

**PATIENT**

Allie Bearden

**SPECIES**

Feline

**BREED**

DSH

**SEX**

SF

**AGE**

11 years

**WEIGHT**

12 lbs.

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

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Hartmann

**INVOICE**

12976ag

**DATE**

2/14/23

**PRESENTING CLINICAL SIGNS**

Presented Saturday Feb 11, anorexic for about 3 days. Treated with SQ fluids, Cerenia, Convenia, Mirataz on Saturday. Owner reports that she is eating better and is doing much better since Saturday. Abnormal PE/Chem/CBC/UA Results: FPL - abnormal Rest of BW unremarkable Rads -large soft tissue mass. Suspect liver mass?

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with very minor particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus and is likely incidental unless evidence of inflammatory cells on UA. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 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 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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.

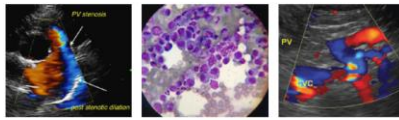
**Liver/ Gallbladder**

A moderately sized cystic mass occupying the caudoventral aspect of the liver extending into the area of the gastric axis was present measuring ~ 8.0 cm in diameter. The liver not involved with the mass exhibited homogenous parenchyma with normal echogenicity. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio and possible mild displacement owing to the cystic liver mass. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.



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Normal visible colon wall layers were present with apparent formed feces in lumen.

Allie Bearden

**Pancreas**

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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Feline

**Free Abdomen**

**BREED**

No overt lymphadenopathy or peritoneal effusion was present.

DSH

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**SEX**

- Moderately sized caudal cystic liver mass-suspect cystic biliary adenoma, potential for cystic biliary adenocarcinoma possible
- Sonographically unremarkable GI tract, possible mild gastric displacement secondary to the liver mass
- Normal pancreas-no evidence of active inflammation, potential for low-grade inflammation possible
- Mild age related renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status a hepatic mass FNA for screening cytology is warranted for further assessment. However, cytology may prove beneficial given the overall cystic nature of the mass. Subjectively the mass appears to be amendable to surgical resection based on location. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. As needed GI support is recommended. Sonographic monitoring of the cystic liver mass for evidence of progression would also be reasonable.

