

**PATIENT**

Mushu Pierce

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

15 Yrs. 8 months

**WEIGHT**

6.8 lbs.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING  
PERFORMED BY**

Dr. Rudie

**HOSPITAL NAME**

Sherwood Family PC

**REFERRING VET**

Dr. Merrill

**INVOICE**

14730

**DATE**

3/13/23

**PRESENTING CLINICAL SIGNS**

History: Chronic anal gland issues (5 Y hx) and elevated liver enzymes. Has been taking 2.5 mg prednisolone q 24 for chronic cholangiohepatitis and perianal pyoderma (started 2017).  
Abnormal PE/Chem/CBC/UA Results: 2/7/23: SDMA 15 (0-14) Creat 2.4 (0.9 -2.3) BUN 39 (16-37) USG 1.015 ALT 560 (27-158) AST 201 (16-67) ALP 73 (12-59) WBC 20.9 (3.9-19) characterized by lymphocytosis 9029 (850-5850) RBC 6.49 (7.12-11.46) normocytic and normochromic, no regenerative response. CKD first identified 2021-IRIS stage II Grade IV/VI left parasternal murmur with no cx at this time. Large mass palpated in mid to cranial abdomen. Images collected under gabapentin sedation.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is borderline small in size (2.92 cm in length) with smooth curvilinear peripheral contours. The cortex is variably thickened and isoechoic relative to the spleen with moderate loss of corticomedullary distinction. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Mild pyelectasia is present (0.27 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is borderline small in size (3.17 cm in length) with a relatively normal shape. The cortex is variably thickened and isoechoic relative to the spleen with poor corticomedullary distinction. Trace pyelectasia is present. 1-2 foci of mineralization are observed. There is no evidence of hydroureter. Renal perfusion appears slightly reduced.

*Adrenal Glands*

The left adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is seen.

*Spleen*

The spleen is normal in size (0.68 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 >6 cm heterogeneous multi-septated cystic mass is arising from the left side. The mass causes capsular expansion. On the right side of the liver, homogeneous parenchyma is observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is displaced cranially and to the right by the large hepatic mass. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

*Gastrointestinal*



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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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***Pancreas***

A portion of the pancreas is obscured by the large hepatic mass. In the visualized portions, no obvious abnormalities are seen.

**BREED**

Domestic shorthair

***Free Abdomen***

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**SEX**

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**ULTRASONOGRAPHIC FINDINGS**

**AGE**

15 Yrs. 8 months

**Primary Findings:**

- The large cystic hepatic mass is most consistent with a biliary cystadenoma or potentially, a cystadenocarcinoma. Cystadenomas are more common than cystadenocarcinomas.

**WEIGHT**

6.8 lbs.

**Secondary findings:**

- Bilateral, degenerative renal changes with trace pyelectasia and right non-obstructive nephrolithiasis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the presence of a heart murmur and liver mass, consider three-view thoracic radiographs to assess cardiopulmonary status.
- If an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss hepatic mass removal or debulking, particularly if the patient is experiencing clinical signs or discomfort associated with the mass. Otherwise, symptomatic care is recommended.

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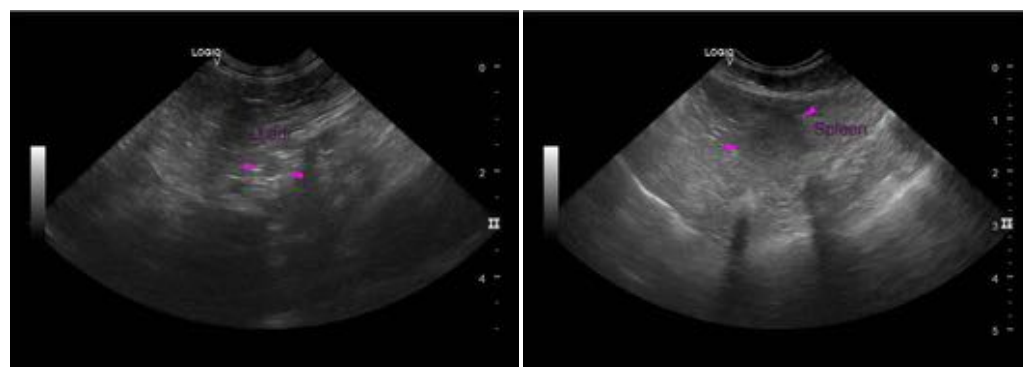
Dr. Merrill

