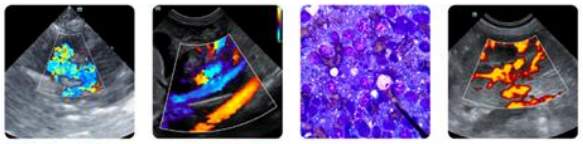


PATIENT
Lily Duffault

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
9yr

WEIGHT
3.5kg

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Renee Trionfetti, VMD

HOSPITAL NAME
Blue Pearl Wyomissing

REFERRING VET
Blue Pearl Wyomissing

INVOICE
23540

DATE
01/14/2026

PRESENTING CLINICAL SIGNS

AUS to further evaluate a palpable abdominal mass, elevated ALT. History of weight loss and chronic vomiting since September but then acutely vomiting and not eating 12-24 hours. Currently hospitalized. Hosp mgmt: Cerenia, IV fluids

Abnormal PE/Chem/CBC/UA Results: Initial Radiograph - no obvious nodules in chest. Mass-possibly off of liver vs other cranial abdominal mass. Repeat AXR: pending Bloodwork: PCV/TS - 40/11.0 CBC - Neut - 13,400 Chem - Alb - 3.9, Glob - 6.0, ALT - 227, Chol - >450, Creat - 3.3, Glu - 286, Phos - 10.1, TP - 9.9, BUN - 39.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

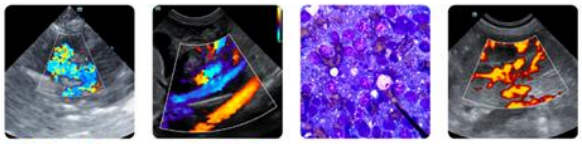
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

A moderately sized to irregularly expansive mixed echogenic ventrocaudal liver mass, extending into area of the gastric axis with associated gastric impingement to displacement, measuring ~ 7 cm x 4 cm was present. An additional mass was present in the deep mid to left liver, exhibiting non-homogenous parenchyma measuring 3 cm in diameter. Concurrent non-homogenous mass in the area of the caudate liver at the level of the pyloric to upper duodenal outflow, measuring ~ 2.6 cm in diameter was present.



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The gallbladder was non-distended in size with thin walls and gravity-dependent, hyperechoic to mineralized debris. The proximal to mid common bile duct was dilated and mildly tortuous without overt post hepatic obstruction. The common bile duct was not visualized to the level of the duodenum.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate distention with retained anechoic to mildly echogenic fluid. Within the pylorus a pocket of gas is probable with minor potential for a small amount of hypoechoic to mildly shadowing pyloric content. Definitive evidence of obstruction to pyloric outflow was not obvious. No evidence of obstructive pyloric mural pathology.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation and gas in the intestinal lumen was present without obstruction or foreign material. The ileocolic junction was normal measuring 0.3 cm in wall width.

Normal non-distended visible colon wall layers were present with non-formed feces in lumen.

Pancreas

The left limb of the pancreas was mildly prominent size with mild capsule asymmetry exhibiting mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy was present.

Minor pockets of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Multiple variably expansive hepatic masses with moderately sized caudal hepatic mass expansion to efface / impinge upon stomach.
- Generalized gastrointestinal ileus accentuated by moderate hypomotile stomach.
- Suspect concurrent chronic pancreatitis.
- Hyperechoic to mineralized gallbladder debris with non-obstructive proximal common bile duct dilation.
- Normal bilateral kidneys.
- Minor peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric hepatic neoplastic criteria is met. Generalized gastrointestinal ileus with moderate hypomotile stomach may indicate metabolic or functional gastric to gastrointestinal ileus, potentially secondary to gastric impingement owing to hepatic masses or chronic pancreatitis, although non-obvious mechanical, pyloric or upper duodenal obstruction is possible. Correlation with hepatic FNA cytology, continued gastrointestinal support with clinical monitoring is recommended.

