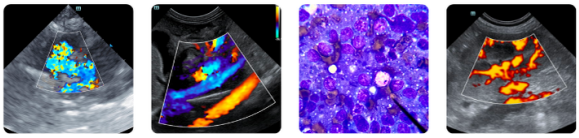

SonoPath www.thefocalzone.com
FOSTERING THE ART OF VETERINARY MEDICINE™ info@thefocalzone.com 289.808.2608

PATIENT

Georgie Doherty

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10 years

WEIGHT

7.8 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Queensdale AH

REFERRING VET

Dr. Chaudhary

INVOICE

11139

DATE

1/16/2026

PRESENTING CLINICAL SIGNS

Chronic soft stool/diarrhea - occasional hematochezia Current Medications rx gastro diet.

Abnormal PE/Chem/CBC/UA Results: Elevated ALT 187 U/L Elevated AST 85 U/L Elevated Amylase 2123 U/L Radiographic Findings n/a Primary Question to Be Answered in This Exam IBD vs Liver disease vs other.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Left kidney is significantly smaller than the right, suggestive of left renal atrophy. The left kidney measures 2.72 cm in length and contains pinpoint areas of cortical mineralization. Right kidney measures 3.97 cm in length and contains hyperechoic shadowing in renal pelvis with no dilation consistent with non-obstructive nephrolithiasis.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left adrenal measures 0.33 cm in thickness. Right adrenal measures 0.38 cm in thickness.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver contains a roughly spherical, cavitated mass measuring approximately 2.2 cm.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The majority of the small intestines are of normal thickness with normal wall layering. There is a solitary loop of bowel that is suspected to be small intestinal in origin, that is significantly thickened with complete loss of wall layering measuring at least 0.35 cm in thickness. This is suspected to be small intestinal in origin.

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Distal colon is visualized and is of normal thickness with normal wall layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

ULTRASONOGRAPHIC FINDINGS

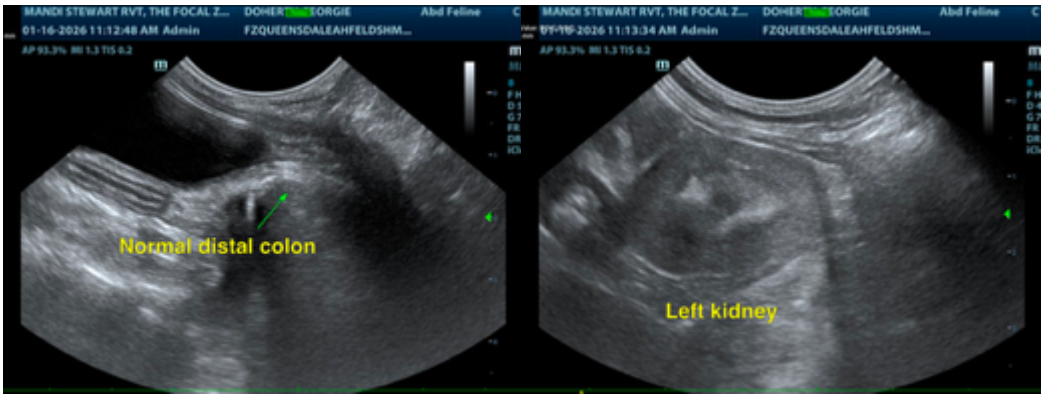
- Intestinal mass.
- Cavitated liver mass.
- Aging renal changes with nephrocalcinosis.

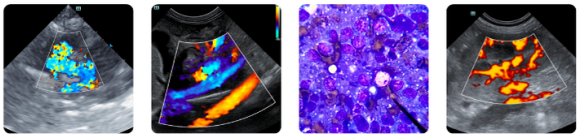
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal changes are most concerning for a small intestinal mass with GI lymphoma, carcinoma, mast cell tumor being the most common in cats. Other tumors both benign and metastatic and non-neoplastic lesions such as a mural granuloma or abscess are possibilities. Fine needle aspirate of the mass is recommended to further characterize. Ultimately surgical removal, depending on tumor type, may be both diagnostic and curative.

Mass in the liver is most concerning for neoplasia. Benign tumors are more common in the cat and may be of hepatocellular, cholangiocellular, mesenchymal, or neuroendocrine origins. Differentials include Biliary cystadenoma, cholangiocellular carcinoma, hepatocellular carcinoma, hepatocellular adenoma (hepatoma), hemangiosarcoma, leiomyosarcoma, and fibrosarcoma among other things.

