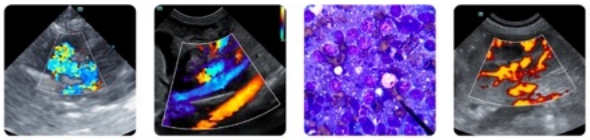


PATIENT

Dawsey Dwain Swoboda

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

16 years

WEIGHT

7.04 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Godwin

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Godwin

INVOICE

78304

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: Patient presents today for waxing and waning appetite and lethargy.
History of: Diabetes Mellitus - currently well controlled. Chronic Kidney Disease stage 2. Inflammatory Bowel Disease versus small cell lymphoma. FIV positive. Gallbladder sludge
History of hypertension managed with amlodipine and enalapril-currently hypotensive
Abnormal PE/Chem/CBC/UA Results: General: Depressed/mildly obtunded, est. euhydrated, BCS 4/9 Pulse: 176 bpm Integument: Mild scaling, cute new hair cut, lion cut present Musculoskeletal: 1/5 MCS, diffuse cachexia Respiratory: Mild, clear bilateral nasal discharge is present. Abdomen/Digestive: Palpation reveals a doughy abdomen. Suspect hepatomegally. Pot bellied appearance, negative fluid wave Ocular: Mild, clear discharge from the right eye (OD). Otherwise, clear bright corneas OU, no scleral injection or anisocoria. Cardiovascular: A grade 2/6 left parasternal heart murmur was auscultated. P: 176 bpm Dentition: Missing most teeth, moderate to marked calculus on remaining. Behavior: The patient was mildly grumbly but tolerant for the physical examination. Blood pressure, doppler, Average 84 mmhg Lab work attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. A well-defined soft tissue lesion measuring approximately 1.37 × 0.68 cm arises from the trigonal region and protrudes into the bladder lumen. Mild internal vascularity is identified on Doppler interrogation. The bladder neck and proximal urethra appear unremarkable. The urine is anechoic. No free intraluminal calculi are identified.

The left kidney is normal in shape and size, measuring 3.56 × 2.30 cm, with a cortical thickness of 0.35 cm in the sagittal plane. Mild medullary rim sign is present. Mild pyelectasia measuring approximately 3.52 mm is identified. No nephrolithiasis or hydronephrosis is observed.

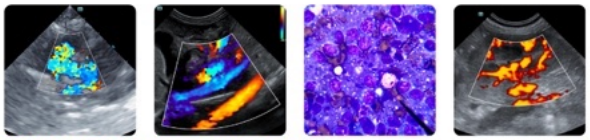
The right kidney is normal in shape and size, measuring 3.39 × 2.24 cm, with a cortical thickness of 0.32 cm in the sagittal plane. Cortical echogenicity is isoechoic to the liver. Corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.43 cm. The right adrenal gland measures 0.40 cm at the cranial pole and 0.37 cm at the caudal pole.

Spleen

Splenic thickness is 0.94 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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Liver

A large heterogeneous infiltrative mass is identified within the left hepatic division, measuring at least 4.86 × 3.25 cm. The lesion contains multifocal hyperechoic mineralized foci with distal acoustic shadowing and demonstrates poorly defined infiltrative margins. A rounded hypoechoic hepatic/portal lymph node measuring approximately 0.76 × 0.85 cm is present.

The gallbladder is normally distended. Moderate biliary sludge and multiple choleliths are present. The gallbladder wall remains thin. The common bile duct measures 2.62–1.54 mm and is not dilated.

Gastrointestinal tract

The stomach contains fluid and ingesta with preserved wall layering and a mural thickness of 1.29 mm.

The pylorus measures 2.81 mm. The duodenum measures 1.80 mm. The jejunum measures 2.64 mm with preserved wall layering (mucosa 1.42 mm, submucosa 0.62 mm, muscularis 0.42 mm).

The ileum measures 1.53 mm with preserved wall layering (mucosa 0.39 mm, submucosa 0.74 mm, muscularis 0.25 mm).

The ileocolic junction measures approximately 3.32 mm. Muscularis thickness (1.40 mm) exceeds mucosal thickness (1.11 mm).

The colon wall measures 0.78 mm and contains formed fecal material.

Pancreas

The pancreas measures approximately 7.16–8.38 mm in thickness. The parenchyma is mildly hypoechoic relative to the surrounding mesenteric fat and remains homogeneous. The pancreatic duct is dilated, measuring approximately 2.01 mm. No peripancreatic fat inflammation or regional effusion is identified.

