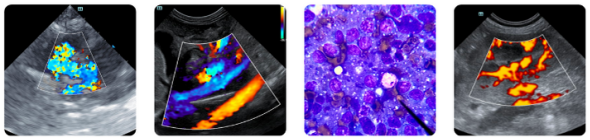

PATIENT

Layla Barthel

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17 years

WEIGHT

2.9 kg

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

10837

DATE

11/28/2025

PRESENTING CLINICAL SIGNS

Patient started to decline 12 days ago. diagnosed with a UTI and then ascites on the 25th. patient is still not eating or doing well Abdominocentesis. removed 120mL of the fluid from abdomen. mild remaining following tap Lacuna of fluid (fluid was serosanguinous. TP - 4.2g/dL) USG 1.022.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The visible bladder wall was normal in thickness and layering. There were no visible uroliths or other abnormalities.

Both kidneys were subnormal in size with an irregular capsule contour. The cortex was diffusely hyperechoic. There was hypertrophy of the cortex, resulting in an altered corticomedullary ratio. There was a moderate loss of corticomedullary distinction. The left kidney displayed mild pelvic dilation. There was evidence of a suspected old renal infarct causing cortical collapse in the caudal pole of the left kidney. There was no active inflammation visible.

The left kidney measured cm in length. The right kidney measured - cm in length.

Adrenal Glands

Both adrenal glands were normal in size and shape. The parenchyma was homogeneous. Left adrenal measures 0.33 cm and the right adrenal measures 0.45 cm.

Spleen

The spleen appeared subnormal in size with a smooth capsule contour. The parenchyma appeared mildly heterogenous.

Liver

The liver was subjectively increased in size, with a rounded capsule contour. The parenchyma in the left liver appeared coarse with suspected aging changes. In the mid liver there was a complex cystic structure consistent with a benign cystadenoma lesion. In the right liver lobe, there was a rounded lobar mass that measured 3.3 cm x 5.8 cm.

The gallbladder and cystic duct were mildly dilated in size with primarily anechoic content. The cystic and common bile duct were tortuous without visible post-hepatic obstruction.

Gastrointestinal

The visualized portions of the stomach and small intestine appeared overtly normal. Large portions of the small intestine were obscured by the hyperechoic mesentery. The colon appeared normal.

Pancreas

The visualized portions of pancreas appeared enlarged with an irregular to scalloping capsule contour. The parenchyma was heterogenous. Large portions of the pancreas were not visible due to the hyperechoic mesentery.

Free Abdomen

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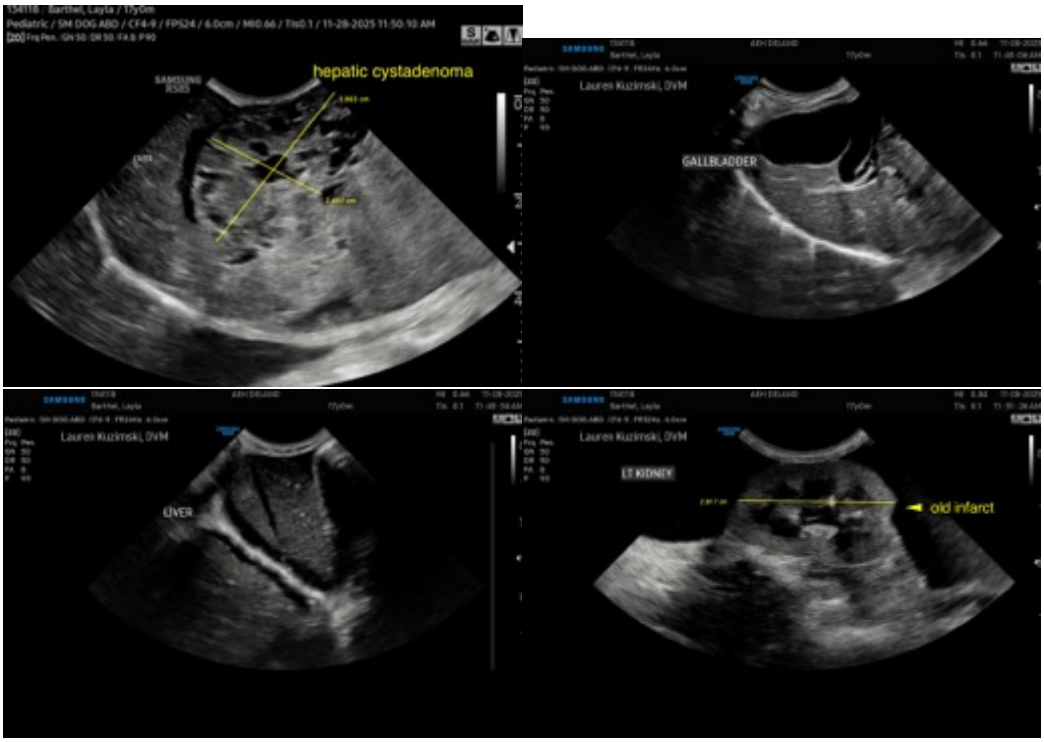
There was a large volume of effusion.

