

**PATIENT**

Artemis Meema

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

18 Yrs.

**WEIGHT**

4.6 kg.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Tansley Woods AH

**REFERRING VET**

Dr. Petrowski

**INVOICE**

13509

**DATE**

3/2/26

**PRESENTING CLINICAL SIGNS**

History:

- Vomiting, lethargic, hiding, slow moving, eyes appear abnormal. Vocalize when in litter box.
- Pancreatitis in November
- Current Medications
- Felimazole 1.25mg 1 tab PO BID, Cerenia, Convenia injection, Vetergesic sublingual, Metronidazole

Abnormal PE/Chem/CBC/UA Results: Glucose-8.96 SDMA- 16 Urea - 13.6 ALT - 762 ALP - 130 Amylase - 1,697 Lipase - 2114 FPL - >50 RDW - 37.8 MCH - 8.4 MCV - 27.1 Hemoglobin - 86 Hematocrit - 0.276 WBC - 30.66 Ret Hemoglobin - 12.6

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and 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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.38 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.55 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild 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 region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

**Spleen**

The spleen is normal in size (0.76 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**

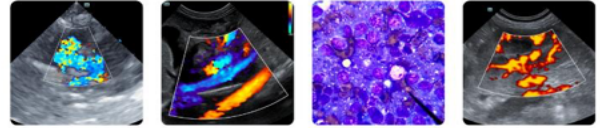
The liver is normal to prominent in size with an irregular caudal margin. The parenchyma is isoechoic relative to the spleen. A 4.0 x 1.1 cm heterogeneous multi-septated cystic mass is observed at the caudal aspect left to mid-liver. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

**Pancreas**



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A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.

**Lymph nodes**

The abdominal lymph nodes are normal/not visible.

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

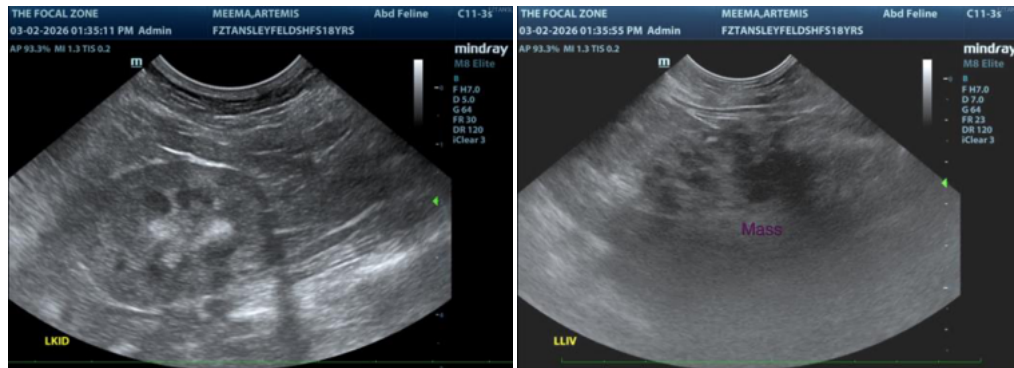
- Multi-septated cystic hepatic mass at the caudal aspect, left to mid-liver. Differentials include biliary cystadenoma, biliary cystadenocarcinoma, other.

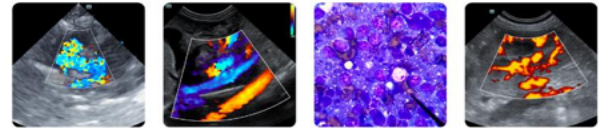
**Secondary Findings:**

- Bilateral, nonspecific, age-related renal changes.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the hepatic mass, consider the following:
  - Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
  - Consultation with a board-certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning. Aerobic and anaerobic bile cultures are also recommended at the time of surgery.
- Given the history of vomiting, also consider the following:
  - GI panel including serum cobalamin, folate, TLI and PLI
  - Heartworm antigen and antibody testing, particularly if clinical suspicion for disease is high
  - +/- limited antigen or hydrolyzed protein diet trial
  - +/- endoscopic or surgical GI biopsies





