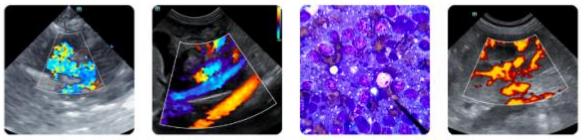


DATE

4-24-26

PATIENT

Sweetie Hall

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

6/17/2011

WEIGHT

6.6lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Homeward Bound
Veterinary Services

REFERRING VET

Dr. Dorn

INVOICE

22930

PRESENTING CLINICAL SIGNS

Patient History: P has a progressive history of elevated liver values which have increased even after one month of being on Denamarin. She has been on long-term phenobarb as well. Want to do abdominal ultrasound to investigate further. P is also a known hyperthyroid cat, bloodwork on 3/6 showed high thyroid levels so we increased the Felimazole dose and thyroid levels on bloodwork from 4/15 had normalized but liver values had
increased.

Current Medications: Felimazole 7.5 mg once a day and 5 mg once a day, Phenobarbital 15 mg-1 tablet BID
Labwork Results: Labwork not attached, reported as: 3/6/2026: AST (SGOT) 104 10-100 IU/L HIGH, ALT (SGPT) 526 10-100 IU/L HIGH, ALK PHOS 73 6-102 IU/L, GGT 8 1-10 IU/L, BUN 45 14-36 mg/dL HIGH. 4/15/2026: AST (SGOT) 182 10-100 IU/L HIGH, ALT (SGPT) 720 10-100 IU/L HIGH, ALK PHOS 96 6-102 IU/L
GGT 11 1-10 IU/L HIGH, BUN 68 14-36 mg/dL HIGH
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.11 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.21 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.26 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

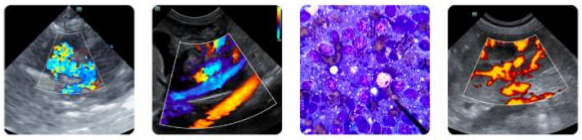
The right adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.58 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 subjectively enlarged, with swollen peripheral contours. A 4.0 x 3.0 cm isoechoic- to slightly heterogenous, slightly cavitated vascular mass is observed on the left side. In addition, a hypoechoic nodule



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is also seen approximately mid-liver (0.98 x 0.70 cm), adjacent to the diaphragm. At least one- to two additional ill-defined hypoechoic nodules are seen. The remaining parenchyma is isoechoic relative to the spleen and relatively homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal
The gastric lumen is not distended. A 1.70 x 0.72 cm focal hypoechoic nodule/wall thickening is observed just proximal to the pylorus, along the greater curvature. The regenerative gastric wall is 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 is normal in thickness with a normal layering pattern and appropriate mural detail. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas
The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
A few prominent medial iliac lymph nodes are visualized (one measuring 1.62 x 0.46 cm).

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large left hepatic mass with smaller hypoechoic hepatic nodules. The hepatic mass is concerning for neoplasia (i.e., round cell tumor, carcinoma, sarcoma) with a lower possibility of a focal benign process (i. inflammatory). The hepatic nodules could be consistent with metastatic lesions or a benign process (i.e., inflammatory, other).
- The focal gastric nodule/wall thickening could be consistent with neoplasia, polyp/inflammatory lesion, other.

