

**PATIENT**

CJ Williard

**SPECIES**

Feline

**BREED**

Maine Coon x

**SEX**

Neutered Male

**AGE**

17 Years

**WEIGHT**

11.2 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Shallowford Animal  
Hospital

**REFERRING VET**

Dr. Eads

**INVOICE**

75593

**DATE**

6/2/26

**PRESENTING CLINICAL SIGNS**

P presented for US due to elevated ALT and Ca. P is diabetic  
Abnormal PE/Chem/CBC/UA Results: ALT 358, Ca 12.4

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. Left kidney measured 3.8 cm, with minor renal pelvic dilation of 2.7 mm in width. Right kidney measured 4.1 cm.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.8 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.2 mm in width.

**Spleen**

The spleen measures at the upper end of normal limits for size (9.2 mm in width). It is diffusely hypoechoic in echogenicity and has a mildly diffuse heterochoic echotexture.

**Liver**

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. In the left liver there is a mildly capsule displacing 1.8 cm x 1.9 cm isoechoic mass lesion present. Visible vasculature and biliary tree appear normal without distension or congestion.

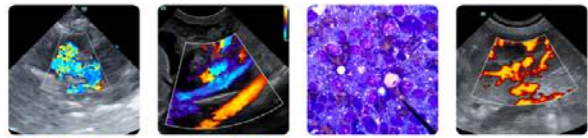
The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. The proximal common bile duct is prominent but still normal in size, measuring 3.0 mm in width. No evidence of obstruction nor other abnormalities seen with the common bile duct.

**Gastrointestinal**

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

**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.



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**Free Abdomen**

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

- Age related renal changes with pyelectasia.
- Hypochoic spleen with heterochoic echotexture.
- Hyperechoic hepatomegaly.
- Age related pancreatic remodeling.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

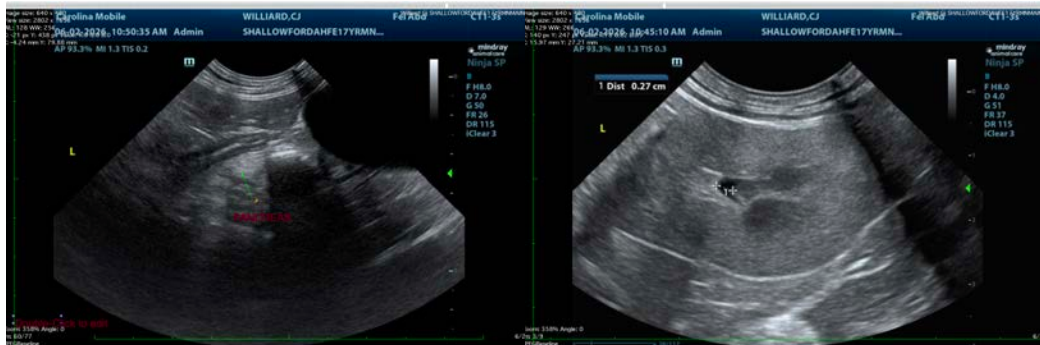
The renal pelvic dilation is most likely due to PU/PD from the patient's diabetes, less likely due to pyelonephritis. If not already performed, recommend a urinalysis. If there is an active urine sediment, recommend urine culture.

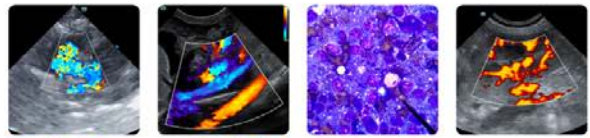
The splenic changes may be a normal variation, less likely to be due to infiltrative neoplasia such as lymphoma or mast cell disease. Consider a fine needle aspirate of the spleen with submission for cytology to rule out infiltrative neoplasia.

The general appearance of the liver is most likely due to the patient's history of having diabetes mellitus. The mass lesion in the left liver may be due to hepatobiliary neoplasia such as hepatocellular carcinoma, biliary cystadenoma, or biliary adenocarcinoma. Recommend a fine needle aspirate of this lesion with submission for cytology to rule out neoplasia.

Recommend full IRIS staging, monitoring and managing of possible chronic kidney disease based on the appearance of the kidneys on this ultrasound.

No obvious cause for the patient's elevated ALT is seen on this exam, nor the elevated calcium. Regarding the calcium, recommend submitting a Michigan State hypercalcemia of malignancy panel to screen further for possible causes of the hypercalcemia. The ALT may be elevated due to the presence of the liver mass that was described. Other differentials for the elevated ALT may be less likely but possible infiltrative neoplasia such as lymphoma. If the liver mass is aspirated, recommend also aspirating normal appearing liver and submitting for cytology to rule out infiltrative neoplasia. If infiltrative neoplasia is ruled out and cytology of the liver mass is inconclusive as to etiology, then recommend a CT scan of the abdomen as pre-surgical planning to determine if the liver mass can be surgically resected. If it is resected, submit for histopathology. Also recommend liver biopsy during the same procedure.





