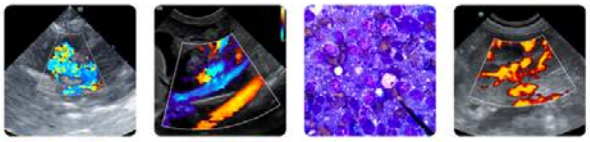


PATIENT

Tater Tot Menear

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

17.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Susan Zhang, DVM

INVOICE

24162

DATE

3/11/26

PRESENTING CLINICAL SIGNS

Incidental finding today of severe abdominal effusion. 2lb weight gain today compared to 3 weeks ago, removed 447ml serosanguinous fluid from the abd via abdominocentesis, fluid analysis pending. recheck chem 10, mild hyperglycemia, albumin normal 2.8. cbc/chem/t4 from 3 weeks ago SDMA 17, K+ 5.6, otherwise was unremarkable. hx of 2/6 HM unchanged, proBNP was abnormal 4 yrs ago. No pleural effusion today.

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 is irregular in shape, likely due to a previous infarct in the cranial pole, and pinpoint non-obstructive mineralizations. The left kidney measured 3.67 cm. Overall echogenicity is slightly hyperechoic with decreased 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 or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.61 cm). The cortex is increased in echogenicity, 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The right adrenal gland is not clearly visualized.

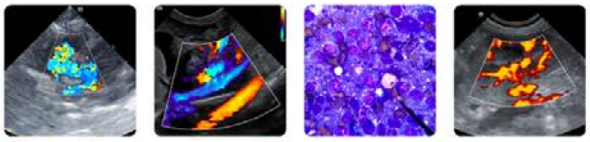
Spleen

The spleen is not clearly visualized.

Liver

The liver is subjectively normal in size but irregular in shape with irregular margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous poorly defined hyperechoic regions/nodules in the liver. A more defined lesion measures at 0.54 cm. On some views there is a portion of the liver that appears focally irregular, nodular and hyperechoic with some cystic appearing areas creating a mass effect measuring 3.42X3.73cm. A poorly defined hypoechoic mass effect is visualized measuring 3.63X3.82cm. There is a focal hyperechoic mineralized shadowing structure visualized associated with the liver concerning for mineralized tissue (carcinoma?)

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.



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Gastrointestinal

The stomach is not clearly visualized.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal 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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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 pancreas is prominent, hypoechoic and mottled in the left limb. Some areas are more defined creating a mass effect.

Free Abdomen

There is a large amount of echogenic free fluid. No significant lymphadenopathy. The omentum is diffusely hyperechoic with some areas exhibiting a nodular pattern.

Other

The body wall ventral to the urinary bladder appears somewhat thickened, measuring 1.43 cm, possibly consistent with a hematoma from cystocentesis(?). A body wall mass or focal fat cannot be ruled out.

ULTRASONOGRAPHIC FINDINGS

- Age related changes and previous infarcts associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatitis and concern for pancreatic neoplasia.
- Irregular, heterogeneous liver with hyperechoic nodules, mineralization and poorly defined mass effects- findings are most concerning for a metastatic pattern
- Large volume echogenic free fluid with nodular omentum– Recommend fluid analysis and cytology-concern for carcinomatosis/metastasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large volume of echogenic free fluid and areas of irregular nodular omentum. Recommend fluid analysis and cytology to further evaluate as there is concern for possible carcinomatosis.

The liver appears irregular and heterogeneous with some hyperechoic focal nodules and poorly defined mass lesions and mineralization. These changes are concerning for metastatic disease. Recommend a fine needle aspirate.

