



**DATE PRESENTING CLINICAL SIGNS**

12/1/25 Patient History: CC: vomiting more. History: Left lateral liver lobectomy performed by board certified surgeons on 5/17/23. BX= biliary cystadenoma with chronic fibrosing cholangitis. PE: Prominent mass in cranial abdomen along midline.

**PATIENT**

Mint Julep Walker

Current Medications: Cerenia: 4-8 mg SID when vomiting  
Labwork Results: Labwork attached, reported as: Chem: SDMA = 20, creat = 3.2, phosphorous below 4.5 at 3.2. T4 normal. CBC normal. proBNP normal at 24  
Date of Previous IntraPet Ultrasound: 2021 & 2022. See attached.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed by: Rachel Brillhart, RDMS.

**SPECIES**

Feline

**BREED**

DLH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Spayed Female

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.

**AGE**

4/25/12

Left kidney is 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. The left kidney measures 3.84 cm.

**WEIGHT**

11.5 Pounds

Right kidney is mildly small in size (3.26 cm), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

**HOSPITAL NAME**

Left adrenal gland is normal in size (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Harborside Mobile VC

Right adrenal gland is normal in size (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**REFERRING VET**

Dr. Hawkins

**Spleen**

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**INVOICE**

35726

**Liver**

Liver is subjectively large in size owing to multifocal, too numerous to count, anechoic cystic areas within subtly irregular hyperechoic nodules/mass areas throughout the parenchyma. The largest cyst measures 7.1 cm x 5.4 cm in size in the right mid liver.

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.

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

### ***Pancreas***

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Mild duct dilation is appreciated, measuring 0.23 cm dilated.

### ***Free Abdomen***

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

### **ULTRASONOGRAPHIC FINDINGS**

- Multifocal cystic, slightly hyperechoic liver nodules/masses are noted, most consistent with in a senior cat, with feline biliary cystadenomas, especially given the patients history.
- The large cystic area described above is slightly progressive in size compared to the last scan several years ago.
- Mild chronic kidney disease changes are noted in the right kidney.
- Chronic low grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

### **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.

Resampling of the liver could be considered if patient's coagulation status is appropriate.

In the meantime, further work up/evaluation and possibly beginning treatment of early or emerging chronic kidney disease is recommended, beginning with a blood pressure (if not recently evaluated) and

urinalysis, and if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.





**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**

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