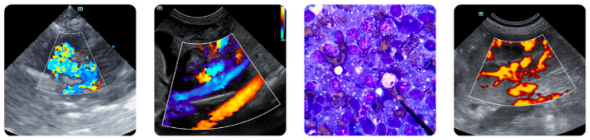

PATIENT

Claude Anderson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

9.82 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

11974

DATE

5/19/2026

PRESENTING CLINICAL SIGNS

Claude has a history of early HCM (echo also submitted), hyperthyroidism (managed on methimazole) and cystic liver disease. He presented for acute onset of lethargy and inappetence of ~ 2 days. Abdominal ultrasound to assess if liver disease progression and to attempt diagnosis to assess management options. Liver and cystic aspiration cytology pending. CBC, Chem, T4, UA - largely unremarkable (mildly elevated GGT); fPL >50.

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 a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can 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 normal in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Left kidney measures 4.5 cm, and the right kidney measures 4.2 cm.

Adrenal Glands

The right adrenal gland is unable to be visualized in these images.

The left adrenal gland is normal in size (0.29 cm at cranial pole and 0.24 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

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is diffusely markedly heterogenous characterized by multifocal, too numerous to count anechoic densities, some with some echogenic appearing fluid, of various shapes and sizes throughout the liver parenchyma. Additionally, throughout the liver, are several slightly more solid, rounded tissue densities measuring between 4.0 cm and 5.0 cm in diameter.

The gallbladder is difficult to differentiate from the significant cystic pathology.

Gastrointestinal

The stomach is unable to be well visualized in these images.

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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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.

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 unremarkable. 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

- The liver changes described above could represent the reportedly previously diagnosed cystic liver disease. Although complicated cysts or even infected cysts/abscesses, hematomas, other, can't be ruled out. Similarly, especially given the more focally rounded, solid tissue densities, infiltrative neoplasia/nodules or masses cannot be ruled out without tissue sampling.
- Mild bilateral chronic kidney disease changes.
- A large amount of echogenic urinary bladder debris.

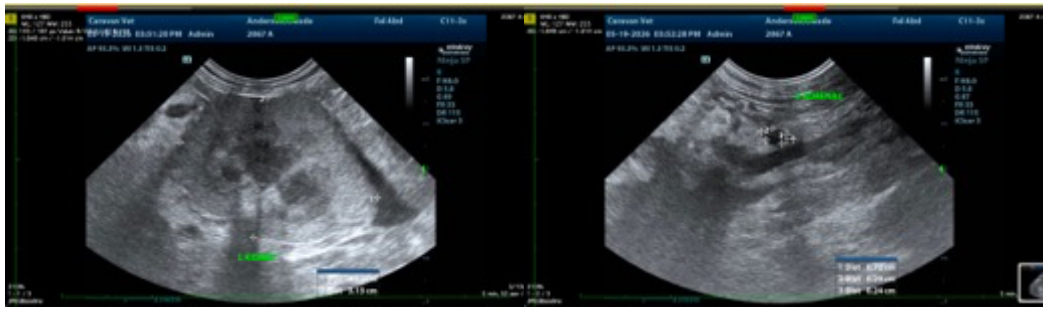
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

As is reportedly already in place, follow up evaluation of historical cardiac disease is recommended.

As is reportedly already pending, Fine needle aspirates of the solid liver nodules/masses for cytology as well as sampling of the cystic fluid, potentially for analysis, culture, etc. could be considered if patient's coagulation status is appropriate.

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



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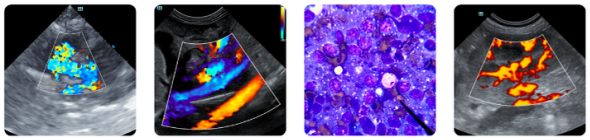

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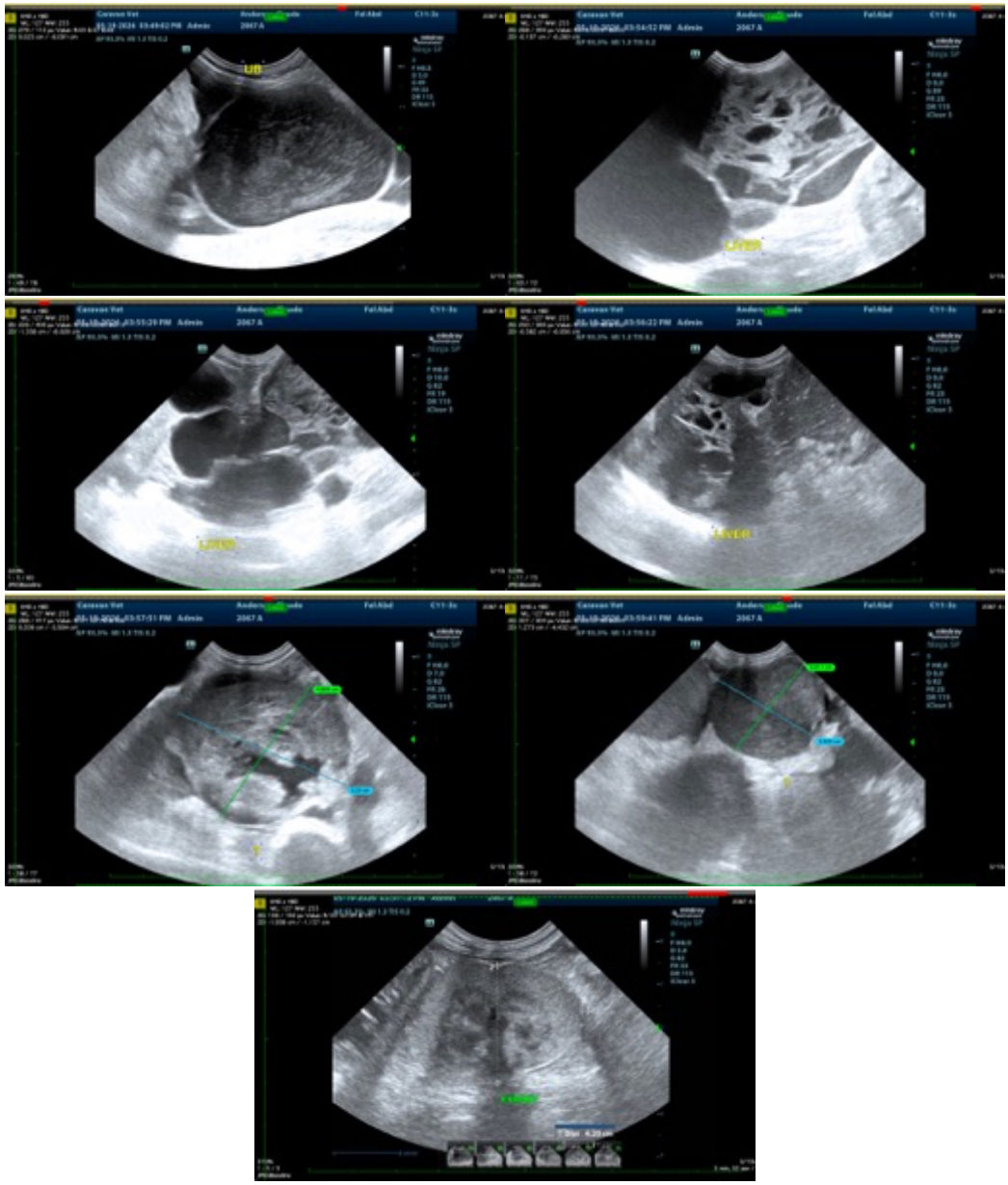

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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