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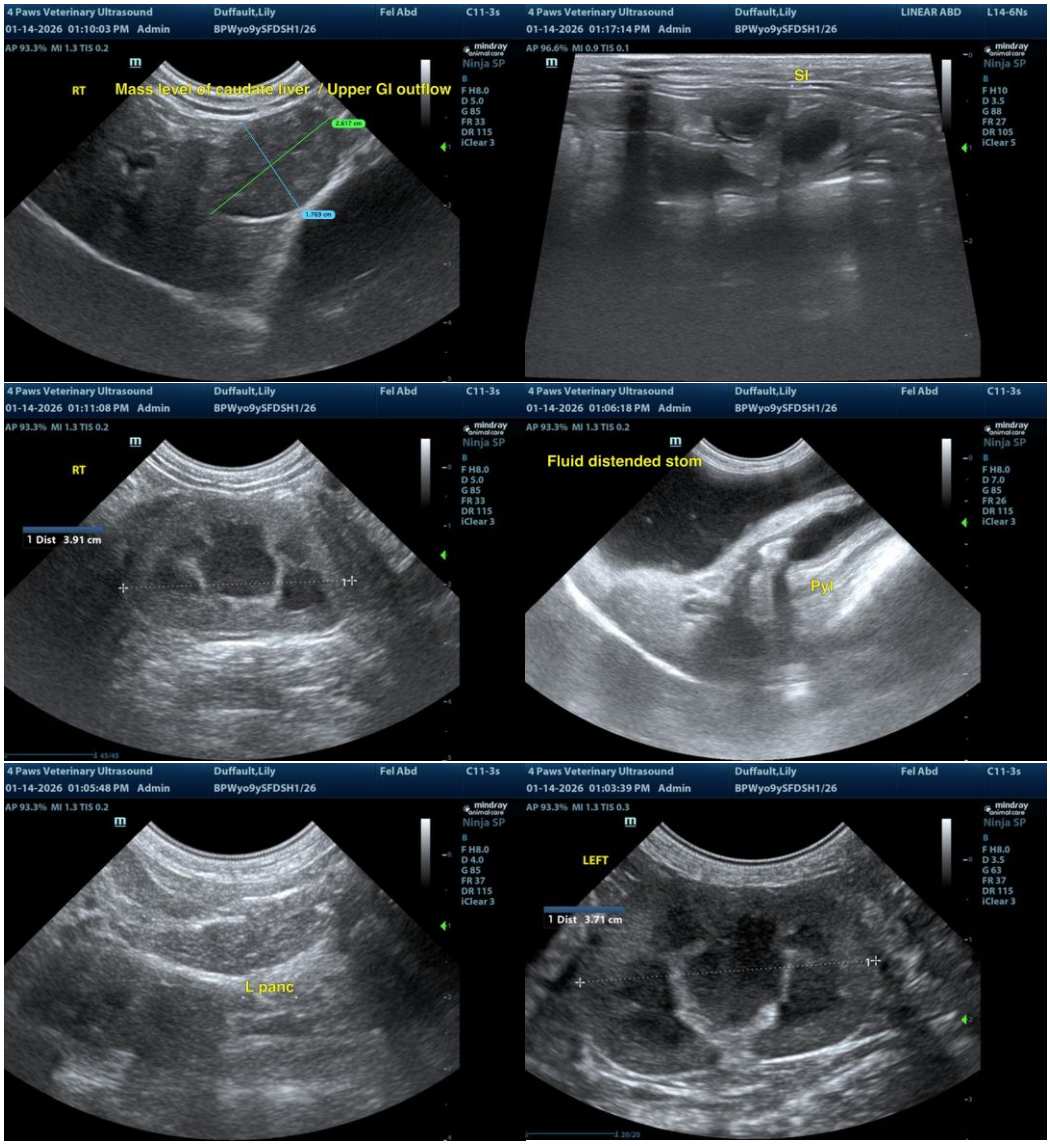

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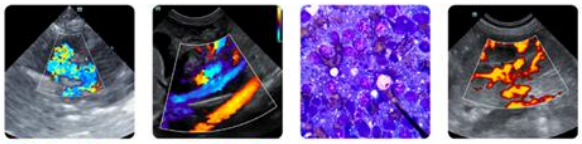

