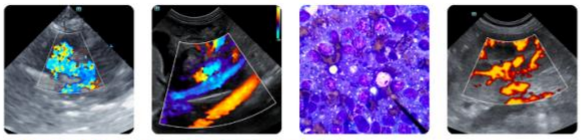


DATE

02/13/26

PATIENT

Chip Nunan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

02/11/2017

WEIGHT

4.85 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)

HOSPITAL NAME

Banfield Aylward

REFERRING VET

Dr. Aylward

INVOICE

13720

PRESENTING CLINICAL SIGNS

Patient History: P has been drinking a lot more water lately. Not wanting to eat dry food at all, losing weight.

Current Medications: Denamarin Adv Sm dog/Fel: 1 cap PO q24hr for 30 days, Gabapentin 50mg/mL (1mL) PO 24hr, 12hr, AND 90 min prior to vet visits
Labwork Results: Labwork not attached, reported as: Chem: ALT 211 (H) (Nov was 40 WNL), (Could not get enough blood for CBC - postponed) BUN 9 (L) (Nov was 14 L), Creat 0.5 (L) (Nov was 1.4 WNL), GGT 13 (H) (Nov as 1 WNL), Phos 2.2 (L) (Nov was 4.8 WNL). Thyroid Screen (TT4): 2.9 (WNL). SNAP ProBNP: Abnormal (slightly darker than control). Urinalysis (in house): Color: Pale Yellow Collection: Cysto Appearance: Cloudy
Specific Gravity: 1.031 Sediment: No Pellet Dipstick: Blood: Neg Cytology: WBC: Neg, Bili: Neg RBC: Neg UroBili: Neg Epith: Neg, Ketone: Trace Bact: Neg, Prot: +++300 Crystals: Neg, Nitrite: Neg Casts: Neg Glu: +250 Sperm: Neg, pH: 6.5, Leuko: Neg
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.88 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.33 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.59 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized. The spleen measured 0.96 cm.

Liver

The liver is large and irregular in shape with normal echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a very large expansile mixed echogenicity mass effect associated with the right liver measuring 9.03 cm x 4.76 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis: mucosa layer ratio. The duodenum measured 0.30 cm in diameter, and the jejunum measured 0.21 cm in diameter. Visualized peristalsis appears appropriate. 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 is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a large amount of echogenic free fluid with no significant lymphadenopathy. The omentum is diffusely hyperechoic.

Other

Pleural effusion is visualized cranial to the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Age-related changes visualized associated with both kidneys.
- Large irregular mixed echogenicity right hepatic mass lesion- findings could be consistent with a large benign or neoplastic lesion (adenoma, carcinoma, other).

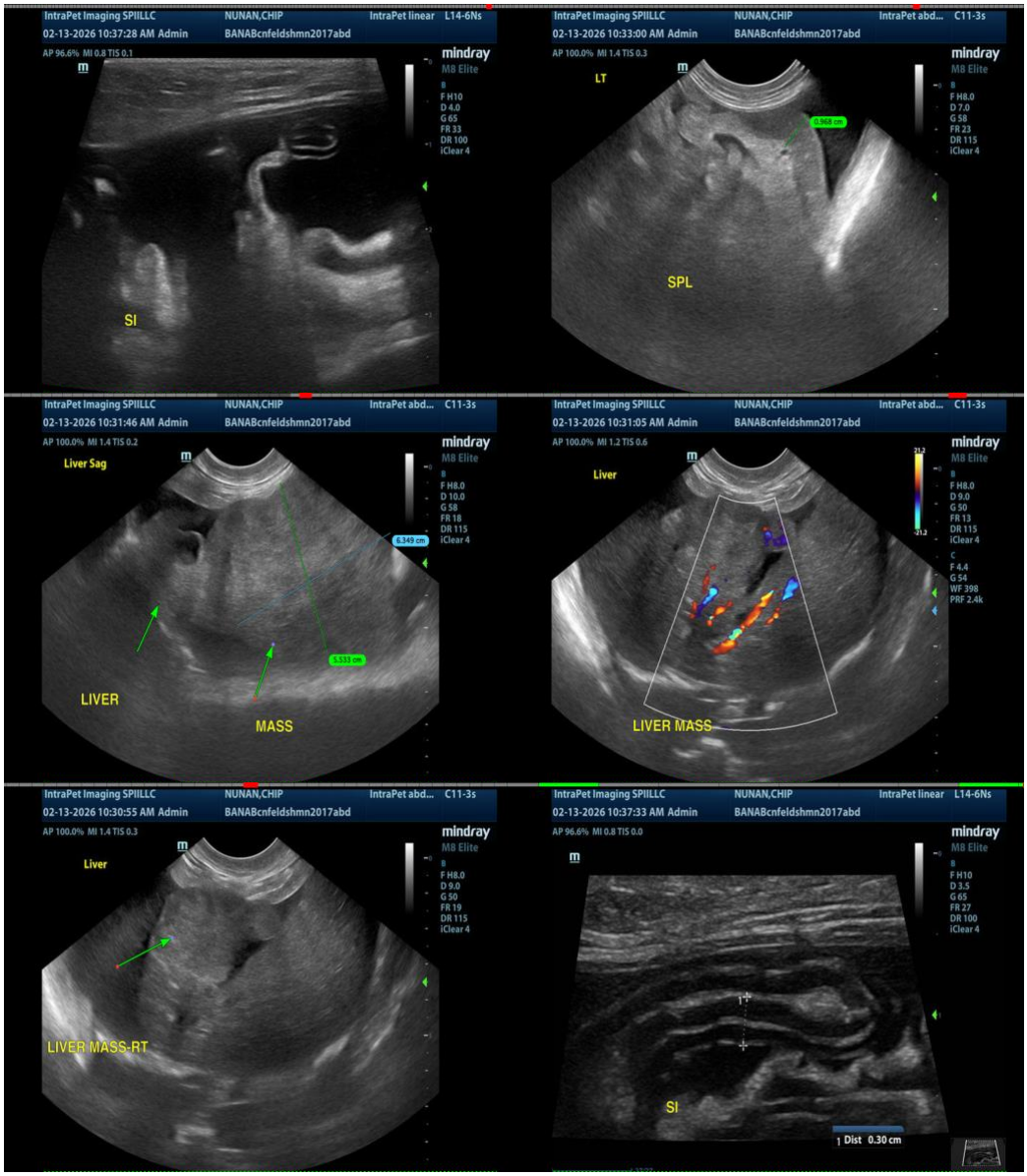
- Segmental thickening of the muscularis layer of the small intestine- The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Large volume mildly echogenic free fluid- recommend fluid analysis and cytology.
- Pleural effusion visualized cranial to the diaphragm- recommend three view thoracic radiographs and a cardiac ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large right-sided mass effect which appears to be arising from the right side of the liver. This could represent a benign or neoplastic lesion. Additionally, there's a significant amount of echogenic effusion. Recommend fluid analysis and cytology as well as a fine needle aspirate of the liver mass lesion (provided coagulation parameters are normal). If surgical resection is considered, recommended contrast CT scan to better delineate the hepatic attachment and plan for surgery as well as to screen for the potential for more subtle metastatic lesions.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