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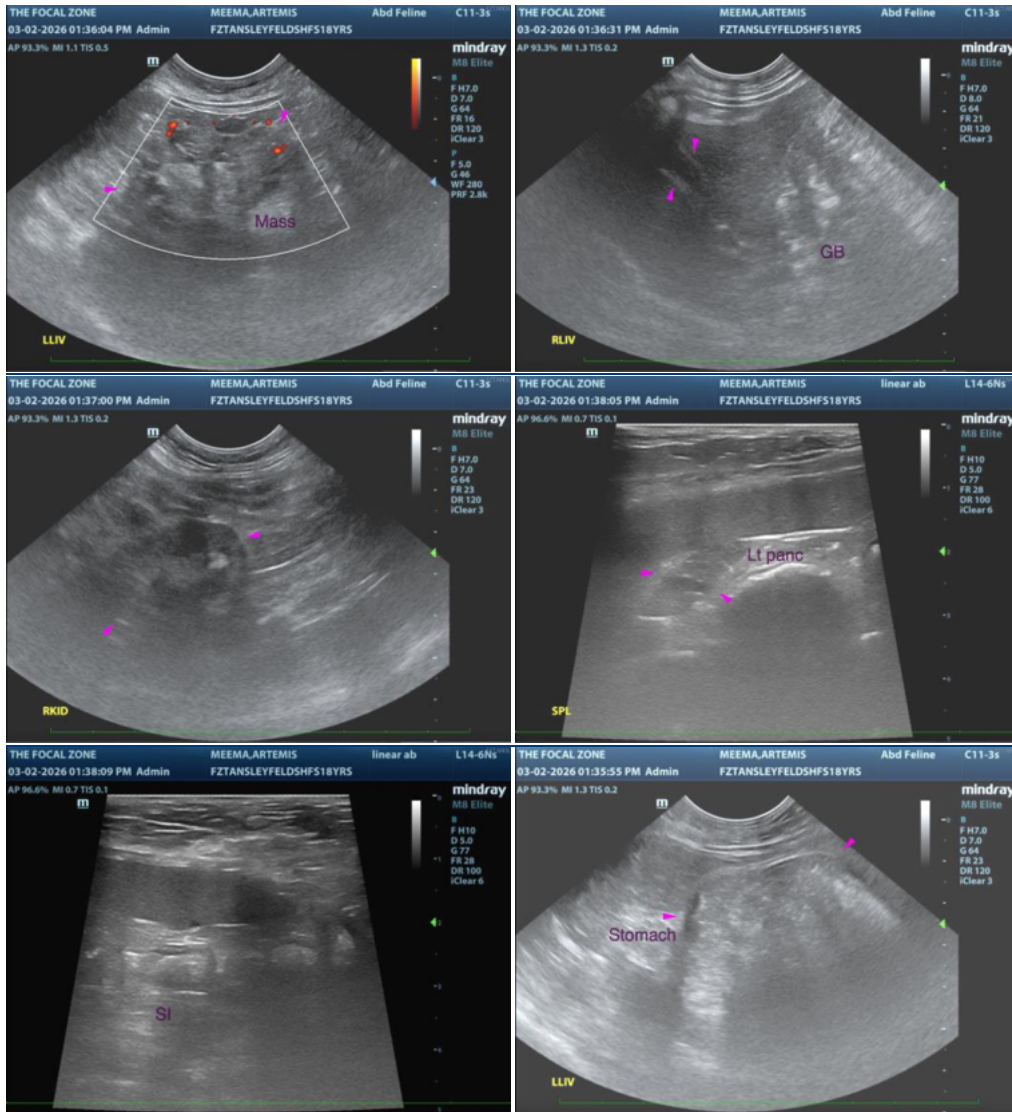
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)