



## DATE PRESENTING CLINICAL SIGNS

4/30/26

**Patient History:** Owner reported 4/17/2026 that the cat was exhibiting on/off signs of quiet and lethargic behavior over the previous 2-3 months. Periodic episodes of vomiting and diminished appetite. Owner noted gradual weight loss over the past 6 months. Physical examination: weight loss of about 1.5 lbs over the past year and a firm palpable but diffuse structure in the cranial abdomen. Radiographs confirmed a diffuse mass like effect in the cranial abdomen which has displaced sections of the intestine caudal. However, it is difficult to establish the origin of the mass like structure. Thorax shows N/R. Blood profile : shows a minor elevation to the liver enzymes but N/R otherwise.

## PATIENT

Baby Barton

## SPECIES

Feline

**Current Medications:** Denamarin 90 mg QD

**Labwork Results:** See attached.

## BREED

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

DSH

**Stat Report:** Not requested.

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

## SEX

Spayed Female

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

## AGE

8/30/13

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.

## WEIGHT

9.4 lbs

The left kidney has a normal shape and size (2.95 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.

## INTERPRETED BY

Kathleen Sennello DVM,  
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(Small Animal Internal  
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The right kidney has a normal shape and size (3.06 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.

## HOSPITAL NAME

Fork Veterinary  
Hospital

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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.

## REFERRING VET

Dr. Doherty

The right adrenal gland is normal in size measuring 0.34 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.

## INVOICE

74872

### Spleen

The spleen is subjectively normal in size (0.80 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 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. The majority of the hepatic parenchyma is occupied by mixed echogenicity/hyperechoic cystic lesions. On the right side of the liver there is a complex hyperechoic cystic mass measuring 3.54 cm x 2.97 cm. On the left side there is a large cystic lesion measuring 4.66 cm x 4.64 cm. There is a solid hyperechoic nodule on the right side measuring 1.02 cm. In the mid abdomen there is a large, mixed echogenicity, solid mass effect visualized measuring 4.34 cm x 6.17 cm, strongly suspected to be of hepatic origin.

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 bile duct appears somewhat tortuous and dilated proximally, measuring at 0.32 cm.

### ***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.13 cm 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. Duodenum wall measures 0.23 cm. Jejunum wall measures 0.24 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 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***

There is a small amount of free fluid. No lymphadenopathy noted. The omentum is generally of normal echogenicity.

## **PRIMARY FINDINGS**

- Numerous irregular, complex, mixed echogenicity cystic mass lesions visualized associated with the liver – Findings are most consistent with cystadenomas/cystadenocarcinomas.
- Moderate gallbladder debris with a dilated/tortuous bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Small volume free abdominal fluid.

