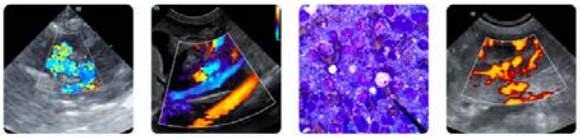

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PATIENT

Loki Tattrie

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

16 Years

WEIGHT

8.17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Preston Animal Clinic

REFERRING VET

Dr. McCausland

INVOICE

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PRESENTING CLINICAL SIGNS

Follow up to previous Ultrasounds - mass on liver 11/08/2025

Current Medications: Telmisartan SID , gaba 50 mg Bid adventi Kidney SID Calming care SID Omega supplements

Abnormal PE/Chem/CBC/UA Results: CBC: - Mild anemia (Low-normal RBC (7.1), Hct 0.3, Hb 96) - Ddx: CKD, liver disease - Mild eosinophilia Chemistry: ** High-normal SDMA (14 - prev 17) - Ddx: CKD ** Creatinine WNL, however >140 as per IRIS standards - Ddx: CKD - Mild hypercalcemia (2.8) - Ddx: CKD, idiopathic, neoplasia (with only mild increase, this is less-likely; would need iCa to know if Ca truly elevated) TT4: WNL (well-controlled hyperT) Summary: Renal values appear improved on this BW (SDMA reduced, Creat ~ the same), mild anemia has developed -attributed to either CKD or liver disease. Still no liver enzyme changes to accompany liver masses/cysts seen on AUS. Plan to recheck BW, UA, UPCR in ~1 month after being on Semintra Primary Question to Be Answered in This Exam Follow up as recommended

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.04 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.06 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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.

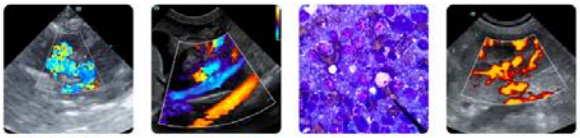
Adrenal Glands

The left adrenal gland is normal in size, measuring 0.41 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 borderline enlarged, measuring 0.70 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 (0.67 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.



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Liver

The liver is large in size and irregular in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. On the left side of the liver there is a hyperechoic solid mass effect measuring 1.96 cm x 3.0 cm (previous measurement 8/11/25 was 2.2 cm x 2.62 cm). Additionally there is a somewhat poorly defined complex cystic mass effect visualized in the left to mid caudal liver measuring approximately 6.92 cm x 4.89 cm (previous measurement was 5.48 cm x 4.44 cm).

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic duct/proximal bile duct appears slightly dilated measuring at 0.41 cm. The common bile duct distally is visualized at the level of the duodenum at 0.35 cm with some inflammation in the region.

Gastrointestinal

The stomach contains minimal luminal contents. 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 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. Jejunum wall measures 0.28 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

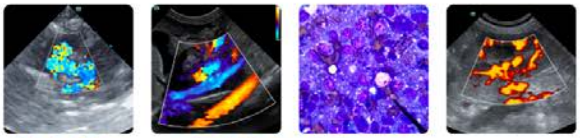
The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is hyperechoic in the right cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Dependent echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Mild age related changes visualized associated with both kidneys.
- Solid hyperechoic mass effect on the left liver and a cystic, mixed echogenicity, poorly defined mass effect in the mid caudal left region of the liver – This appearance is most consistent with a complex cystadenoma/cystadenocarcinoma. The more solid lesion has an appearance most consistent with an adenoma, although other differentials are possible.



