



**PATIENT**

Ringo Fay

**PRESENTING CLINICAL SIGNS**

abdominal mass, just caudal to liver, first palpated 4/14/22  
Abnormal PE/Chem/CBC/UA Results: SGPT 143, crea 3.7, BUN 68

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Persian

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.

**SEX**

Neutered Male

The left kidney has a normal shape and size (3.67 cm) with mild pyelectasia at 0.29 cm and a rare small cortical cyst. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

17 Years

The right kidney has a normal shape and size (3.75 cm) with occasional small cortical cysts and mild pyelectasia at 0.19 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

6.6 Pounds

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.36 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.

**INTERPRETED BY**

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

The right adrenal gland is normal in size measuring 0.32 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**

**IMAGING PERFORMED BY**

Diane McFadden

The spleen is subjectively normal in size, 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.

**HOSPITAL NAME**

East Plane AH

**Liver**

The liver is large in size and irregular. The visible parenchyma is heterogenous in echotexture, but much of the parenchyma consists of diffuse variably sized anechoic cystic structures with minimal "normal" hepatic parenchyma visualized. The visible portions of the vasculature and biliary tract appear normal. Cysts vary in size from 0.5-4.0 cm.

**REFERRING VET**

Dr. Rosen

The gallbladder is difficult to visualize amongst the hepatic cysts.

**Gastrointestinal**

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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.

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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



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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.

**SPECIES**

Feline

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.

**BREED**

Persian

**Pancreas**

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.

**SEX**

Neutered Male

**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 of normal uniform echogenicity.

**AGE**

17 Years

**ULTRASONOGRAPHIC FINDINGS**

- Large, diffusely cystic liver – most consistent with benign cystadenomas, although there is very little non-cystic/normal appearing hepatic parenchyma.
- Decreased corticomedullary distinction in both kidneys with mild pyelectasia and occasional small cortical cysts – The bilateral renal findings are consistent with age-related change. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

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6.6 Pounds

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Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
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Medicine)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver is diffusely cystic with very little normal hepatic parenchyma visualized. At least 80% of the liver is cystic. These findings are most consistent with benign cysts or cystadenomas. There is no definitive treatment for this condition, and surgical options are limited, as these lesions are diffuse. Often they are asymptomatic, unless the bulk of the lesion causes discomfort or there is a reduction in functional hepatic tissue. These cysts can be drained, but in my experience they tend to refill relatively quickly. I do not see a prominent isolated cyst that would likely be causing an issue. Some of the more distal cysts are larger and could be drained, but there is some risk for leakage when there is minimal hepatic tissue surrounding the cystic lesion.

**IMAGING PERFORMED BY**

Diane McFadden

Both kidneys have age related changes with decreased corticomedullary distinction and cortical cysts as well as mild pyelectasia. Recommend blood pressure evaluation, urinalysis and culture.

