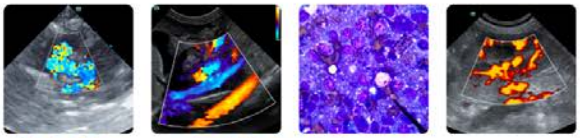


PATIENT

Miss Kitty Grubbs

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years 10 Months

WEIGHT

8.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek Veterinary Hospital

REFERRING VET

Dr. Zamoborsky

INVOICE

74630

DATE

4/21/26

PRESENTING CLINICAL SIGNS

P presented for US due to frequent vomiting. Mass seen on rads. Chest rads appear normal

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 (3.4 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 (3.16 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 0.37 cm at the cranial pole and 0.30 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 0.27 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.

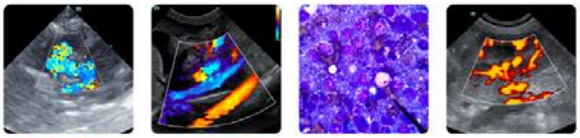
Spleen

The spleen is subjectively normal in size (0.64 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 and appearance. The visible portions of the vasculature and biliary tract appear normal. There is a large, poorly defined, slightly hyperechoic/slightly cystic mass effect visualized primarily involving the right side of the liver, extending into the mid right region, measuring approximately 7.25 cm x 4.47 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 mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

Regions of the stomach are visualized with some impairment due to the cranial abdominal mass effect in the region. No significant abnormalities are visualized.

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 0.25 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 due to abnormal cranial abdominal tissue (suspected hepatic) obscuring the region. Pancreatic involvement cannot be ruled out.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Poorly defined, hyperechoic/cystic mass effect visualized in the region of the right liver – Findings are most consistent with a primary hepatic mass lesion such as an adenoma, cystadenocarcinoma, cystadenoma, etc. Other differentials are possible. Pancreatic involvement cannot be ruled out.

- Diffusely "ropey" small intestine with some areas exhibiting segmental thickening of the 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a poorly defined mass effect visualized in the right cranial abdomen, suspected to involve the right liver. This is suspected to be a primary hepatic mass lesion, although pancreatic involvement or similar cannot be ruled out. Recommend fine needle aspirate. If surgical intervention would be considered, recommend a contrast CT scan to further investigate the extent and exact location for further planning.

Additionally, the small intestine appears "ropey" with inflammatory type changes. The vomiting reported could be secondary to the hepatic mass effect observed or a primary enteropathy. In addition to further evaluation of the mass effect, you could consider a hydrolyzed protein prescription diet and possibly a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, looking for additional evidence for possible small intestinal disease.

If surgery is pursued for the hepatic mass lesion, consider obtaining biopsies of the GI tract at the same time.

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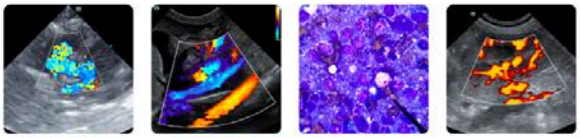

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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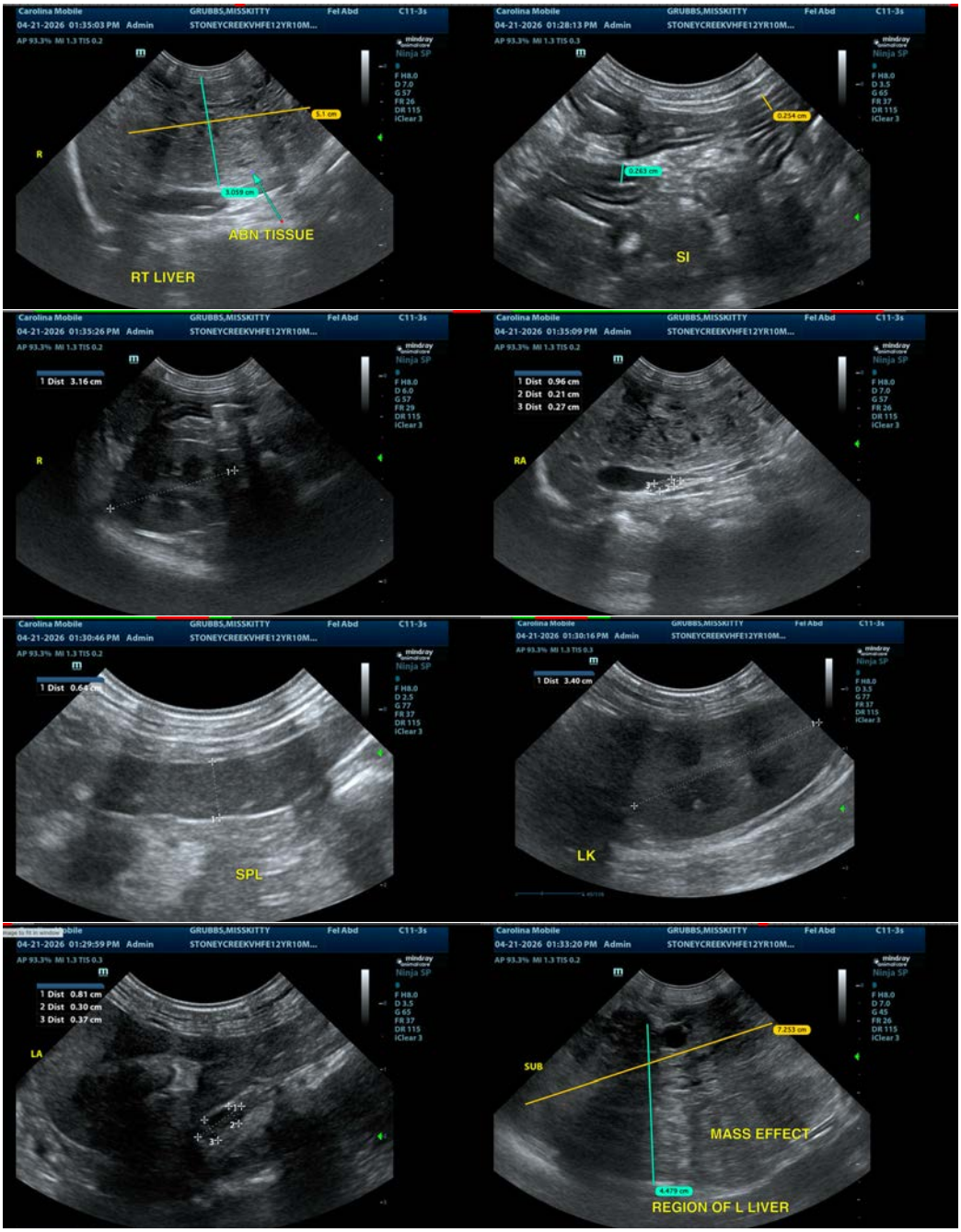

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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