



PATIENT

Kellar Hollenbush

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years 6 Months

WEIGHT

2.9 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing

INVOICE

72693

DATE

2/4/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate an abdominal mass - splenic vs liver mass. P has not seen a vet since being spayed. Recent weight loss, muscle wasting, and hunger suspected secondary to newly dx hyperthyroidism- uncontrolled. Dropped hocks - r/o injury, autoimmune, paraneoplastic, tendonopathy, myopathy, other. Hepatosplenomegaly/concern for splenic vs liver mass on palpation and on radiographs.

Meds: Mthimazole BID - just Rx last nigh in ER

Abnormal PE/Chem/CBC/UA Results: AXR: cranial abdomen mass effect, on radiographs - r/o liver vs splenic CBC: HCT 29.6, WBC 30.31k, Neuts 25.7k, PLT 262k PCV/TS: 34/7 T4: 13.2 Chem: Glu 85, BUN 43.5, Creat 1.2, Alb 2.4, normal LES EPOC: Creat 1.5, BUN 38, Glu 75, K 3.8, Na 148, Lac 2.24

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney is normal in size at 4.64 cm. The right kidney is small at 2.64 cm. Multiple chronic infarcts are noted in the right kidney.

Adrenal Glands

The right adrenal gland is normal in size (0.32 cm at cranial pole and 0.29 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.36 cm at cranial pole and 0.35 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The 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.

Liver

The liver is subjectively enlarged with mildly irregular margins, as a result of multifocal nodules/masses of mixed echogenicity, primarily hyperechoic in echogenicity but containing multiple cysts of varying sizes throughout the parenchyma. The appearance of the masses creates an almost "moth-eaten" appearance to the liver. Visible vasculature and biliary tree appear normal without distension or congestion.



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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 intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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

- Suspect multiple feline biliary cystadenomas throughout the liver, which is a common abnormality in senior cats and is a benign change. Having said that, malignancy can't be ruled out without tissue sampling.
- Moderate inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Moderate to severe chronic kidney disease changes, primarily noted in the right kidney.
- Mild to moderate amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the patient's history, I suspect the majority of the patient's clinical signs are secondary to the reportedly recently diagnosed and not yet treated hyperthyroidism. Therefore, beginning treatment and monitoring clinical signs is recommended. At the same time, if not recently evaluated, a blood pressure is recommended.



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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 ratio is recommended.

Having said that, fine needle aspirates of the liver could be considered to further investigate/hopefully rule out malignancy if patient's coagulation status is appropriate.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.



