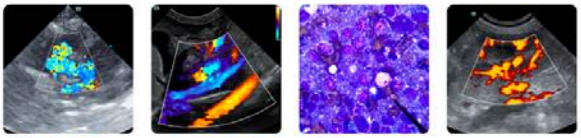


PATIENT

Mollie Sabatelle

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

10.34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Northside Animal Hospital

REFERRING VET

Dr. Russell

INVOICE

74500

DATE

4/16/26

PRESENTING CLINICAL SIGNS

BCS 4/9; weight loss, abdominal effusion, fluid wave, anorexia 2-3 days; increased abdominal respiratory effort. Abdominocentesis performed 4/15/26 afternoon.

Current Medications: Methimazole (Hyperthyroid since 2024)

Abnormal PE/Chem/CBC/UA Results: Chem WNL; stress leukogram; abdominal effusion obtained today-fluid analysis and cyto pending

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 (4.38 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 (3.32 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 0.40 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.

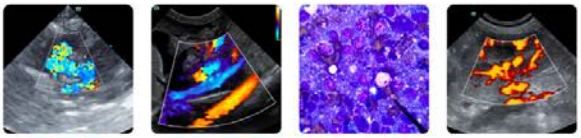
The right adrenal gland is normal in size measuring 0.47 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.72 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a complex cystic hyperechoic region that appears to involve the caudate lobe of the liver, possibly consistent with cystadenoma/cystadenocarcinoma, measuring 3.09 cm x 3.49 cm.



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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 mild fluid and shadowing ingesta. 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 0.30 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 pancreas is not clearly visualized, but there is a large amount of inflammation in the region of the pancreas, particularly in the region of the left limb.

Free Abdomen

There is a large amount of echogenic free fluid. There is no definitive lymphadenopathy noted. The omentum is diffusely hyperechoic and irregular, particularly in the region of the left mid cranial abdomen where it appears somewhat nodular and irregular.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Reactive mesentery in the region of the pancreas. Pancreatic pathology cannot be ruled out.
- Complex cystic lesion visualized associated with the right caudal/caudate lobe of the liver – Findings are most consistent with a cystadenoma/cystadenocarcinoma.
- Large volume echogenic free fluid and highly irregular/borderline nodular omentum – Findings are concerning for a possible underlying neoplastic etiology (carcinomatosis). A highly irregular/nodular inflammatory lesion cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of echogenic free fluid visualized. Your plan for sampling and fluid analysis and cytology is a good start to classify the fluid and look for overt neoplastic cells. A definitive abdominal mass lesion is not observed, but there is a hyperechoic complex cystic structure visualized that appears to be associated with the right caudal aspect of the liver, possibly consistent with a cystadenoma or cystadenocarcinoma, and the irregular/nodular aspect of the mesentery is concerning for possible carcinomatosis. A fine needle aspirate of this tissue could be considered.