The small intestine appears segmentally thickened with a prominent muscularis layer in some regions. These changes are most consistent with inflammatory type change, although early neoplastic change cannot be ruled out. Correlate with the history. If there is a history of chronic gastrointestinal symptoms, further evaluation may be warranted.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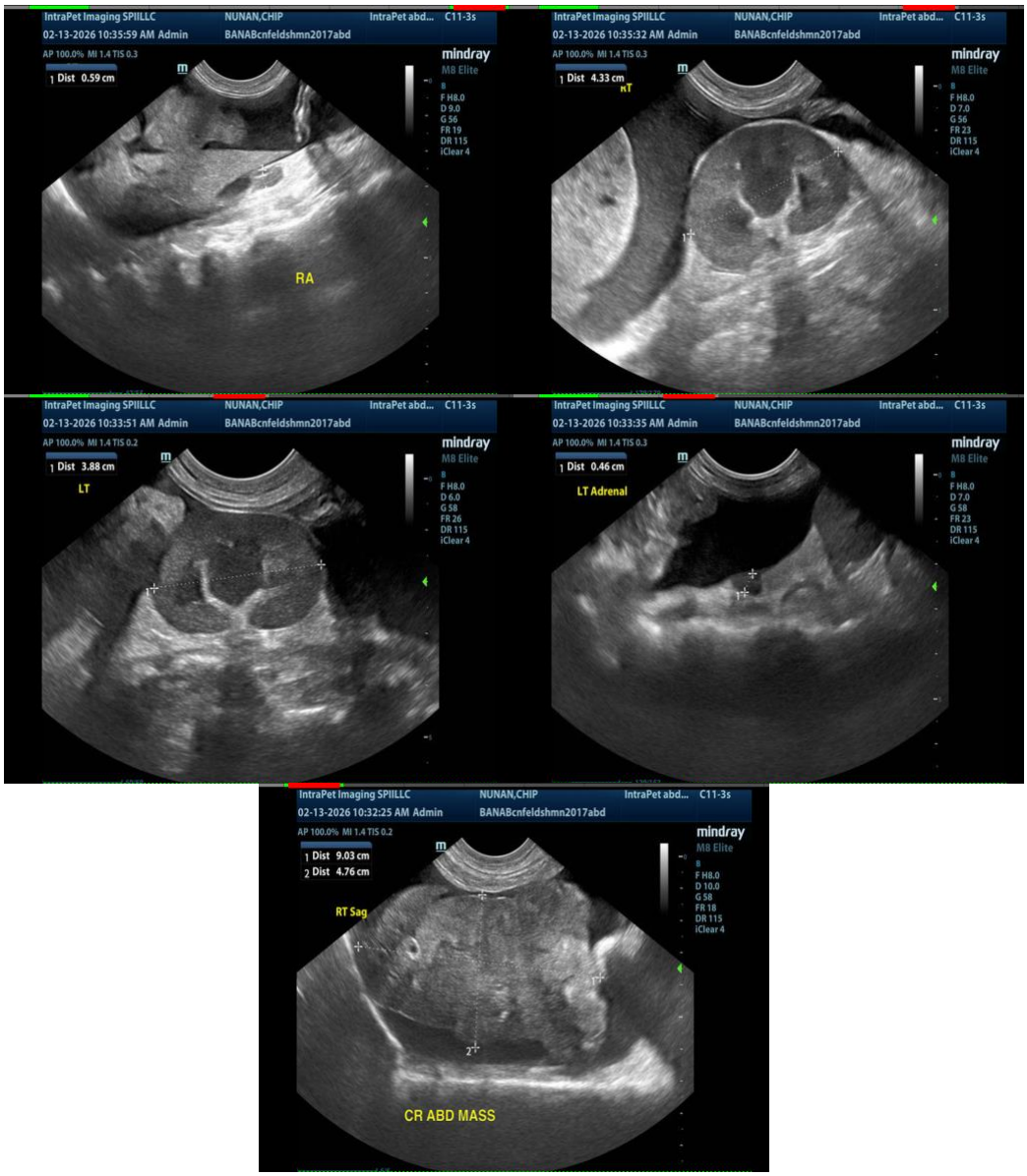

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)

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