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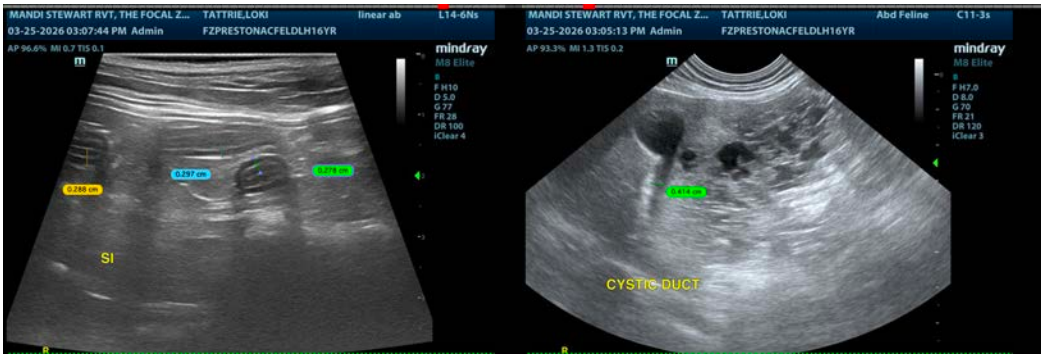
- Moderate gallbladder debris with a prominent cystic duct – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats. The mass effect could be impinging on the outflow tract, causing some bile duct dilation.
- "Ropey" small intestine with a prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Borderline large right adrenal gland – The adrenal appears normal otherwise. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hyperechoic solid lesion visualized on the left side of the liver appears relatively stable on today's exam. The larger irregular cystic lesion measures as slightly larger, but this is poorly defined and irregular, making accurate measurements challenging. The gallbladder has moderate debris and the cystic duct appears somewhat dilated. It is possible that the complex cystic lesion is partially obstructing the bile duct. Distally the common bile duct appears somewhat dilated at the level of the duodenum with some inflammation in the region. It is uncertain if the inflammation is secondary to the mass effects or concurrent hepatobiliary disease. It is likely that a contrast CT scan would be necessary to further delineate these changes. Ursodiol therapy could be considered to thin bile secretions, but if a true obstruction is present, this would be less indicated. Recommend continued monitoring of lab work and monitoring for elevations in bilirubin levels.

The small intestine appears slightly ropey on today's exam, possibly consistent with mild inflammatory type change. In the absence of underlying gastrointestinal symptoms, the significance of this is uncertain.

The right adrenal appears slightly large. The significance of this is uncertain at this time. Recommend continued monitoring.



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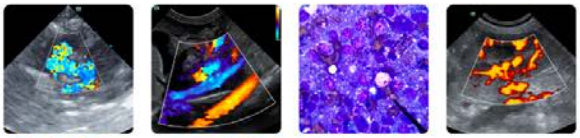

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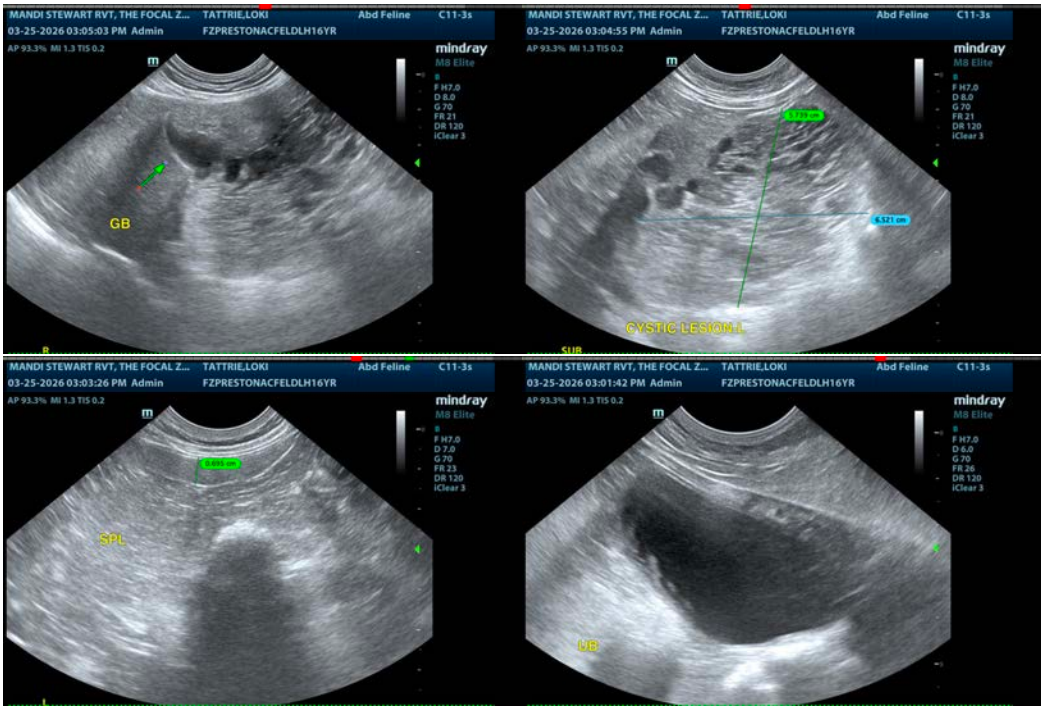