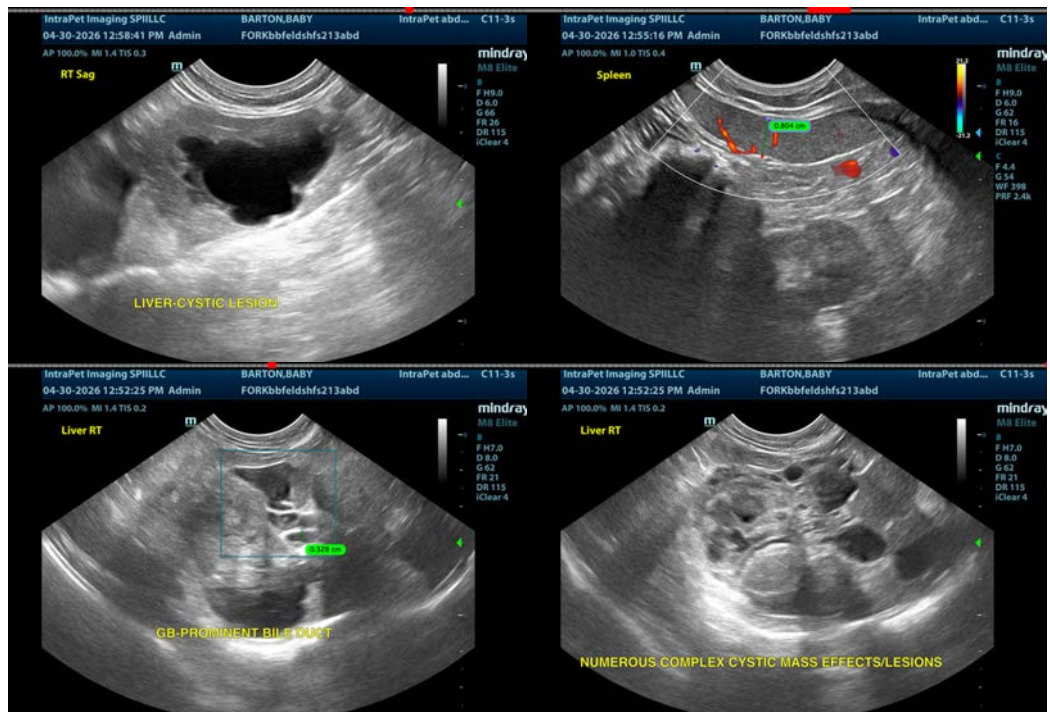
## SECONDARY FINDINGS

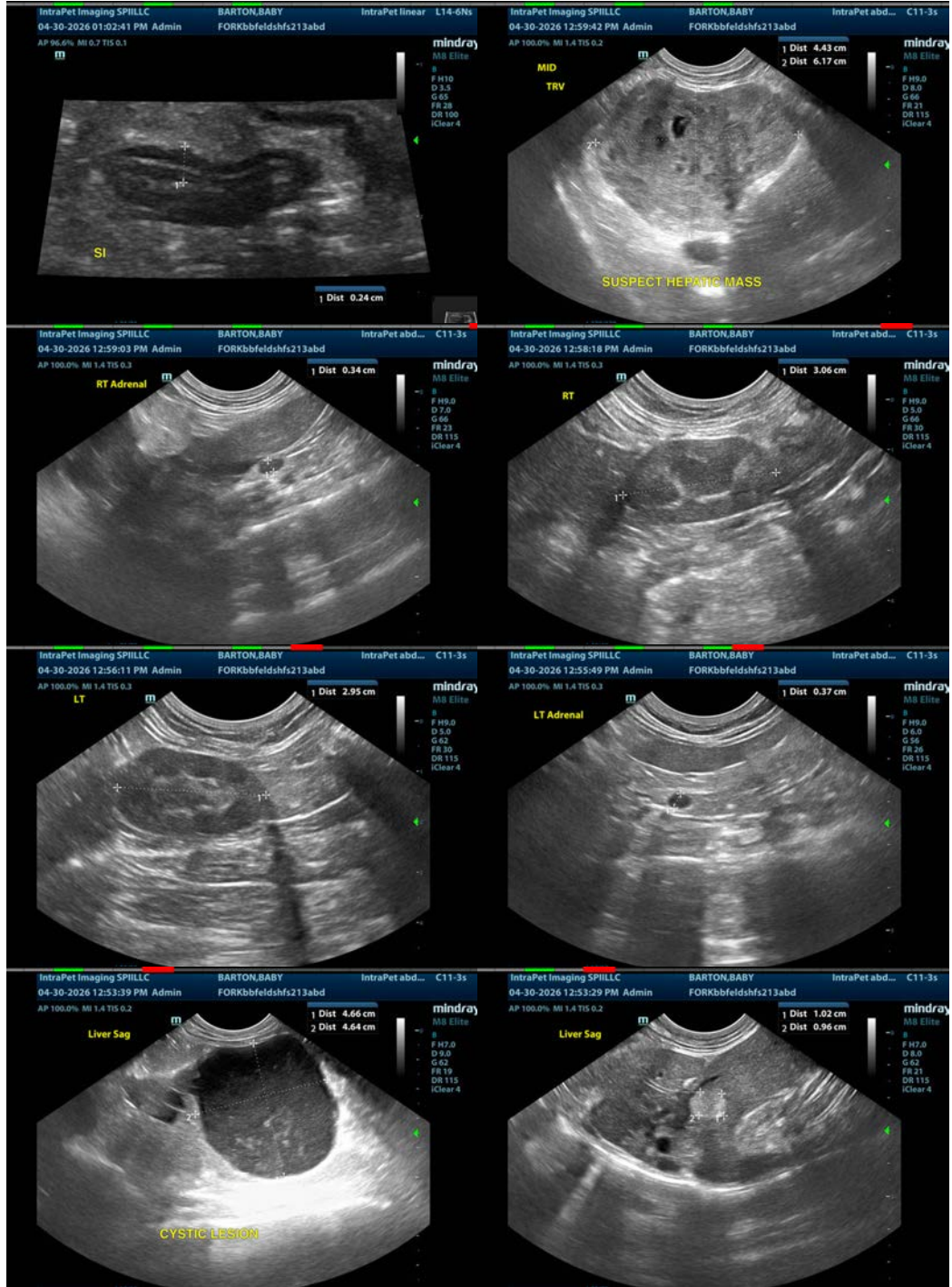
- Age related changes visualized associated with both kidneys.
- Inflammatory type change visualized associated with some areas of the small intestine.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is very abnormal with numerous irregular, mixed echogenicity, variably cystic complex mass lesions. The appearance would be most consistent with cystadenomas/cystadenocarcinomas. The majority of the liver is involved, and there is a solid mid abdominal mass lesion that is suspected to be hepatic in origin with a small band of vascular tissue connecting to the liver. It is unlikely to be able to resect all of the abnormal tissue, but there is the possibility of palliative surgery to remove some of the space occupying effects of the mass. Recommend a liver function test. If liver function is normal, you could consider a contrast CT scan to better evaluate the distribution and extent of the mass lesions. A fine needle aspirate of the mid abdominal mass could be considered for further evaluation.

There are mild age related changes visualized associated with both kidneys, and some areas of the small intestine appear mildly "ropy". The significance of these changes is uncertain. The majority of the symptoms described are suspected to be attributable to the liver lesions.







**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.

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