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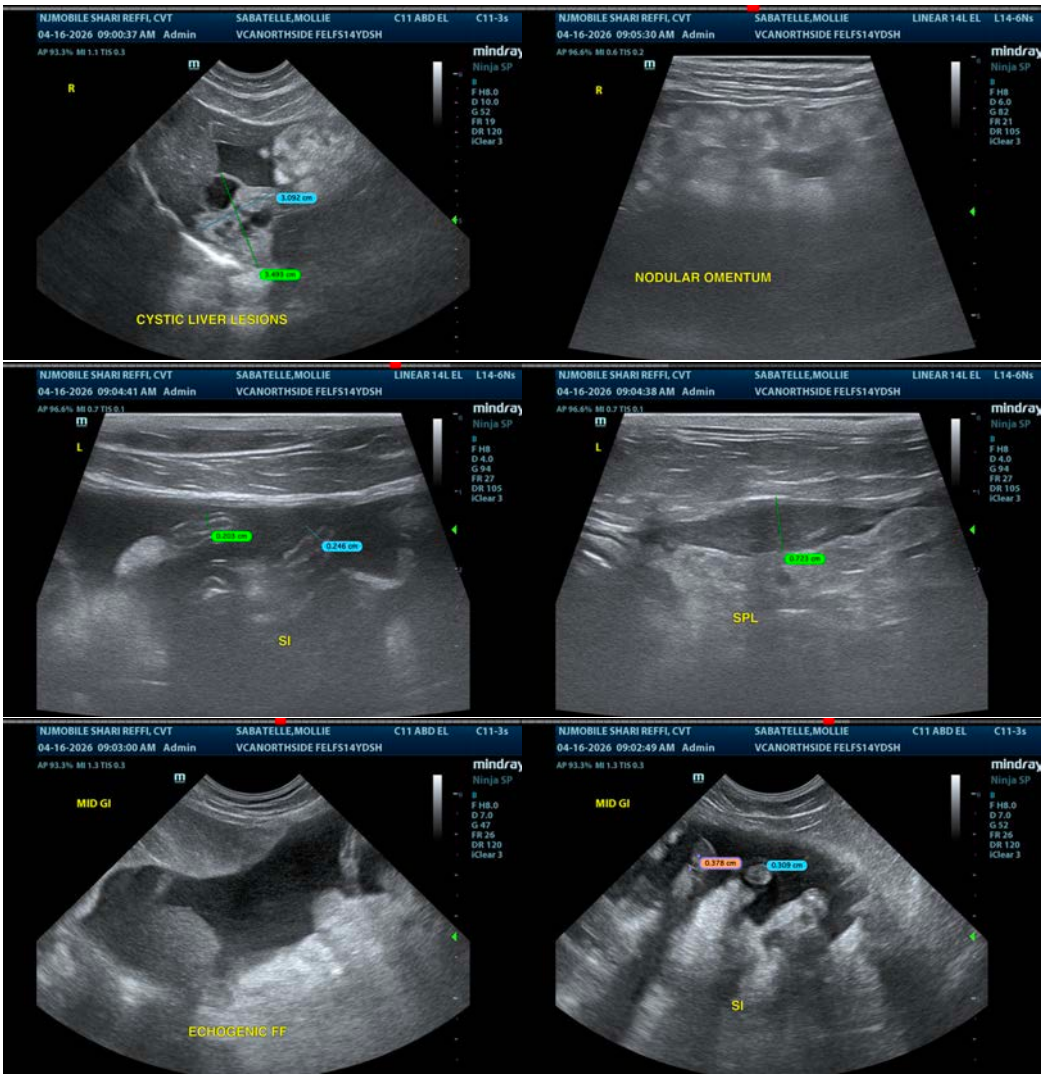
Recommend 3-view thoracic radiographs to evaluate for any pulmonary lesions and to look for any evidence of cardiovascular disease. Depending on the nature of the fluid, a cardiac ultrasound may be warranted.

If cytology is not diagnostic, options would likely include palliative therapy +/- empirical treatment for other potential differentials such as FIP, underlying neoplasia/carcinomatosis, concurrent pancreatitis, etc. Surgical biopsies may be necessary to obtain a definitive diagnosis.



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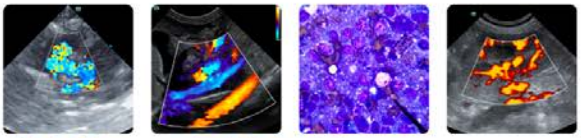
FUELED BY SONOPATH VETERINARY ULTRASOUND



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Educational Teleconsultation Services™