Free Abdomen

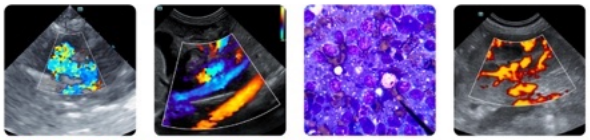
No abdominal effusion or peritonitis is identified. Mild enlargement of a hepatic/portal lymph node is present. The iliac trifurcation is unremarkable.

PRIMARY FINDINGS

- Large infiltrative heterogeneous mineralized hepatic mass involving the left hepatic division (at least 4.86 × 3.25 cm).
- Suspected hepatic/portal lymphadenopathy.
- Small vascularized trigonal urinary bladder mass (1.37 × 0.68 cm).

SECONDARY FINDINGS

- Moderate cholelithiasis and biliary sludge.
- Pancreatic duct dilation (2.01 mm).



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- Mild left pyelectasia.
- Mild muscularis thickening at the ileocolic junction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large infiltrative mineralized hepatic mass is present within the left hepatic division and is associated with mild regional hepatic/portal lymphadenopathy. The ultrasonographic appearance is highly suspicious for neoplasia. Primary hepatic neoplasia, including cholangiocarcinoma or hepatocellular carcinoma, is considered most likely, although metastatic neoplasia cannot be excluded.

Moderate cholelithiasis and biliary sludge are present. Concurrent pancreatic duct dilation is identified. These findings may reflect chronic pancreatobiliary disease and may be related to the patient's previously documented gallbladder abnormalities.

A small vascularized soft tissue lesion arises from the trigonal region of the urinary bladder. Differential diagnoses include urothelial neoplasia, inflammatory polyp, and polypoid cystitis. Given the concurrent large hepatic mass, the possibility that this lesion represents secondary neoplastic involvement cannot be entirely excluded, although its exact nature cannot be determined sonographically.

Mild muscularis thickening at the ileocolic junction is present and may be compatible with chronic enteropathy, inflammatory bowel disease, or low-grade intestinal lymphoma. However, this finding is relatively mild and does not appear sufficient to explain the entirety of the patient's current clinical presentation.
Overall, the large infiltrative hepatic mass is considered the most clinically significant abnormality identified during this examination and is the lesion most likely to account for the patient's lethargy, inappetence, weight loss, and systemic illness.

Recommendations

- Ultrasound-guided fine-needle aspiration of the hepatic mass is recommended if considered safe and clinically appropriate.
- Thoracic radiographs are recommended for staging if neoplasia is confirmed or strongly suspected.

Given the patient's advanced age, concurrent diseases, and overall clinical status, further diagnostic testing should be guided by the owners' goals and the intended therapeutic plan.