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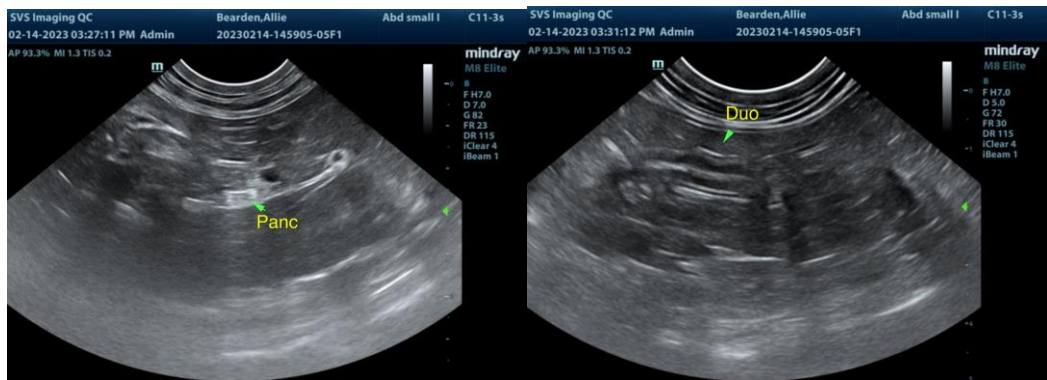
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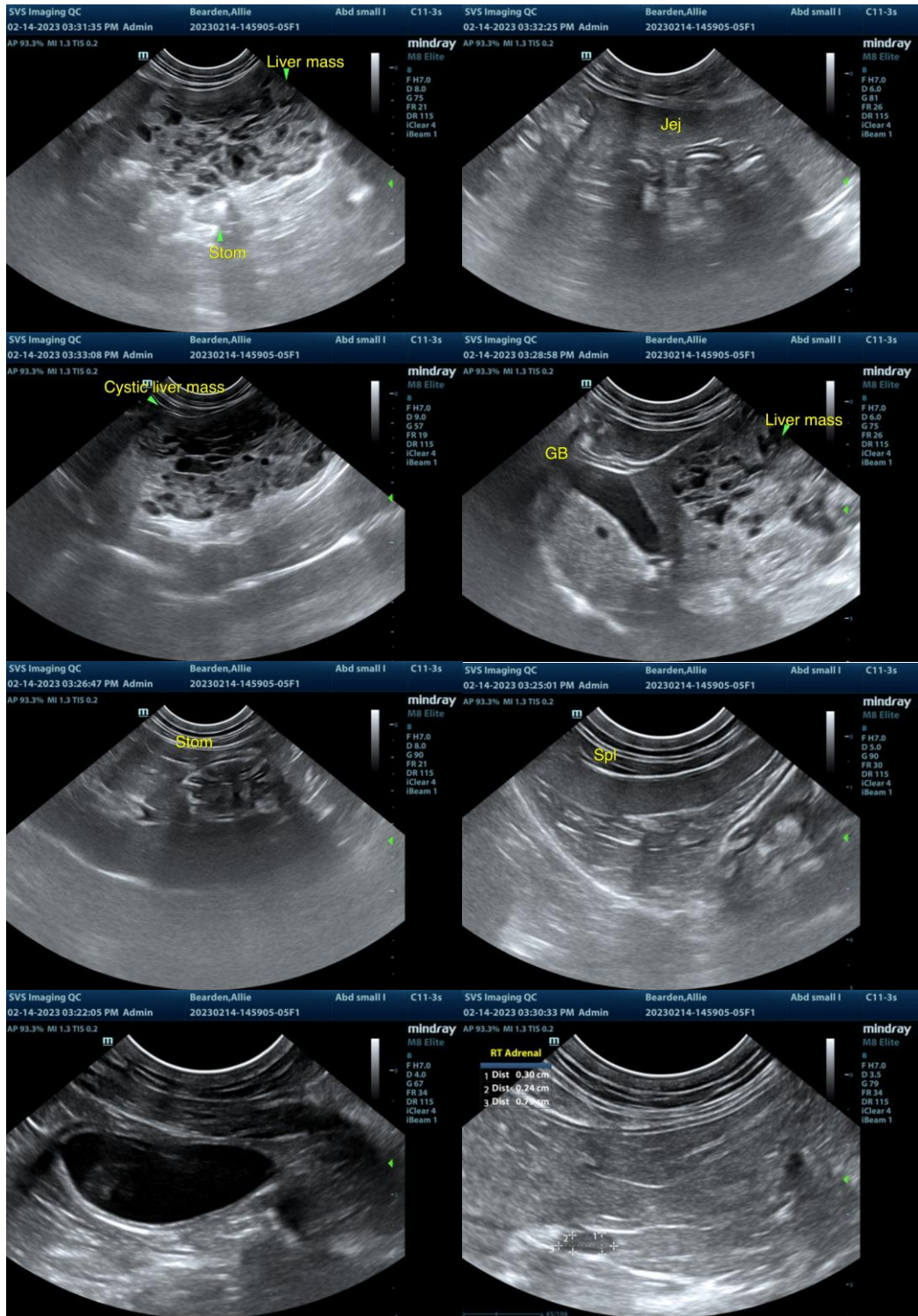
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IMAGING PERFORMED BY

svsmobileimaging.com 309-737-3070



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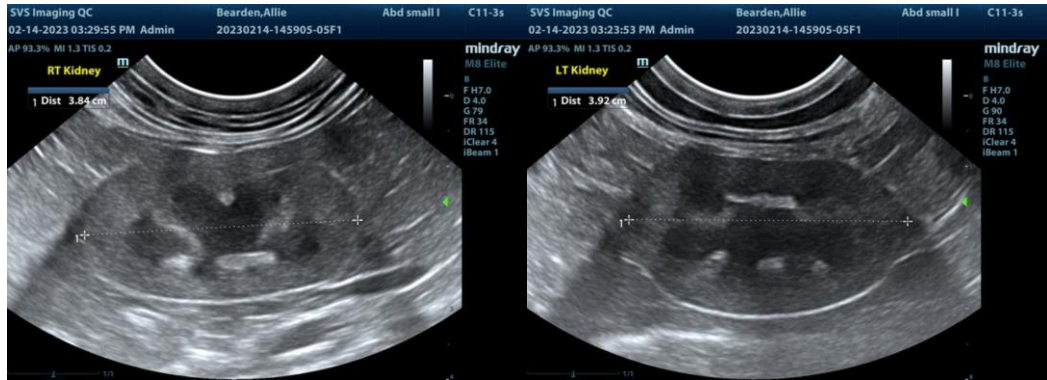
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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