ULTRASONOGRAPHIC FINDINGS

- Large volume peritoneal effusion.
- Right liver lobar mass.
- A benign cystadenoma type lesion in the mid liver.
- Enlarged, irregular pancreas.
- Nodular mesentery – DDx inflammatory versus metastatic lesions.
- Renal changes consistent with CKD.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This clinical and sonographic presentation is most consistent with carcinomatosis, lymphomatosis and/or mastocytosis. Spinning down a fresh sample of effusion and making a slide for cytology may be helpful in differentiating. An FNA of the right caudal liver lobe could be done for further assessment. Three view chest radiographs are also recommended. Unfortunately, the prognosis with this type of disease is generally guarded to poor. Comfort measures are recommended, including hydration support, analgesia, and antiemetics/appetite stimulant as needed.



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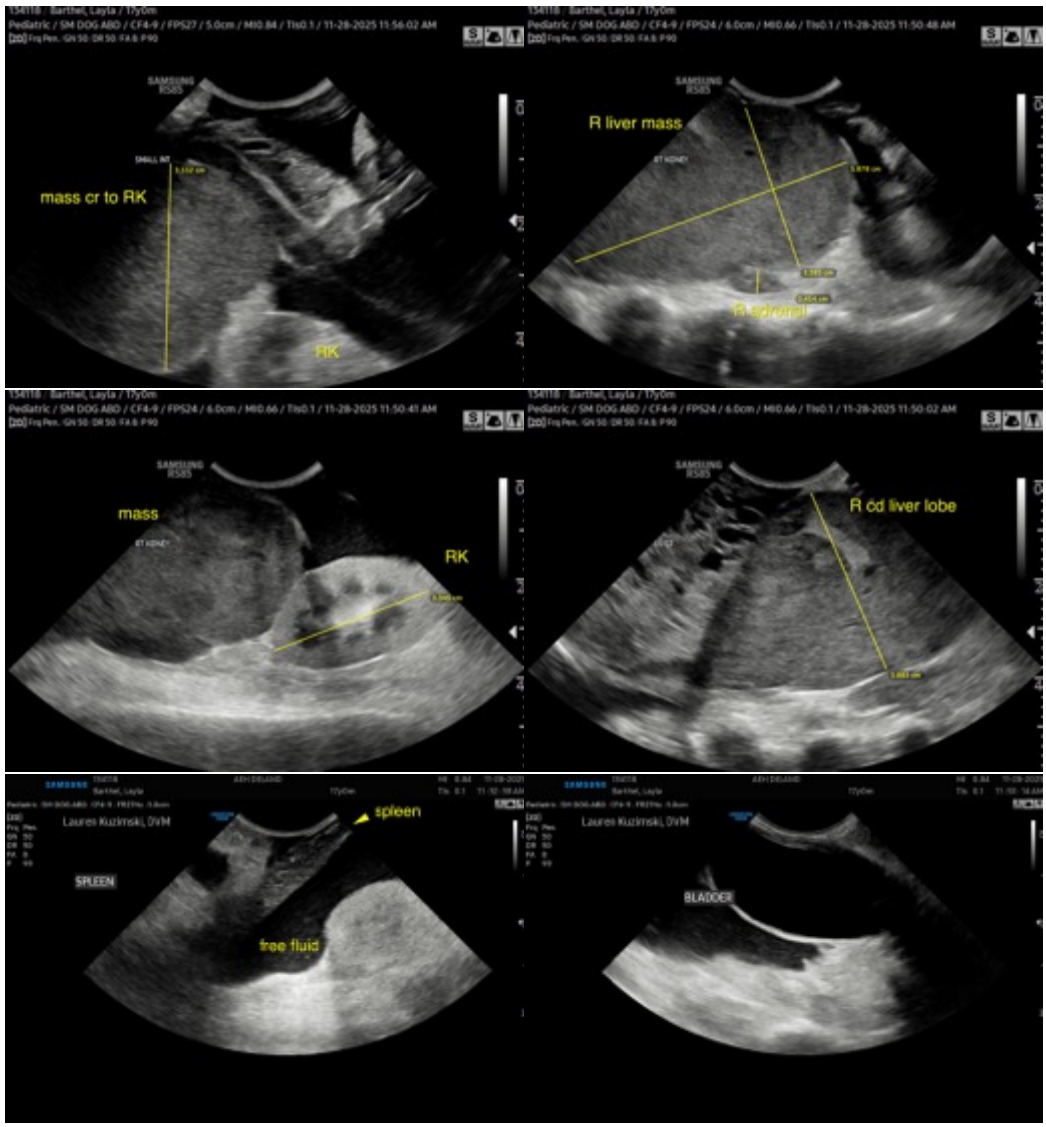

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com