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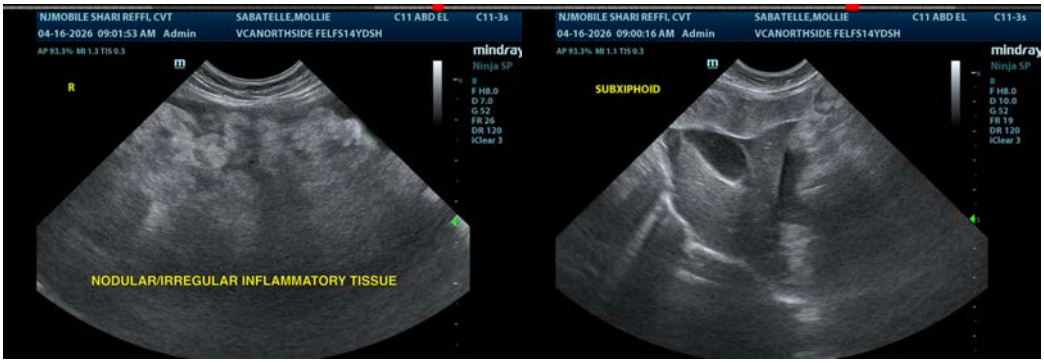

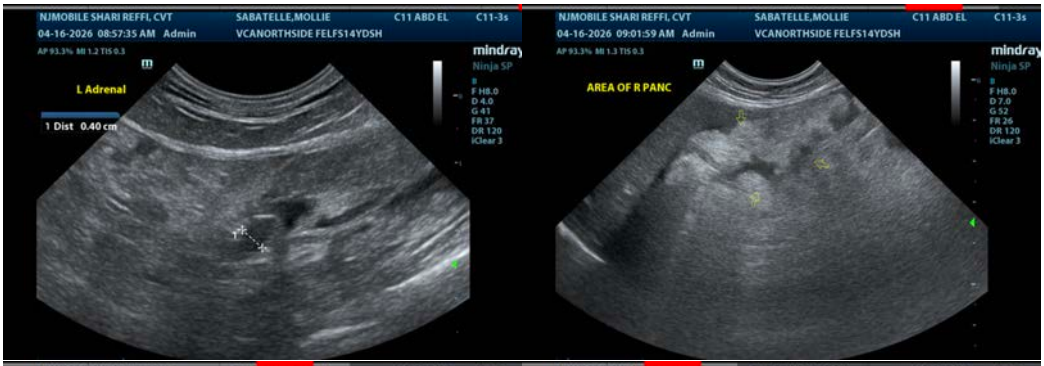

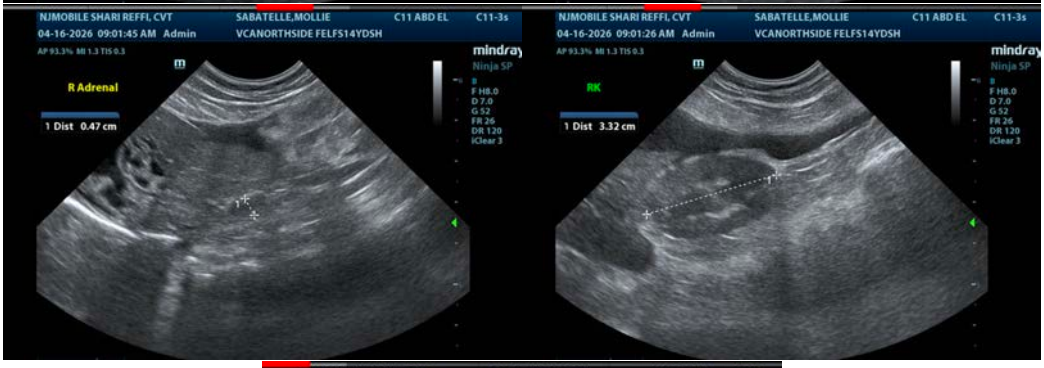

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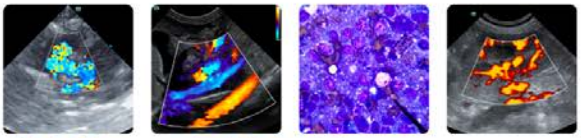

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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