



PATIENT

Nola Friedrich

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

18 Years

WEIGHT

2.94 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

The Cat Clinic
 Hamilton

REFERRING VET

Dr. Junaid

INVOICE

75058

DATE

5/12/26

PRESENTING CLINICAL SIGNS

Recently noted s/c masses along mammary chain, right inguinal 1.5 cm diameter, left inguinal and slightly rostral 3-4 smaller ones approx 1.3 to 1.2 cm diameter each. rads taken May 2 2026; note suspicious area in cranial abdomen, obscuring liver and stomach, labs taken May 2, 206; generally WNL other than Ca 3.3, otherwise well and bright. Current Medications: felimazole

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 bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. Left kidney measures 3.07 cm. Trace pyelectasia is noted in the right kidney. Right kidney measures 3.02 cm.

Adrenal Glands

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Left measures 0.19 cm. Right measures 0.20 cm.

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 contains a large (at least 5.5+ cm x 6.0+ cm), mixed, largely cystic mass involving almost the entire caudal to mid liver, with more normal liver noted cranially. 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.

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

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and



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unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

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- The liver mass could be unrelated to patient's other reported masses, clinical signs, etc., and could represent a benign biliary cystadenoma (or cystadenomas) in a senior cat. Having said that, infiltrative neoplastic disease or even metastatic disease, given other history, can't be ruled out.

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- Flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

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- Moderate bilateral chronic kidney disease changes with trace pyelectasia in the right.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

Ultimately, sampling of the mammary masses +/- concurrent fine needle aspirates of the liver mass is recommended if patient's coagulation status is appropriate.

In the meantime, workup of the hypercalcemia is recommended, beginning with a malignancy panel (PTH, PTHrP, iCa) to Michigan State College of Veterinary Medicine.

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While likely low yield in a cat, additionally ruling out hypoadrenocorticism could be considered with an ACTH stimulation test.

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Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.

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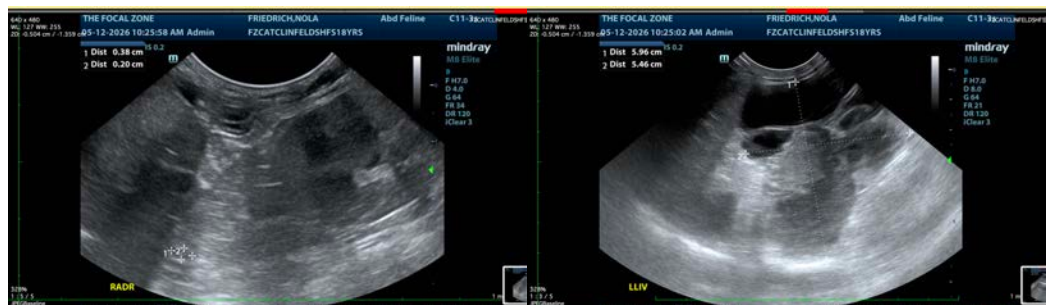
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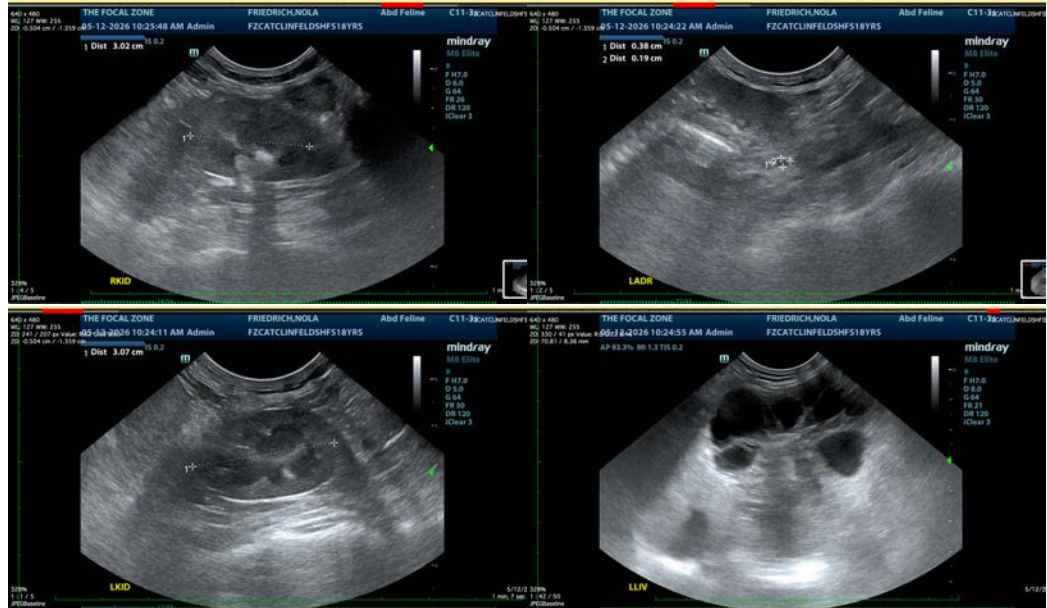
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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