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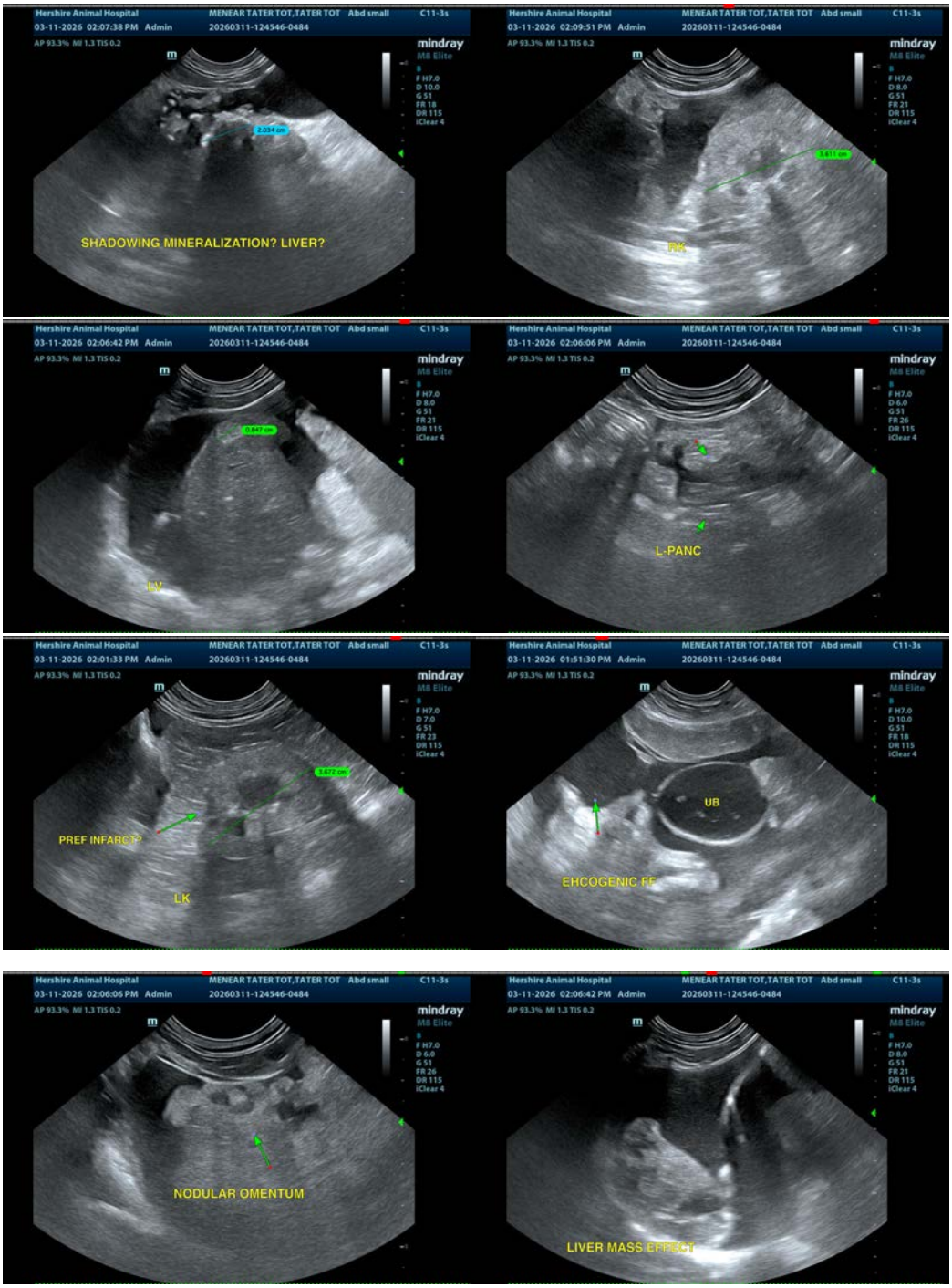
Your fluid analysis is mostly inflammatory and consistent with a modified transudate. I am still primarily concerned with metastatic neoplasia, other differentials like FIP or primary inflammatory disease are possible. In some cases, surgical biopsies (liver, pancreas, nodules, omentum) are necessary to diagnose.

A contrast CT scan may be very helpful to further assess.



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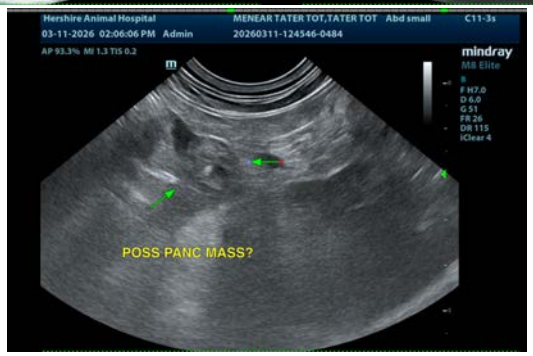

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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