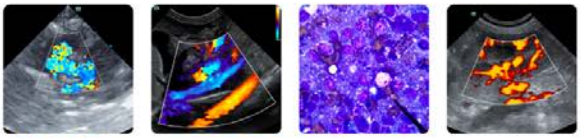


PATIENT

Printz Greenwald

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years 4 Months

WEIGHT

9.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Ramsey Animal Clinic

REFERRING VET

Dr. Bishnoi

INVOICE

73308

DATE

2/26/26

PRESENTING CLINICAL SIGNS

Hepatitis. Inj DP, Inj Cerenia, Inj. Azium, SQ Fluids, Inj. Vitamin

Abnormal PE/Chem/CBC/UA Results: ALT 169H (6-102) Tbili 3.3H (0.1-0.4) Calcium 8.1 L (8.2-10.8) RBC 5.9L (5.92-9.93) HGB 8.2L (9.3-15.9) MCHC 28L (30-38) PLT 85L (200-500) Min. due to clumping. Lymph 549 L (1200-8000) Abs. Lymph 5002L (1200-8000) SDMA 22.7 H (<15.0) T4 2.1, GI Parasite PCR Panel Negative

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 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.05 cm). Overall echogenicity is normal with adequate 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 (3.68 cm). Overall echogenicity is normal with adequate 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 0.38 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.

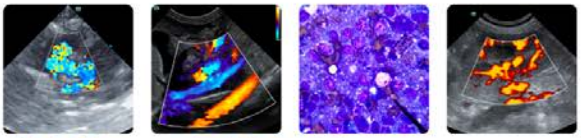
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (0.99 cm), 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.

Liver

The liver is large and irregular in shape. The visible portions of the vasculature and biliary tract appear normal. There are numerous very large, multilobulated, expansile, hyperechoic mass lesions in the liver. On the left side of the liver there is a large cavitated/cystic mass lesion visualized measuring 6.19 cm x 4.3 cm. Two additional mass lesions measure approximately 4.7 cm x 4.72 cm and 4.89 cm x 3.7 cm. On the right side of the liver there is a very large, multilobulated mass effect, too large to easily measure, measuring >5.51 cm x 8.02 cm. A small amount of normal hepatic tissue is visualized.



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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 mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains a large amount of fluid and gas. It measures at a normal thickness of <0.36cm 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 relatively uniform diameter with minimal to moderate 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. Jejunum wall measures 0.23 cm. 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 left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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 small amount of free fluid noted. No significant lymphadenopathy. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Large, expansile, multilobulated, hyperechoic, sometimes cystic/cavitated hepatic mass lesions – Possible differentials include carcinomas, adenomas, cystadenocarcinomas, round cell neoplasia, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are numerous large, expansile, lobulated mass effects arising from the liver. The liver itself is dominated by abnormal tissue. There is a small amount of normal appearing tissue in the region of the gallbladder and the cranial liver. Consider a fine needle aspirate of a mass effect for cytologic evaluation. I'm concerned that surgical options may be limited, but if this was to be considered, a contrast CT scan would need to be performed to better determine the attachment of these mass lesions and to assess surgical options.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

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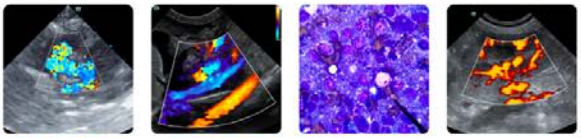

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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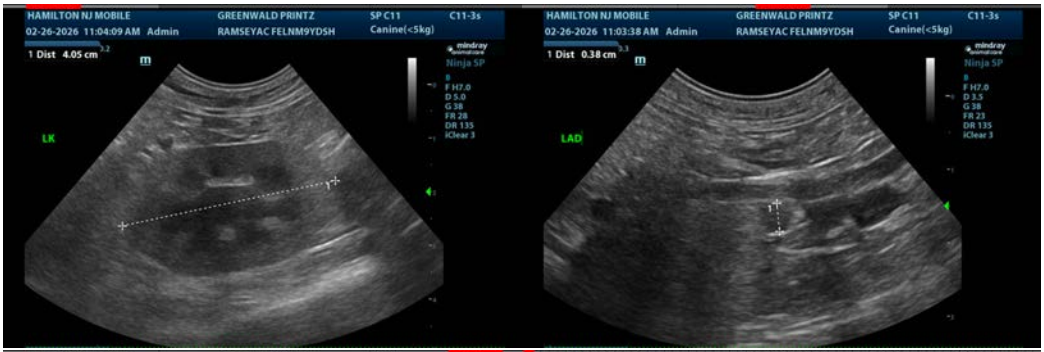

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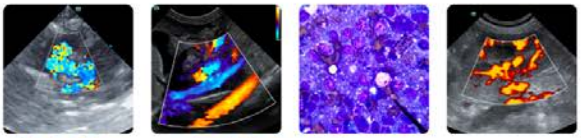

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com