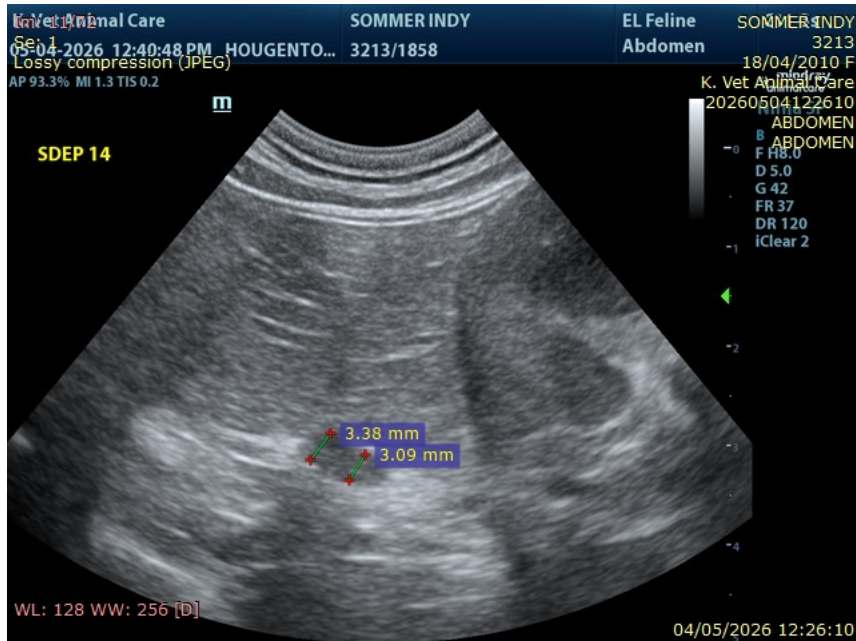
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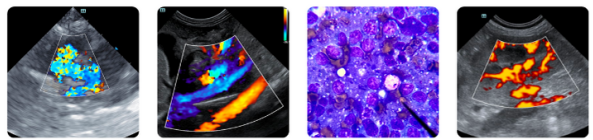
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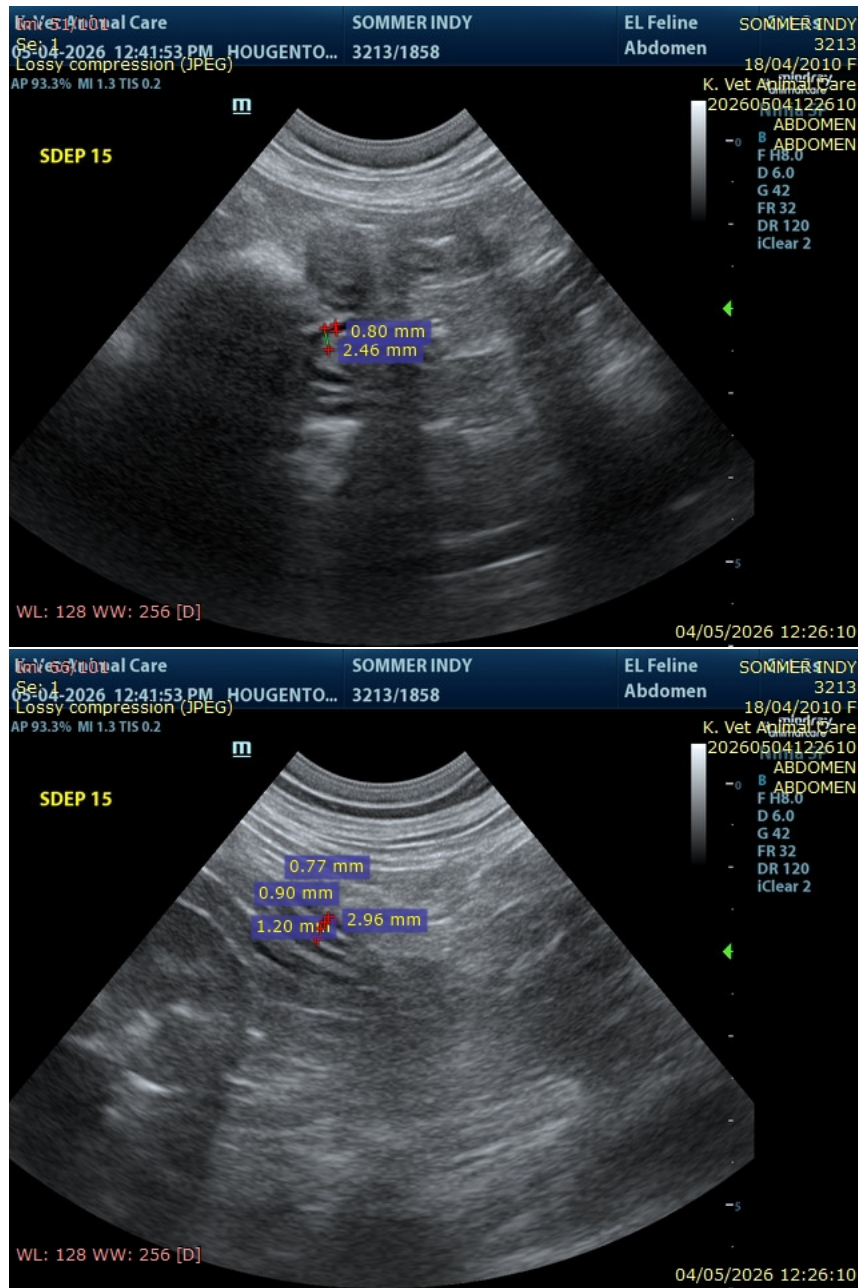
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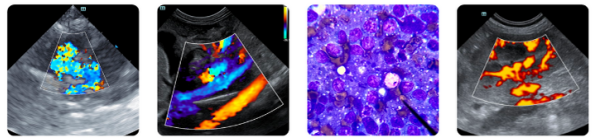
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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