



## PATIENT

Wilson Marciano

## SPECIES

Feline

## BREED

Domestic Medium Hair

## SEX

Female Spayed

## AGE

13Y

## WEIGHT

4.7kg

## INTERPRETED BY

Heike Rudolf, DVM, Dr.  
med. Vet., DipECVDF  
DVR

## IMAGING PERFORMED BY

AS

## HOSPITAL NAME

Green Dog Dental and  
Wellness

## REFERRING VET

Dr. Michael Geist

## INVOICE

73420

## DATE

1-21-26

## PRESENTING CLINICAL SIGNS

weight loss. Has not eaten for 5 days. She is vomiting clear foamy material. Bloodwork: ALP 68; BUN 14

Abnormal PE/Chem/CBC/UA Results: Large hypoechoic hepatic mass (6.7 x 3.7 cm) in the left liver lobe. Mild biliary sludge. A few 1 mm cystic structures in the cortex of the left kidney. Clinical Impression The primary finding is a large liver mass. A primary neoplasm is most likely (carcinoma, lymphoma, sarcoma, other round cell tumor, other). An ultrasound-guided fine-needle aspirate (5 samples) of the mass was performed, and samples were submitted for cytology to IDEXX (priority). Thoracic radiographs were performed to rule out evidence of pulmonary metastatic disease. The liver appears enlarged with a mass effect present on radiographs

## RADIOGRAPHS OF THE THORAX

R/L lateral and VD are provided, totaling three radiographs for interpretation.

## RADIOGRAPHIC FINDINGS

The body condition score is 9/9.

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5. A small amount of air is located in the esophagus.

The degree of pulmonary expansion is fair. The lung lobes are slightly displaced from the thoracic boundaries by fat. Pulmonary vessels are visible.

The cardiac silhouette is elevated from the sternum by fat. It occupies 75% of the chest height and 2 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

## RADIOGRAPHIC DIAGNOSIS

- Reduced pulmonary expansion
- Obesity
- Hepatic mass

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no metastases. The reduced pulmonary expansion is likely secondary to a combination of a large amount of intraabdominal fat and liver mass. Obesity is known to worsen clinical signs of cough and impair lung function; weight control is strongly recommended. Lymphadenopathy of the portal lymph nodes may be present but should have been visible during the ultrasound examination. If there is any doubt or resection of the mass requires further imaging, CT is recommended.

## TECHNICAL COMMENTS

The muscles of both fore legs are superimposed onto the cranial thorax.



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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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR  
[info@sonopath.com](mailto:info@sonopath.com)