

**PATIENT**

Cinders Thompson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

03/15/2008

**WEIGHT**

Not Provided

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Waterway AH

**REFERRING VET**

Dr Amanda Walker

**INVOICE**

22477

**DATE**

1-30-26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings:

- Symptoms of ravenous eating and weight loss. Tachycardia with a possible gallop arrhythmia.
- Arthritis, a chronic condition being managed with Solensia. Increased activity may be related to hyperthyroidism rather than improved comfort.
- Intermittent howling is a concern, with differentials including pain (gastrointestinal, arthritic), cognitive dysfunction, or behavior secondary to systemic disease (e.g., hunger from hyperthyroidism).
- Palpable masses on the left side and over the hips require further characterization. A sedated examination may be necessary due to patient temperament.
- Hyperthyroid diabetes, polyphagic. Abdominal pain. Weight loss. Howling.

Abnormal lab-work values: ALT 158. ALP 110 suggesting possible liver inflammation. The blood urea nitrogen was elevated but had decreased since April, and the creatinine levels had also decreased, indicating no immediate concern for kidney issues. BUN 62. Creatinine high normal at 2.4. Precision PSL elevated. T4 currently normal. Feline leukemia, FIV, heartworm negative. RenalTech positive.  
Current Medications: Lantus 1u q12h  
Patient sedated with butorphanol for this study.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.20 cm in length) with a normal shape. The cortex is variably thickened. There is moderate-to-severe loss of corticomedullary distinction. Moderate-to-severe pyelectasia is present (0.49 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. A small amount of retroperitoneal fluid is observed adjacent to the kidney.

The right kidney is borderline small-in-size (3.01 cm in length) with slightly irregular shape. The cortex is variably thickened, with moderate-to-severe loss of corticomedullary distinction. Nonobstructive mineralized foci are visualized. Mild-to-moderate pyelectasia is present (0.32 cm in the longitudinal plane). There is no evidence of hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.88 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is enlarged, with irregular peripheral contours. A 5.3 x 5.2 cm irregular, hyperechoic-to-heterogenous cavitated mass is arising from the parenchyma at the caudal aspect. The remaining hepatic parenchyma is isoechoic relative to the spleen and slightly mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal



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vena cava ratio is approximately 1: 1.

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of hyperechoic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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**Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**WEIGHT**

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**Free Abdomen**

Trace retroperitoneal fluid is observed.

**Other**

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Large cavitated hepatic mass. Neoplasia (i.e., biliary cystadenoma or biliary cystadenocarcinoma, sarcoma, round cell tumor, other) is suspected, with a low possibility of a non-neoplastic process (i.e., inflammatory lesion).
- Bilateral chronic nephropathy with pyelectasia and at this time nonobstructive nephrolithiasis. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), or some combination thereof. A scant amount of retroperitoneal fluid is also present.

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**Secondary Findings**

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's clinical history is recommended.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the hepatic mass, three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease. If there is no evidence of metastases, and an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. Fine-needle aspiration of the liver mass can be considered prior to any surgical procedures. However, cytology results may or may not be conclusive. If further testing is not pursued, palliative care is recommended.

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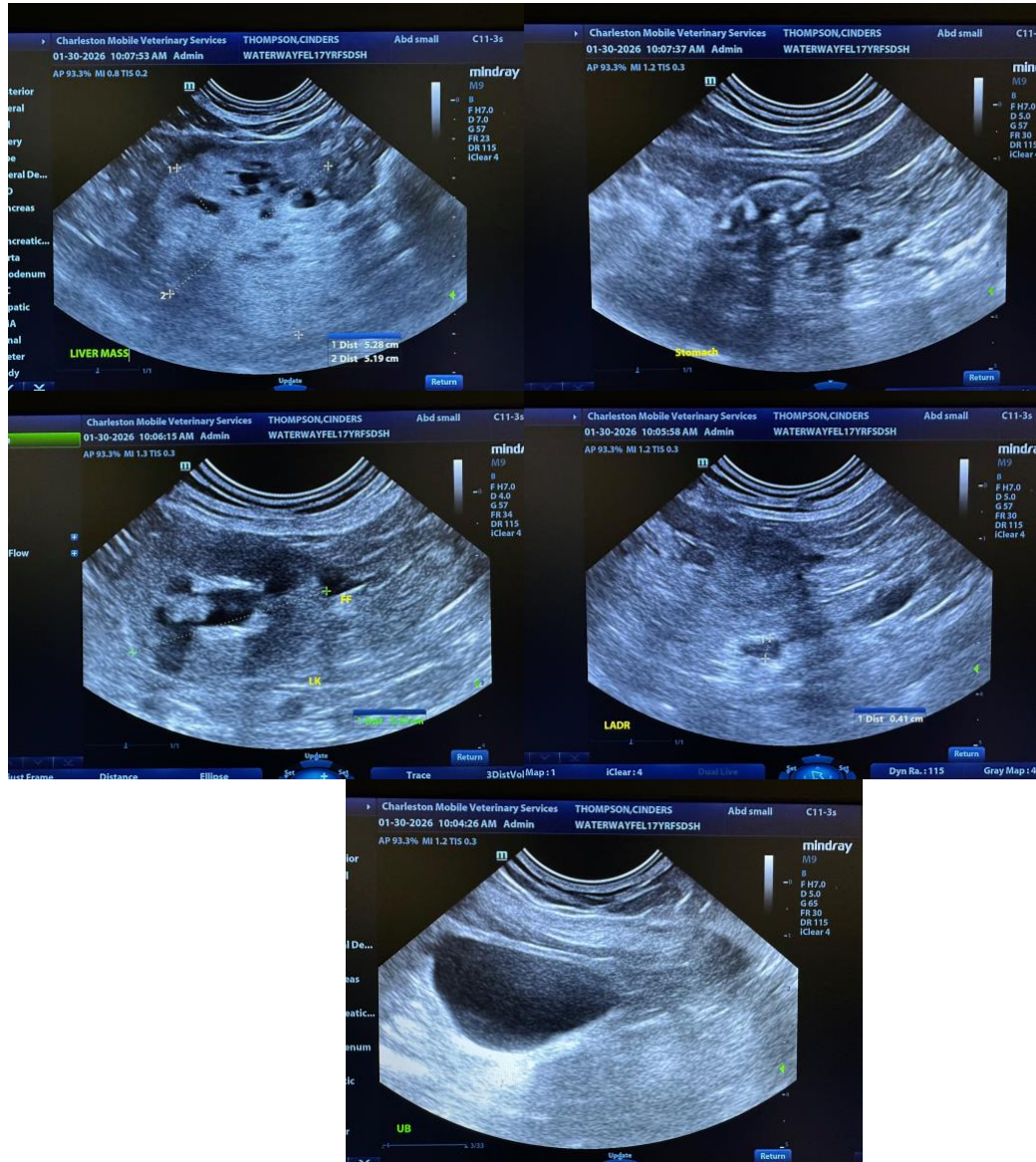
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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