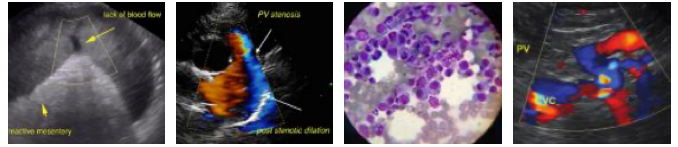
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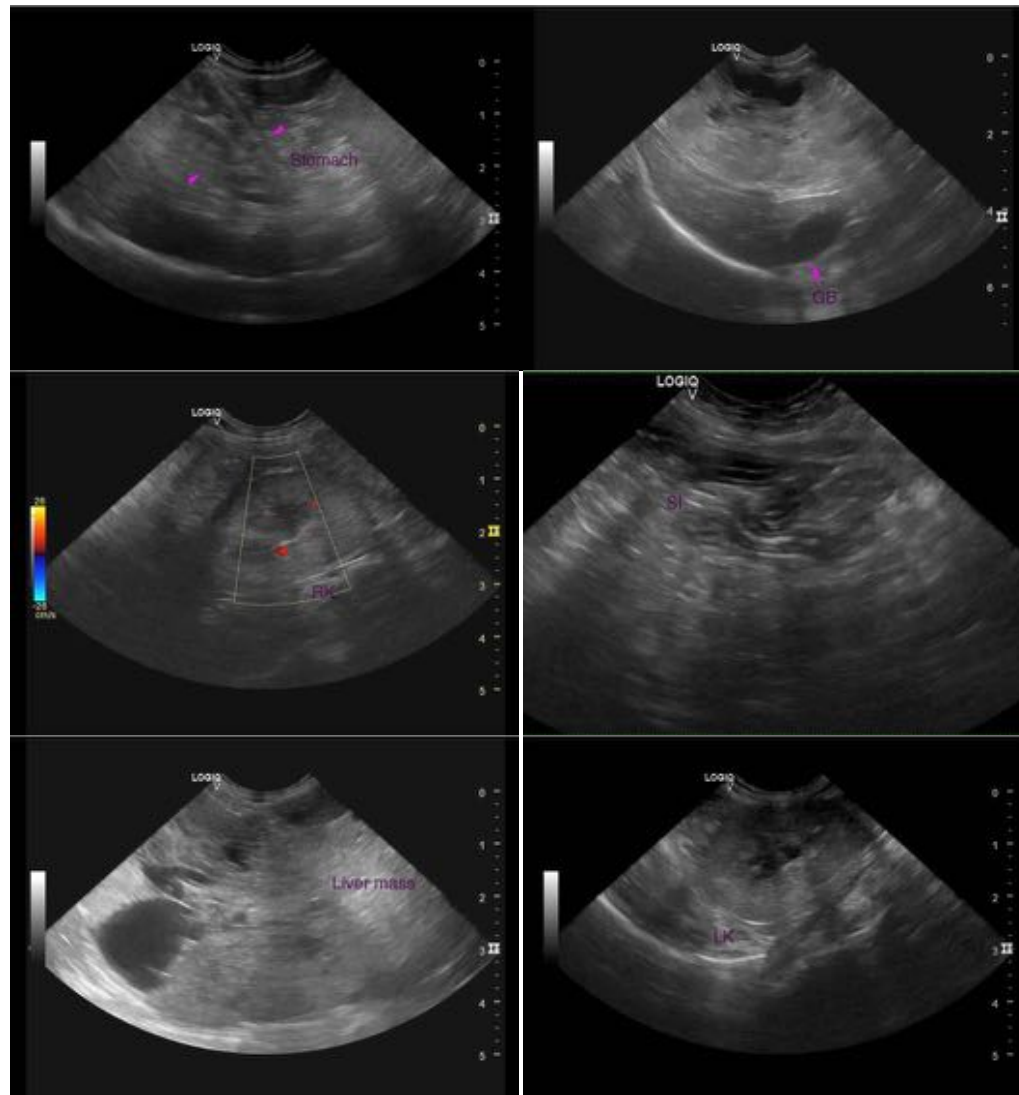
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
[info@SonoPath.com](mailto:info@SonoPath.com)