Secondary Findings

- Bilateral nonspecific age-related renal changes with dystrophic mineralization and mild left pyelectasia.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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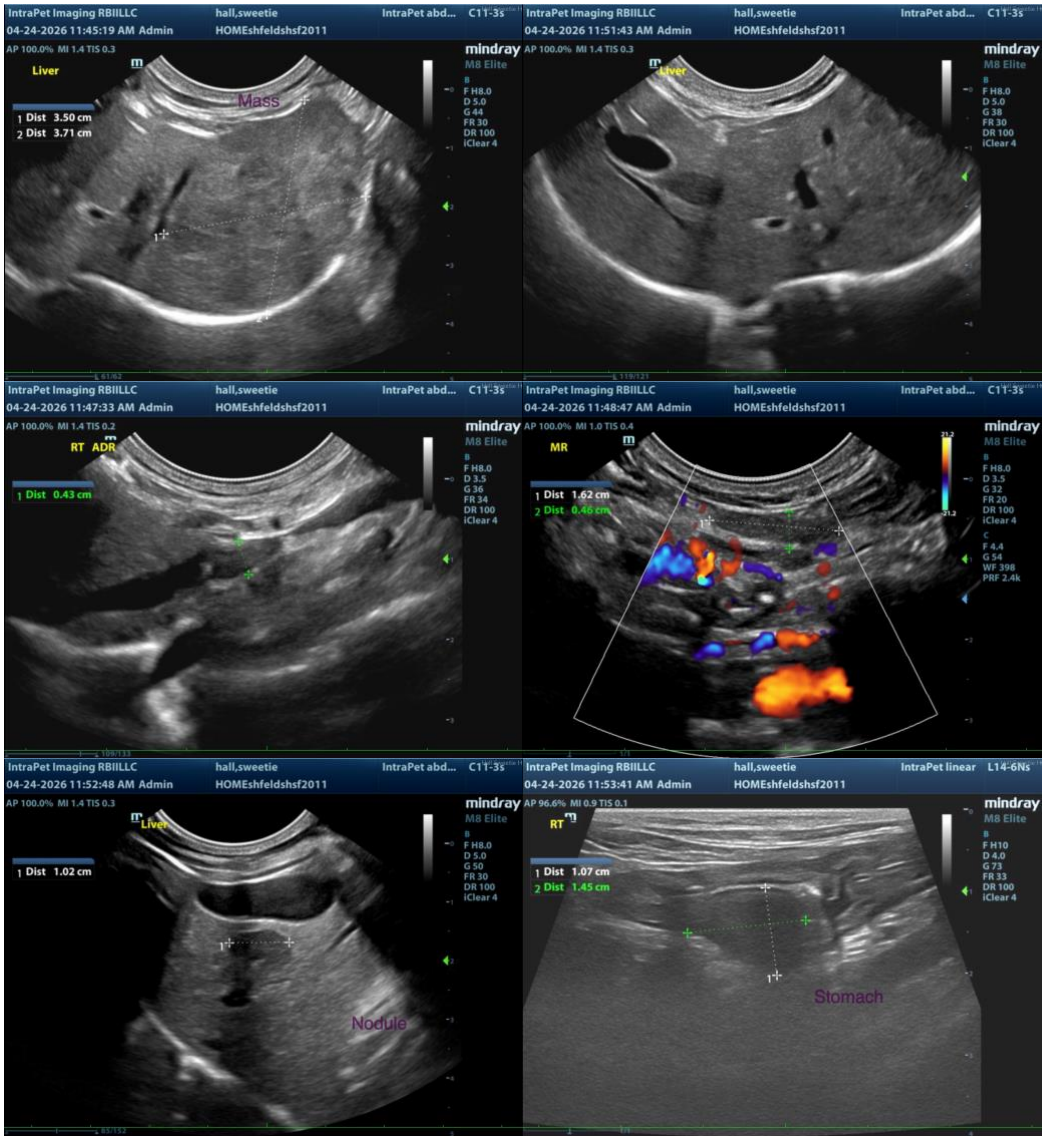
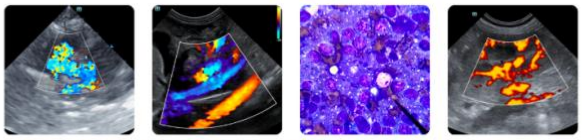
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the hepatic mass (assuming normal clotting status). A 25-gauge needle should be used. Alternatively, consider an abdominal exploratory with excisional biopsy of the hepatic mass and biopsies of the smaller nodules, along with biopsy of the focal gastric nodule. Depending on the results, consultation with a board-certified oncologist may be indicated.



Imaging performed by IntraPet Imaging

IntraPet.com



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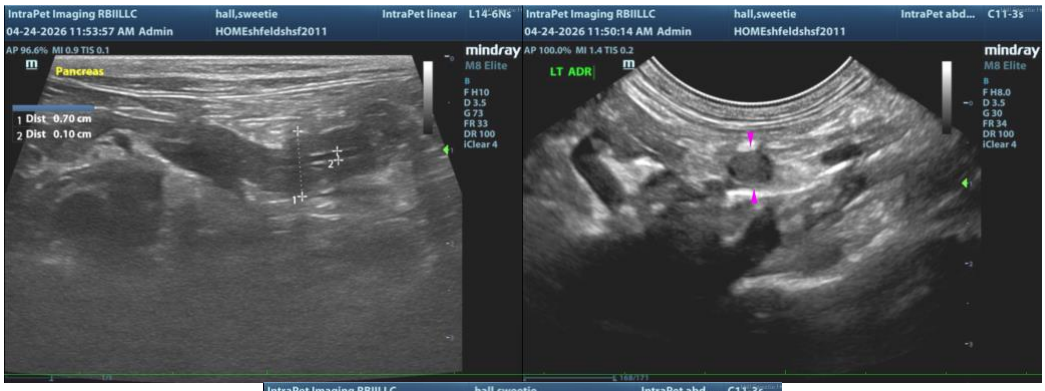

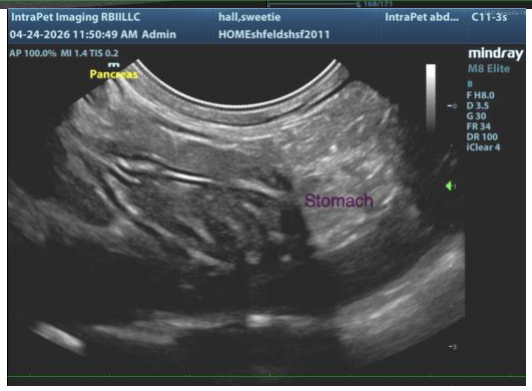

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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