


**PATIENT PRESENTING CLINICAL SIGNS**

Willow Barnim History: Abdominal mass felt and seen on x-ray. Looking for origin and if surgical candidate. No meds  
 Abnormal PE/Chem/CBC/UA Results: Bloodwork normal.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline *Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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.

**BREED**

Domestic longhair

**SEX**

Female, spayed

The left kidney is normal size (4.16 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

12 Yrs.

The right kidney is normal size (3.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

12 lbs.

**Adrenal Glands**

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The region of the right adrenal gland is obscured by the large hepatic mass.

**INTERPRETED BY**

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

**Spleen**

The spleen is normal in size (0.57 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.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**Liver**

The liver is enlarged with irregular peripheral contours. A >8 cm heterogeneous cavitated mass appears to be arising from the mid to right caudal aspect. Within the cavitated regions, suspended echogenic debris is visualized. Within the remainder of the liver, the parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly distended. A bi-lobed confirmation is suspected. The wall is thin and smooth. A small to moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**HOSPITAL NAME**

Hartzel AH

**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 with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis:mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**REFERRING VET**

Dr. Allo

**INVOICE**

12063

**Pancreas**

A portion of the pancreas is obscured by the large hepatic mass. IN the visualized portion, no obvious pathology is seen.

**DATE**

9/10/21



**PATIENT**

*Free Abdomen*

Willow Barnim

Trace free fluid is suspected. The abdominal lymph nodes are normal/not visible.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Large cavitated hepatic mass. Neoplasia (i.e., biliary cyst adenoma, biliary cyst adenocarcinoma, hemangiosarcoma) is considered likely with a lower possibility of severe abscessation.
- The trace ascites is likely secondary to hepatic pathology.

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Domestic longhair

**Secondary Findings:**

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- Bilateral age-related renal changes.
- Bi-lobed gall bladder - incidental

**SEX**

Female, spayed

**AGE**

12 Yrs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

12 lbs.

- If an aggressive approach is desired, consider referral to a board-certified veterinary surgeon to discuss surgical removal or debulking of the hepatic mass. An abdominal CT scan would be useful in pre-surgical planning. If surgery is pursued, consider obtaining gastrointestinal biopsies as well. Clotting status should be assessed prior to surgery.

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**HOSPITAL NAME**

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**REFERRING VET**

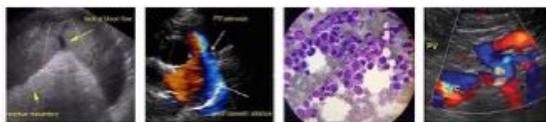
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**PATIENT**

Willow Barnim

**SPECIES**

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

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