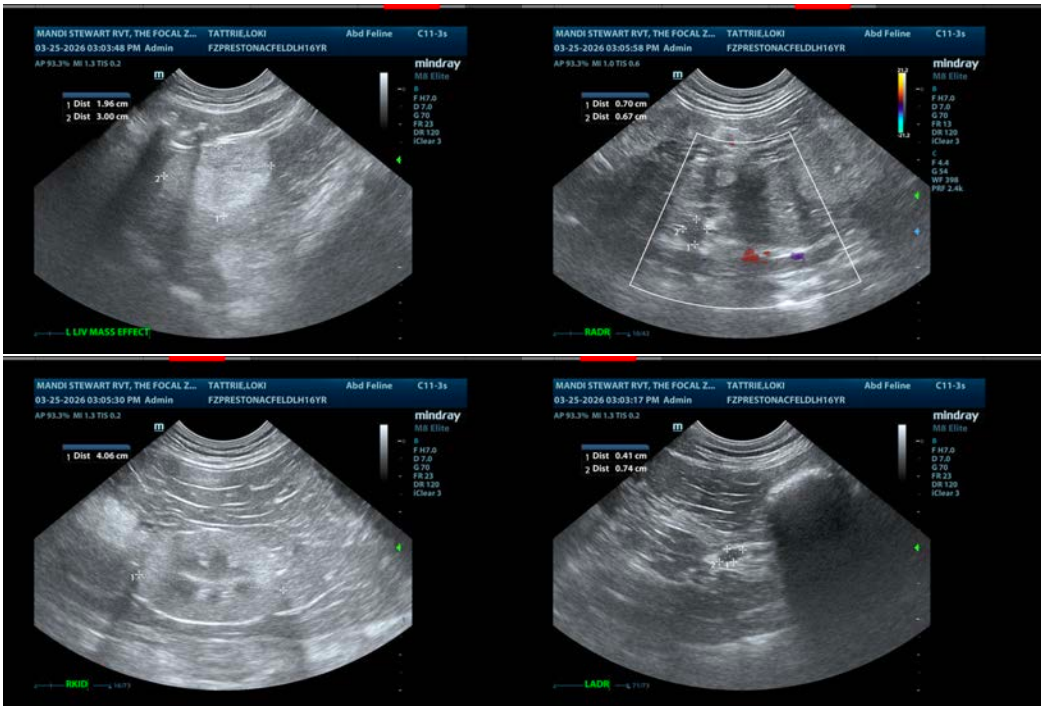

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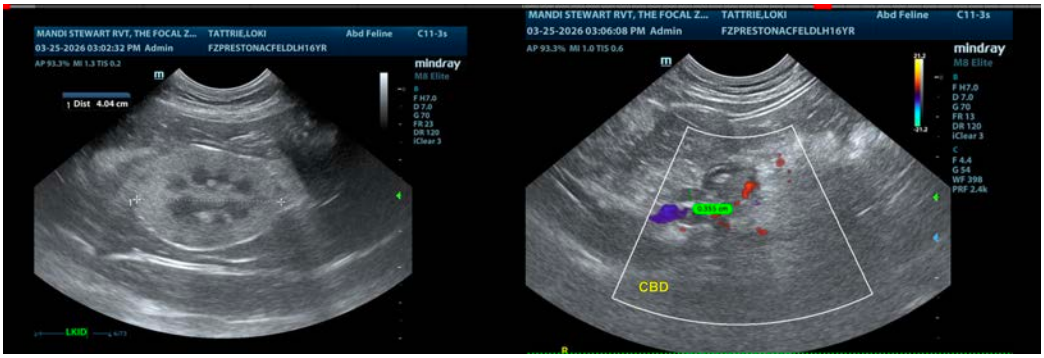

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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