



PATIENT

Bubs Kvidera

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

8.25 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem Animal
Hospital

REFERRING VET

Dr. Tremper

INVOICE

13318

DATE

01/22/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Underweight and dehydrated senior cat with history of CKD (stable CREA of 2.6 mg/dL over last year) with acute changes to eating behavior (not using tongue) in last 3-4 weeks and acute diarrhea. History of chronic intermittent vomiting. Noted swollen mucosa under tongue on brief oral exam, no apparent masses or visible tongue base foreign bodies. R kidney palpated irregular and enlarged on abdominal palpation

ABNORMAL Labwork Values: CREA of 2.9 mg/dL, SDMA 17 ug/dL, rest of CBC/chem/t4 WNL

Current Medications: SC fluids, Cerenia, Gabapentin and Mirataz started 1/19, received Convenia on 1/20

Notes to Specialist (if any): Owner suspects primary issue with tongue. Noted increased ability to eat and use tongue after starting supportive care with gabapentin, Cerenia and Mirataz. Wanting to r/o abdominal/renal neoplasia before pursuing additional diagnostics regarding mouth.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen.

Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The left kidney was enlarged in size compared to the right kidney with the right kidney exhibiting subnormal size. Asymmetrical renal marginations was present bilaterally. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomedullary border demarcation was also present. In the left kidney with marked loss of corticomedullary border demarcation in the right kidney. The renal medullary volume was subjectively reduced. Pyelectasia was evident in the left kidney. The left kidney measured 4.3 cm in length. The right kidney measured 2.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 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. The spleen measured 0.67 cm width level of the mid spleen.



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Liver & Gallbladder

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The liver revealed marked hepatomegaly with asymmetrical contour primarily secondary to a large caudally expanding nonhomogenous cystic liver mass occupying a majority of the liver parenchyma measuring at least 10.0 to 11.0 cm in diameter.

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The gallbladder was not definitively visualized.

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Gastrointestinal

The stomach was indistinctly visualized without evidence of gastric distention. The stomach appeared to be displaced caudally owing to caudally expanding liver mass.

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The small intestine presented intact wall layering with overall maintained wall layer ratio and borderline thickened intestinal wall. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.26 cm width.

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Normal visible colon wall layers were present with soft fecal matter in lumen.

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Pancreas

The left pancreas presented prominent in size with capsule asymmetry and nonhomogenous hypoechoic parenchyma and prominent pancreatic duct.

Free Abdomen

No visualized significant omental lymphadenopathy was present. Scant pockets of peritoneal effusion were present.

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ULTRASONOGRAPHIC FINDINGS

- Large nonhomogenous cystic liver mass.
- Moderate to marked chronic renal changes exhibiting subnormal right kidney size and mild left kidney pyelectasia.
- Chronic active pancreatitis.
- Possible chronic enteropathy.
- Scant peritoneal effusion.
- Urine sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the liver mass may include significant biliary cystadenoma or biliary cystadenocarcinoma. Assuming normal clotting status, liver mass FNA cytology could be considered for further clarification. Gastric displacement or irritation secondary to the liver mass in conjunction with chronic to chronic active pancreatitis and possible chronic enteropathy as contributing factors to the patient body condition and gastrointestinal signs are possible. A GI panel to include PLI, TLI, cobalamin and folate are recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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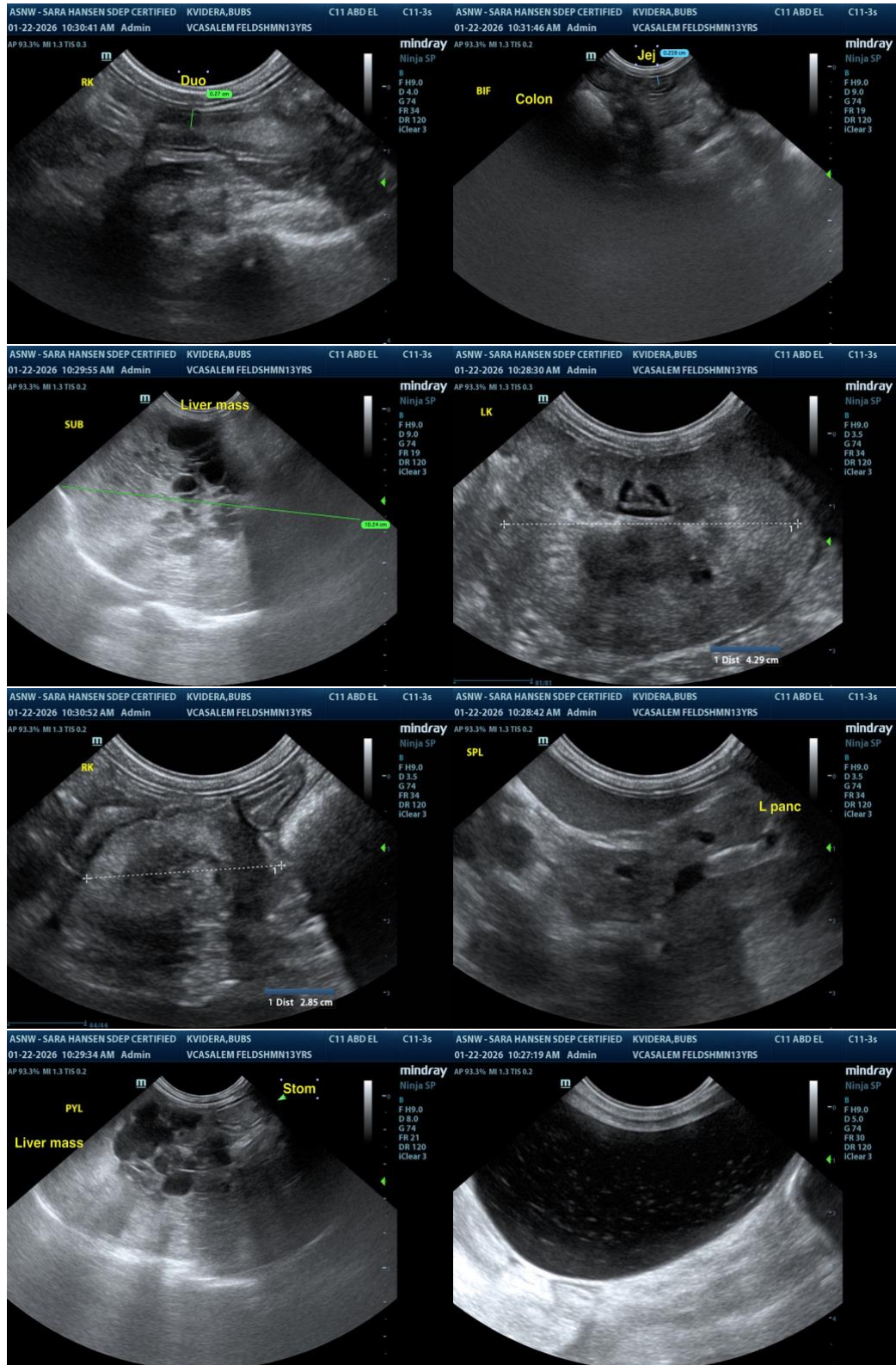
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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