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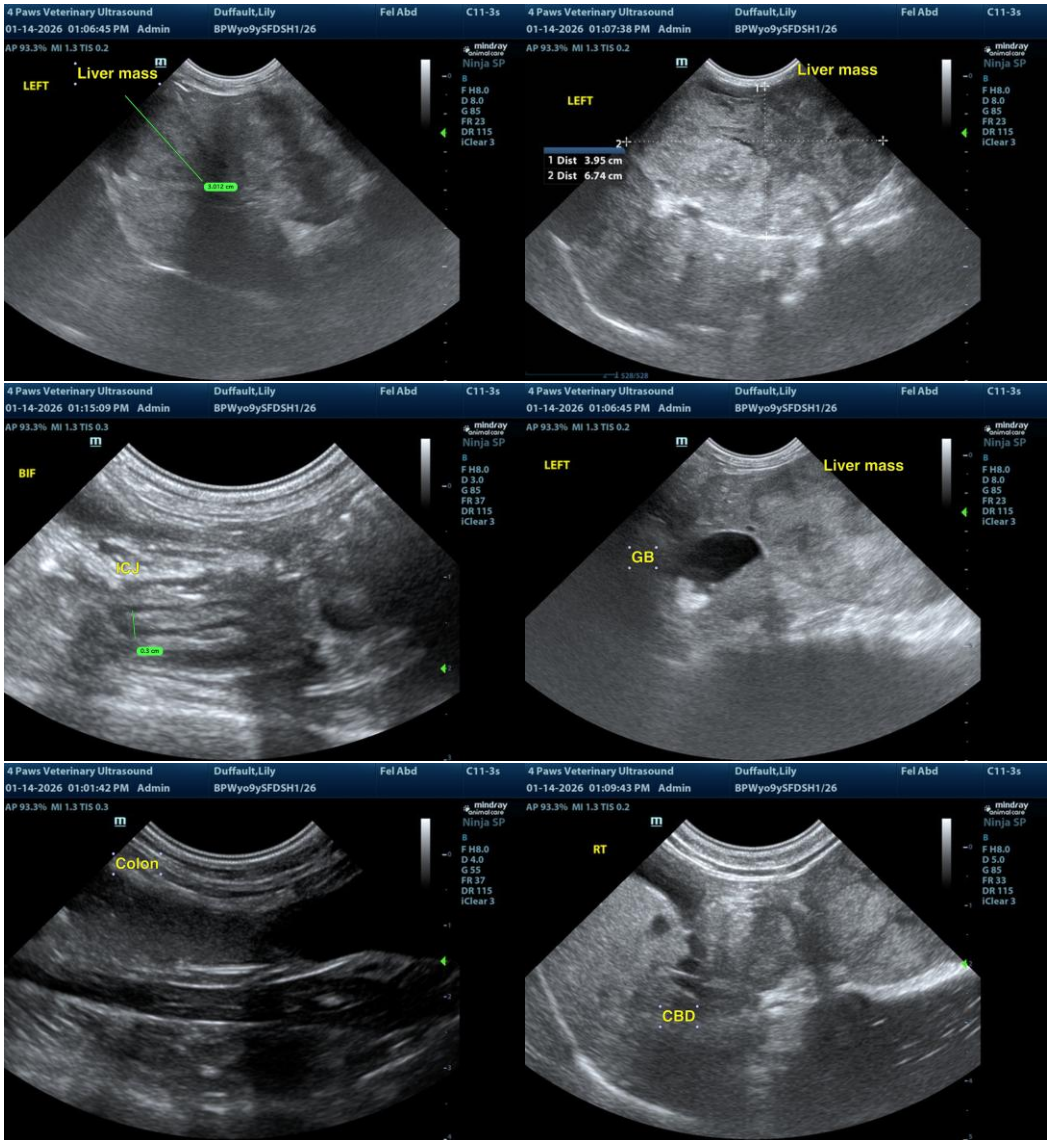

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com