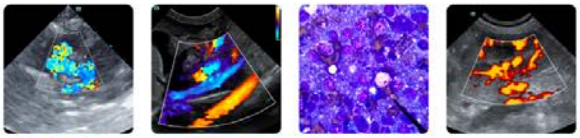


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Alvi Cutrell

SPECIES

Feline

BREED

American Shorthair

SEX

Spayed Female

AGE

15 Years

WEIGHT

5.95 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Four Corners Animal Hospital (Salem)

REFERRING VET

Dr. Anderson

INVOICE

75646

DATE

6/3/26

PRESENTING CLINICAL SIGNS

Lethargy, decreased appetite, did lab work on 05/18/26 Kidneys (WNL), Liver (WNL), T4 (WNL)

ABNORMAL Labwork Values Cardiopet proBNP (feline) 249 (range 0-100) For ECHO Only: Blood Pressure N/A HR/RR/BP: HR:170 RR: Wheeze (on 05/27/26) BP:N/A Is there a Heart Murmur? If so, please grade. No Murmur present at this time Current Medications Onsior PRn, Amoxi/Clav due to UTI (will be complete before apt)

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 right kidney has a smooth capsule and with mild hazing of corticomedullary definition. There is mild pelvic dilation. Right kidney measures 3.68 cm. Ureter does not appear dilated.

The left kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Spherical anechoic fluid accumulation consistent with cortical cyst. Left kidney measures 3.67 cm.

Adrenal Glands

The right adrenal gland is visualized and measured on still images only, and measures enlarged on the still image provided. Resolution is inadequate to assess glandular detail or confirm measurement. The visible phrenic vasculature was unremarkable. Right measures 0.65 cm in thickness.

The left adrenal gland is enlarged with a pinpoint hyperechoic foci noted, most consistent with a small area of mineralization. Left measures 0.47 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.

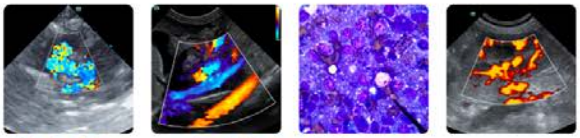
Liver

The caudate lobe of the liver contains a complex, cavitated mass measuring at least 3.7 cm x 2.8 cm with subtle surrounding hypoechoic nodules noted. The remainder of the liver parenchyma is slightly coarse, consistent with patient's age.

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.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Cavitated right liver mass.
- Adrenomegaly.
- Mild aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 should be attempted for further information. This may be difficult based on location. Cavitated masses have a higher chance of a non-diagnostic result as well as potential hemorrhage or leakage of bile if cystic areas contain bile. 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.

Bilateral adrenomegaly is of uncertain clinical significance. It may be a variation of normal, may represent response to stressful illness or may indicate underlying hormonal disease.

Hyperadrenocorticism, hyperaldosteronism and acromegaly are endocrine diseases which can cause adrenomegaly in the cat. Adrenal gland function testing could be considered if indicated (plasma aldosterone level - requires concurrent assessment of potassium, IGF-1, LDDST).

Hyperaldosteronism is a common cause of systemic hypertension. There is often, but not always, a high/high normal sodium and low/low normal potassium with this disease.

Hyperadrenocorticism and acromegaly are often, but not always, seen in cats with uncontrolled diabetes mellitus.

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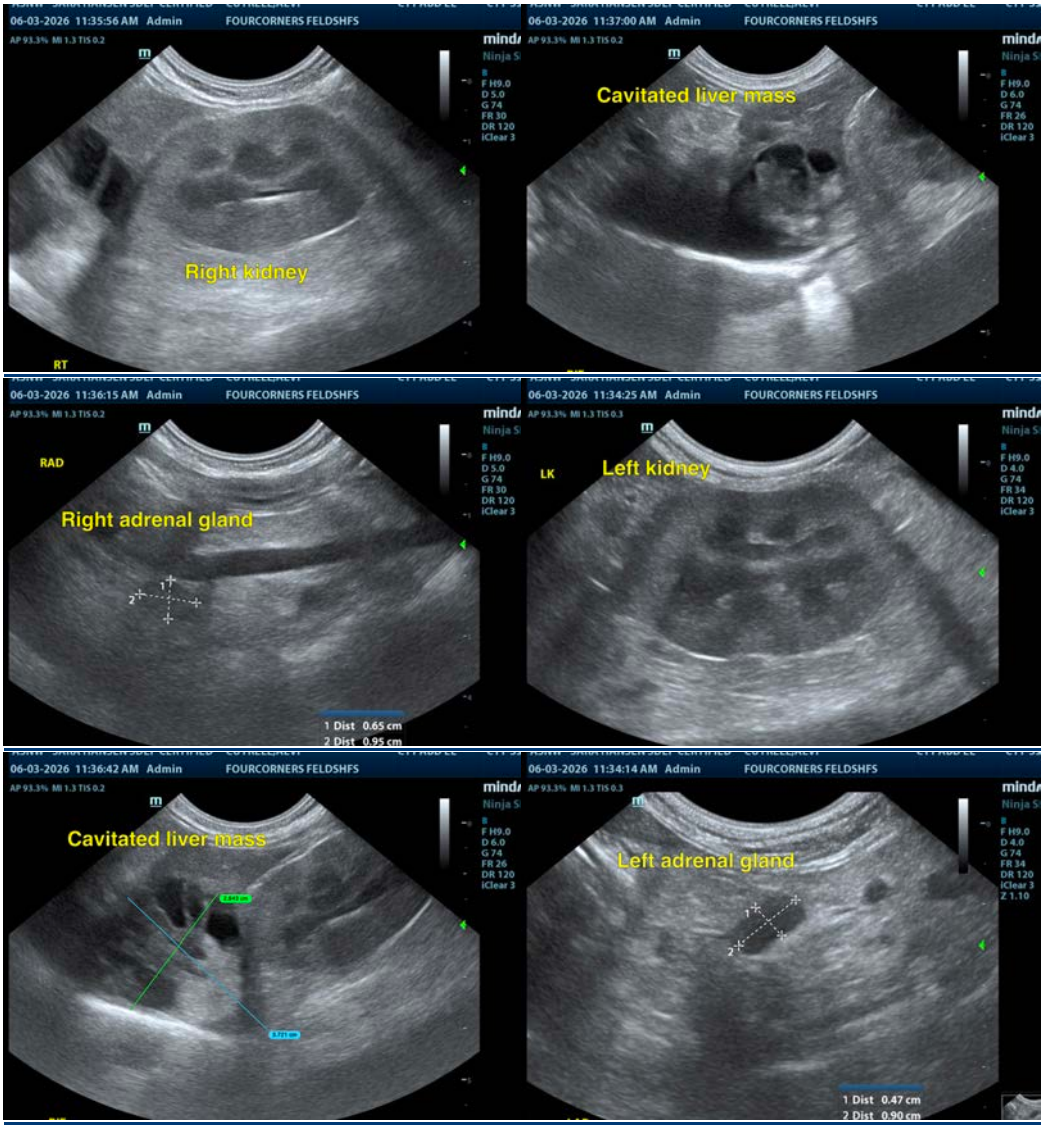
Rarely adrenomegaly can be seen with infiltrative disease such as lymphoma or fungal disease, but this is generally not the only sign of these diseases.



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