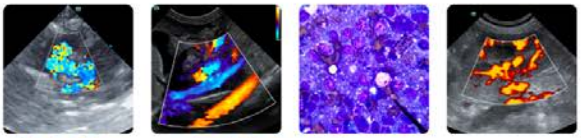




**PATIENT**

Princess Plesch

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

10 lbs

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

All Creatures Great & Small Denville

**REFERRING VET**

Dr. Silas

**INVOICE**

72509

**DATE**

1/27/26

## PRESENTING CLINICAL SIGNS

Possible squamous cell carcinoma on her nose ( awaiting BX results). Abdomen palpation cranial mass. X-rays showed cranial mass possible liver.

Abnormal PE/Chem/CBC/UA Results: Normal

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 3.5 cm. Right kidney measures 4.0 cm.

### *Adrenal Glands*

The right adrenal gland is normal in size (0.39 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is uniformly plump egg-shaped (0.50 cm), hypoechoic in echogenicity with bilateral dystrophic mineralization noted. This is most likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended.

### *Spleen*

Spleen measures right at the upper ends of normal limits for thickness at 1.0 cm thick, with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

### *Liver*

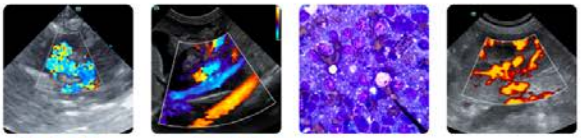
Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete heterogeneous, mixed, largely hypoechoic nodules of varying sizes “moth-eaten”. Visible vasculature and biliary tree appear normal without distension or congestion

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### *Gastrointestinal*

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.





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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

*See other.

### *Pancreas*

*See other.

### *Other*

In the right cranial abdomen, there is an approximately 2.5 cm x 3.5 cm mildly heterogeneous but solid, hypoechoic mass that could be part of the liver pathology, but in several images almost appears to originate from cranial abdominal bowel wall, potentially even stomach. Additionally, adjacent to that is a 3.4 cm x 4.0 cm similar appearing density that again could be part of the extensive expansive liver pathology. However, bowel, lymph node or even pancreas can't be ruled out.

## PRIMARY FINDINGS

- The liver changes are most concerning for infiltrative neoplasia such as metastatic disease, given patient's history, versus other. A benign inflammatory process is possible but considered less likely.
- Additional involvement of other cranial abdominal organs including possible stomach, small bowel and/or even pancreas, as described above, can't be ruled out.
- Mild concurrent splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

## SECONDARY FINDINGS

- Age related kidney changes.
- Suspect mild age related left adrenomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the liver as well as the right cranial abdominal mass/masses +/- spleen are recommended if patient's coagulation status is appropriate.

Pending results of above, or if further intervention up to and including surgical biopsies versus other is necessary for either diagnostic or therapeutic purposes, pre-planning advanced imaging such as an abdominal contrast CT scan could be considered. Having said that, regardless of whether the pathology is all hepatic versus other cranial abdominal organ involvement, within the liver it is diffuse and therefore not likely fully resectable.