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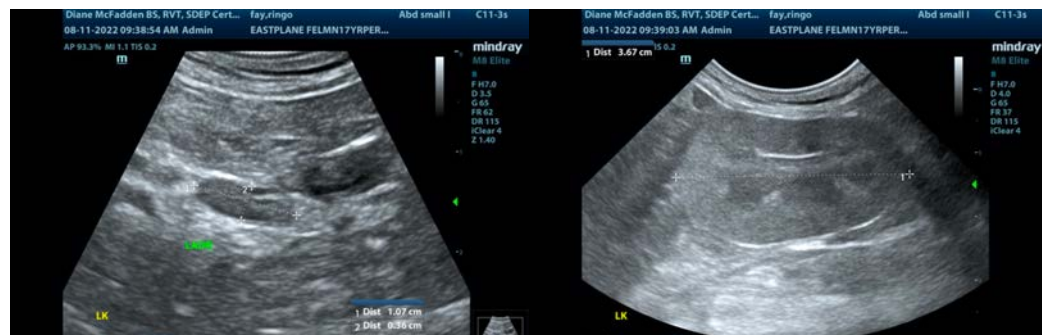
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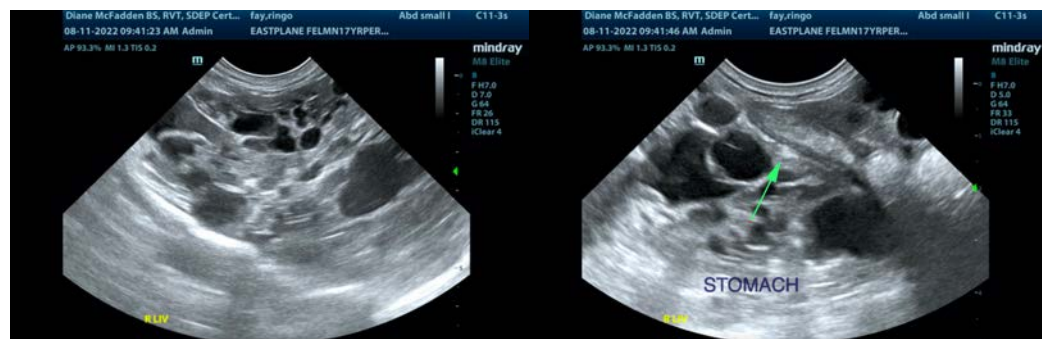
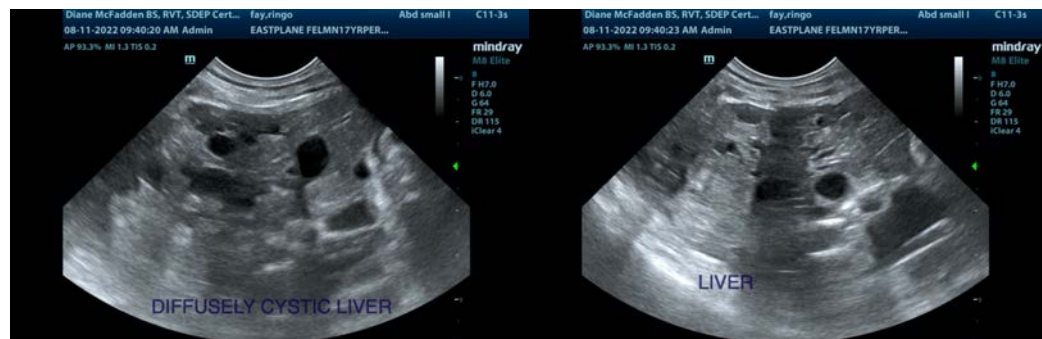
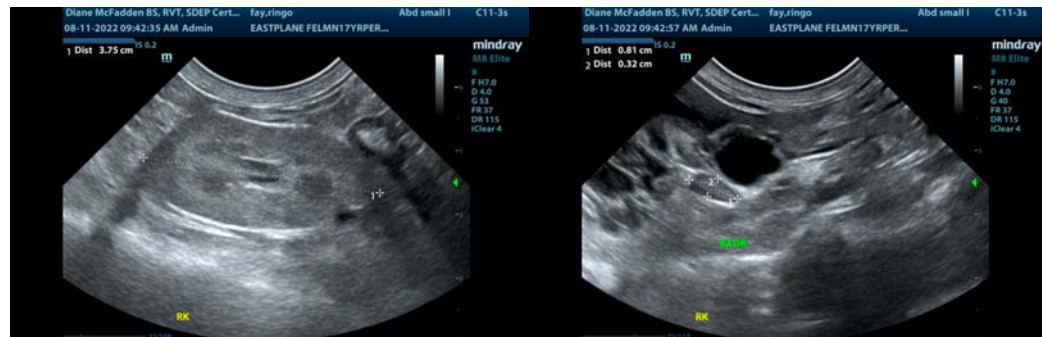
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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)  
kathleen.sennello@sonopath.com

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