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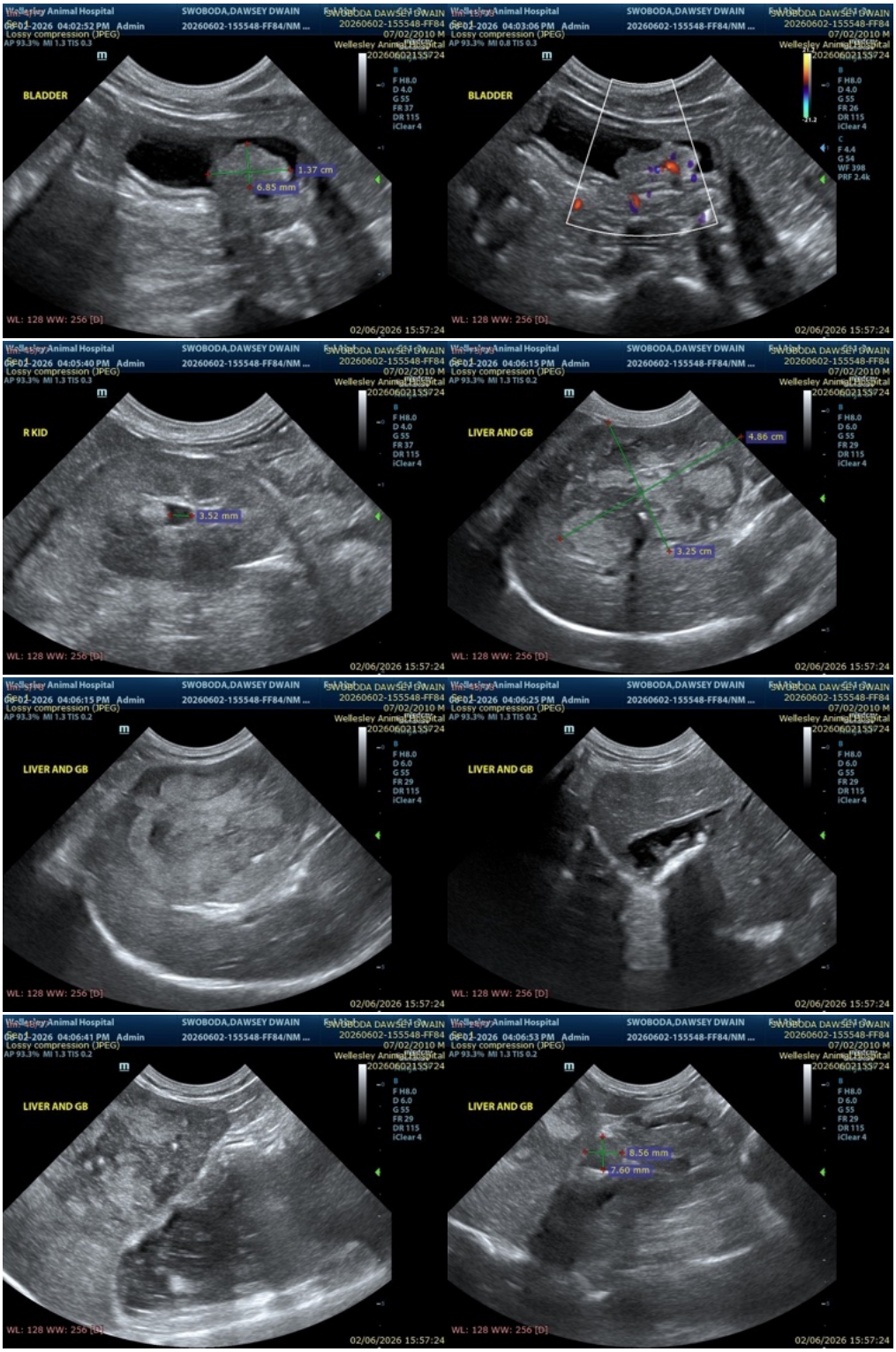

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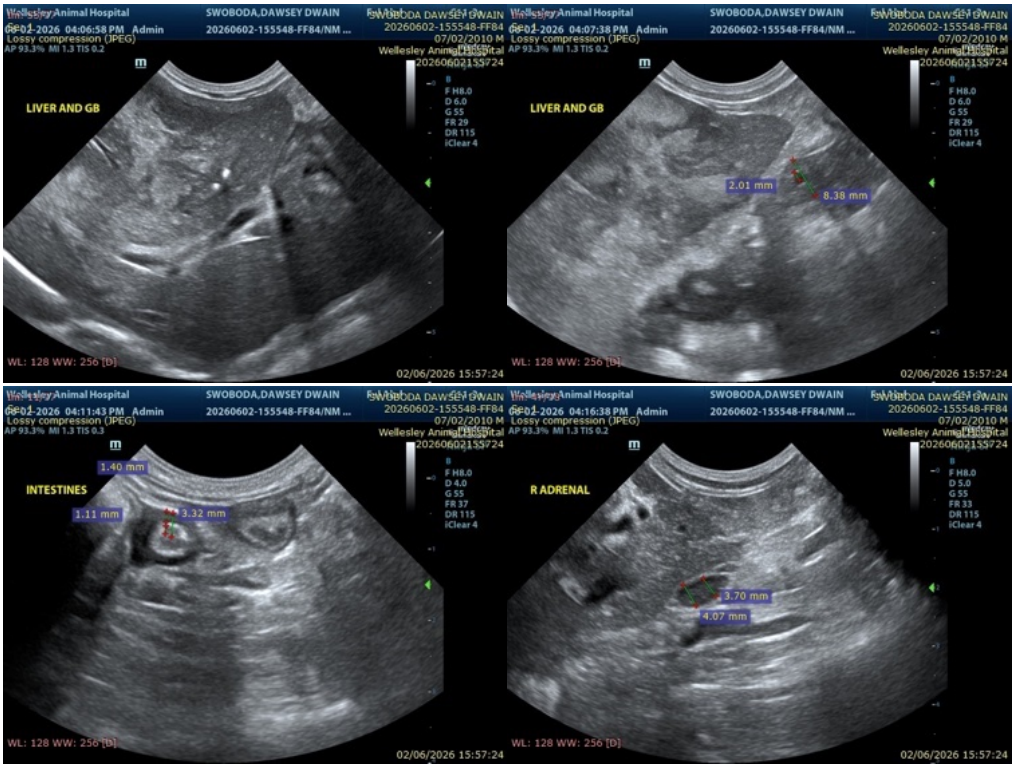

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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