Aspirate could be attempted for further information though based on location this may be challenging or impossible. Ultimately surgical removal should be considered because of risk of rupture and abdominal hemorrhage and this may be both diagnostic and curative. Pre-operative abdominal CT may be considered for surgical planning, to confirm hepatic origin and thoracic CT could be used to screen for thoracic metastasis that may be missed on thoracic radiographs. Serial monitoring with follow up sonograms could be considered to monitor for progression if definitive removal is not desired at this time.





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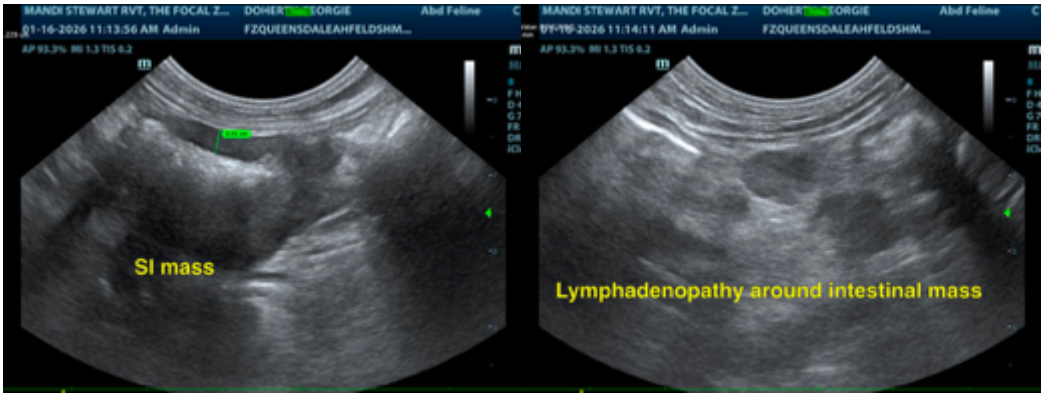

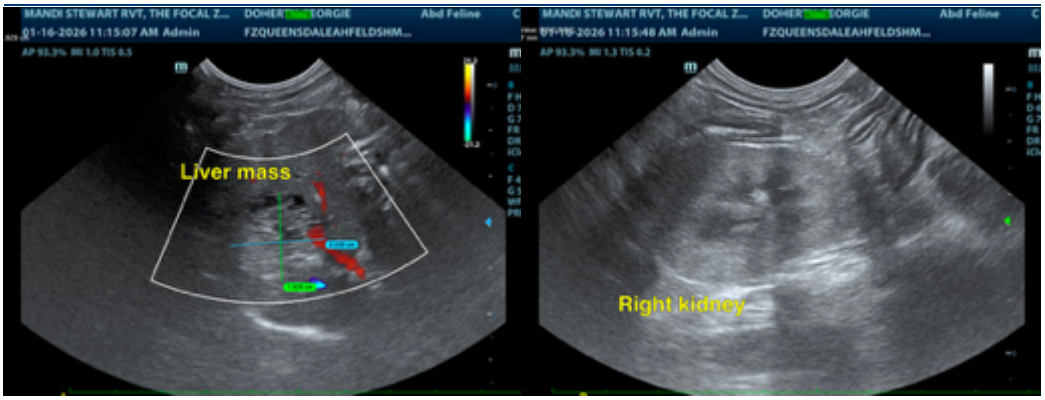

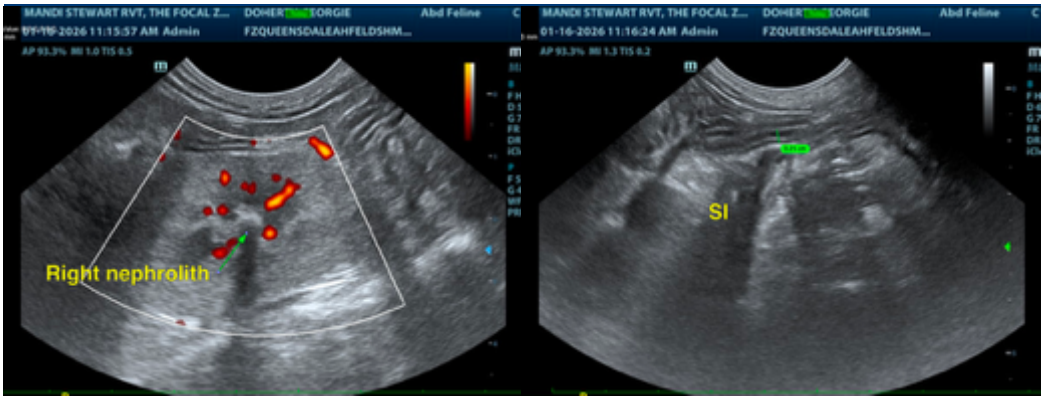

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com