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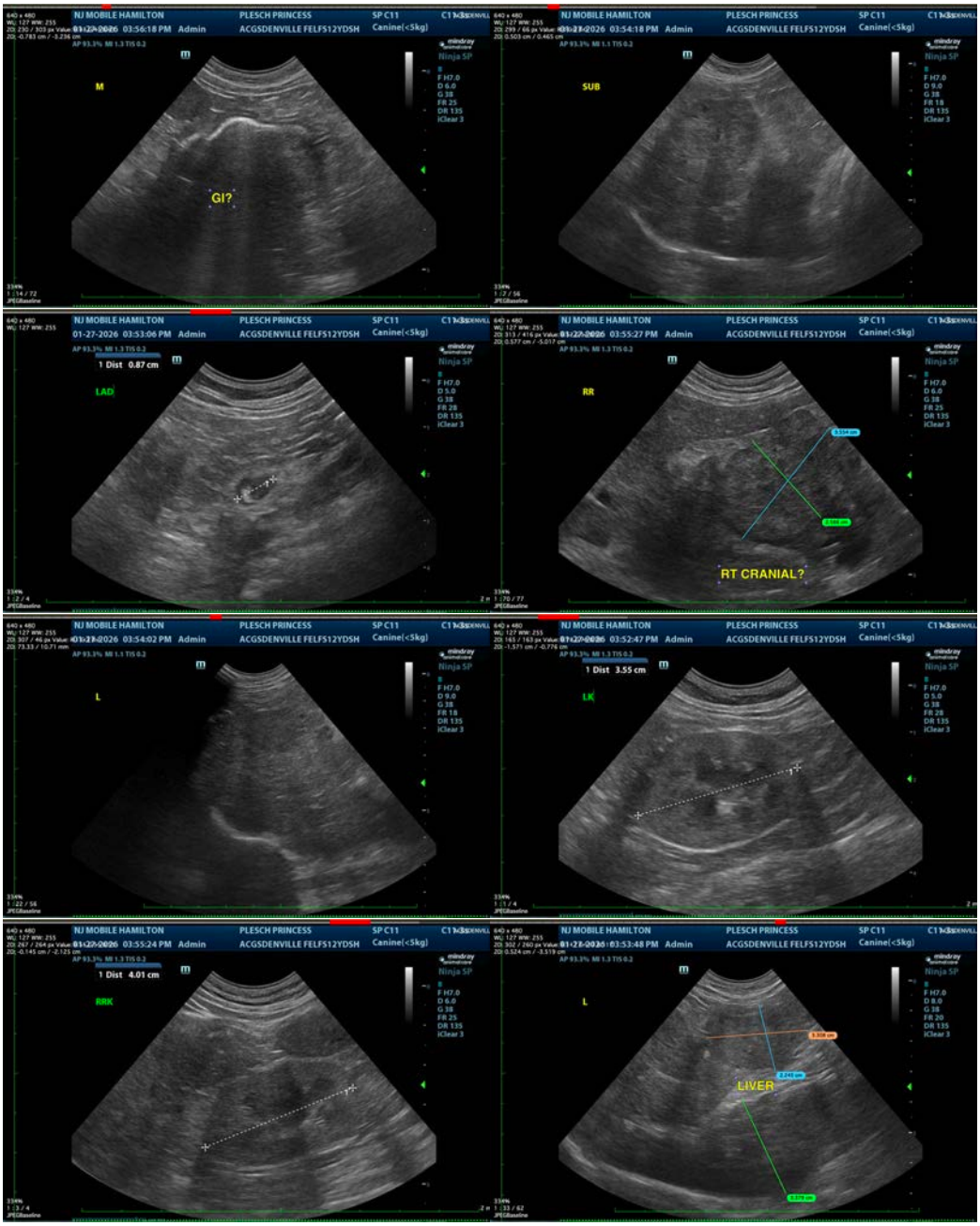

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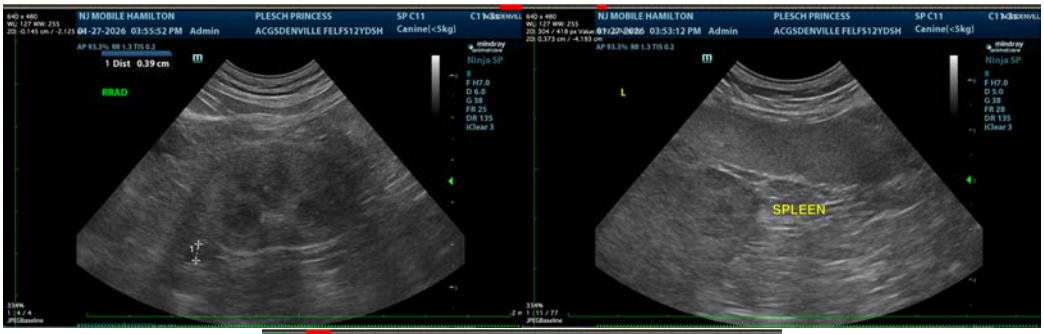


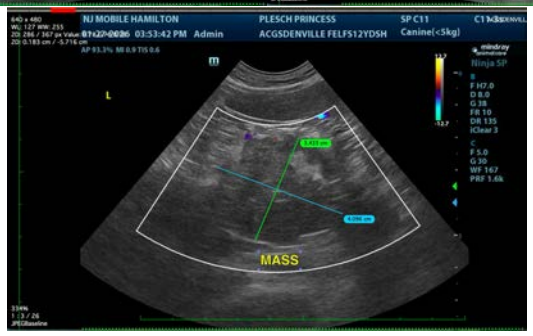


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Beth Johnson**, DVM, DACVIM
info@sonopath.com