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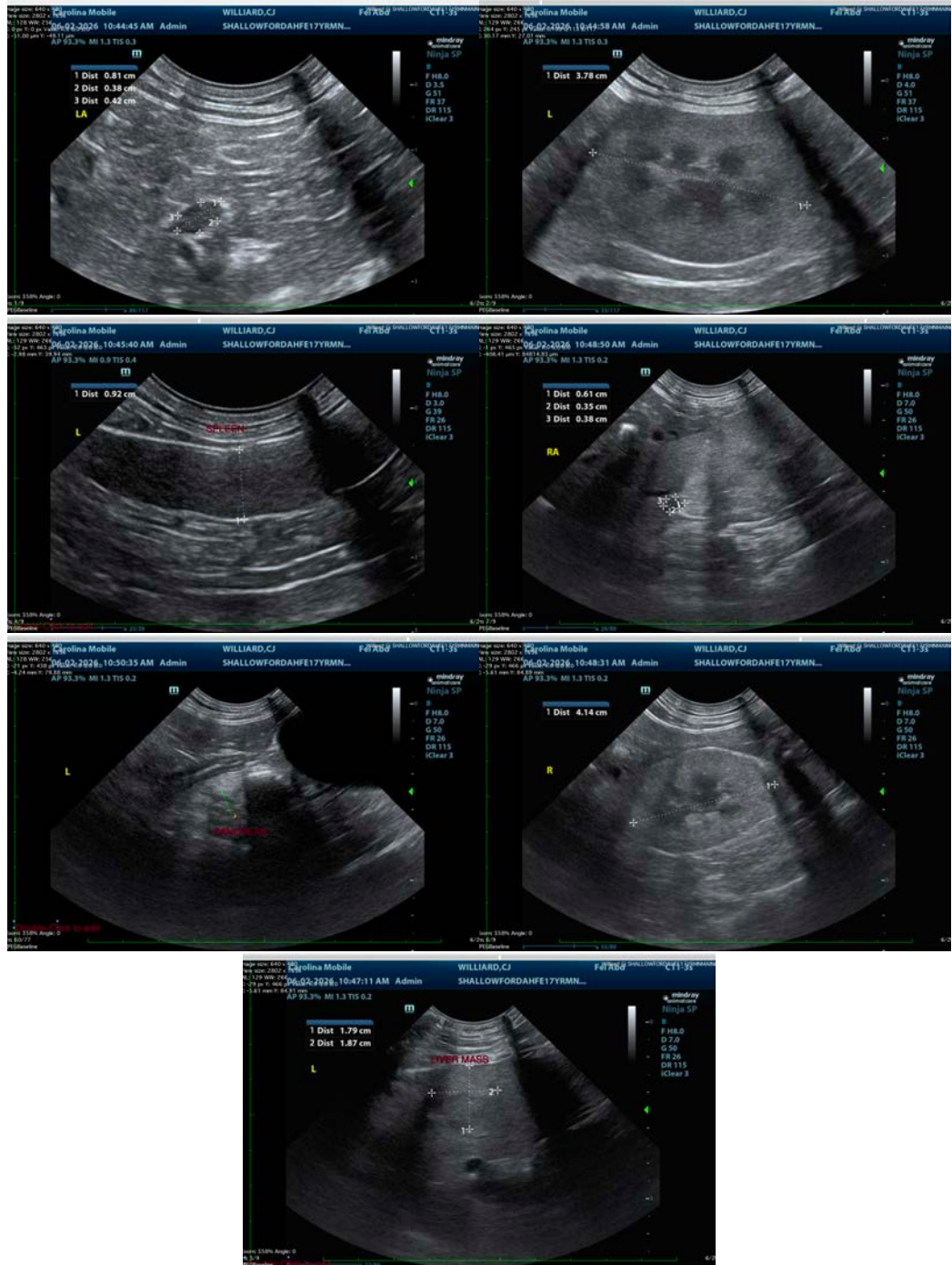
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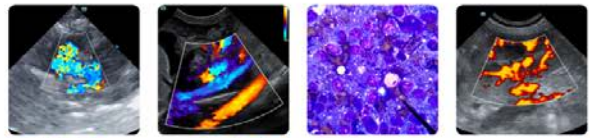
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Greg Kuhlman, DVM, DACVIM (SAIM)**

Veterinary Internal Medicine Specialist  
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