

PATIENT

Zeba Forsyth

SPECIES

Feline

BREED

Maine Coon

SEX

Spayed Female

AGE

17 Years 6 Months

WEIGHT

3.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Signal Hill Animal Clinic

REFERRING VET

Dr. Elizabeth Cumyn

INVOICE

13586

DATE

02/04/26

PRESENTING CLINICAL SIGNS

- 17-year-old cat, presented for evaluation of weight loss, and decreased appetite, with diagnostic findings suggestive of a primary liver condition and raising concern for underlying malignancy.
- The patient has lost approximately one kg and is reportedly not eating as well as usual. A physical examination revealed a gallop rhythm. Diagnostic testing was pursued to investigate the clinical signs. Bloodwork revealed mild-to-moderate elevations in liver enzymes (ALT 242, AST 93, ALP 82) and a slightly elevated bilirubin (5.8), leading to a suspicion of a process like cholangiohepatitis. Other notable laboratory findings included a mild hypercalcemia, a slightly elevated SDMA, and mild neutropenia. A urinalysis showed a urine specific gravity of 1.041 with one-plus proteinuria.

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The right kidney was normal in size while the left kidney was subnormal in size with minor medullary mineral. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney measured 2.6 cm in length. The right kidney measured 3.6 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 0.34 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. The spleen measured 0.75 cm width level of the mid spleen.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. Primarily homogenous parenchyma. The hepatic and portal vasculature were normal in appearance without signs of congestion. Focal to intermittent noncapsule deforming nonhomogenous to microcystic nodules were present with an example measuring 1.3 cm in diameter.



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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. 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. The small intestine wall measured 0.24 cm wall width. The ileocolic wall measured 0.27 cm wall width.

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

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 was evident.

Free Abdomen

Minor colic lymphadenopathy was visualized. Mild increased peri-ileocolic omental echogenicity with no evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with focal to intermittent nonhomogenous microcystic nodules- nodules most consistent with probable biliary cystadenomas.
- Normal gastrointestinal tract.
- Normal pancreas.
- Chronic renal changes with subnormal left kidney size and mild left kidney medullary mineral.
- Minor colic lymphadenopathy consistent with reactive benign lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cholangiohepatitis with probable biliary cyst adenomas is likely. Potential for hepatic neoplasia, i.e. biliary cyst adenocarcinoma is thought less likely.

Further assessment may include (assuming normal clotting status and using 25-gauge needle) hepatic +/- nodule FNA cytology primarily to assess for inflammatory cell type. A GI panel to include PLI, TLI, cobalamin and folate, and three view chest radiographs +/- hypercalcemia panel to assess for occult disease given hypercalcemia and weight loss is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Sonographic monitoring of the hepatic nodules for evidence of progression would be reasonable.



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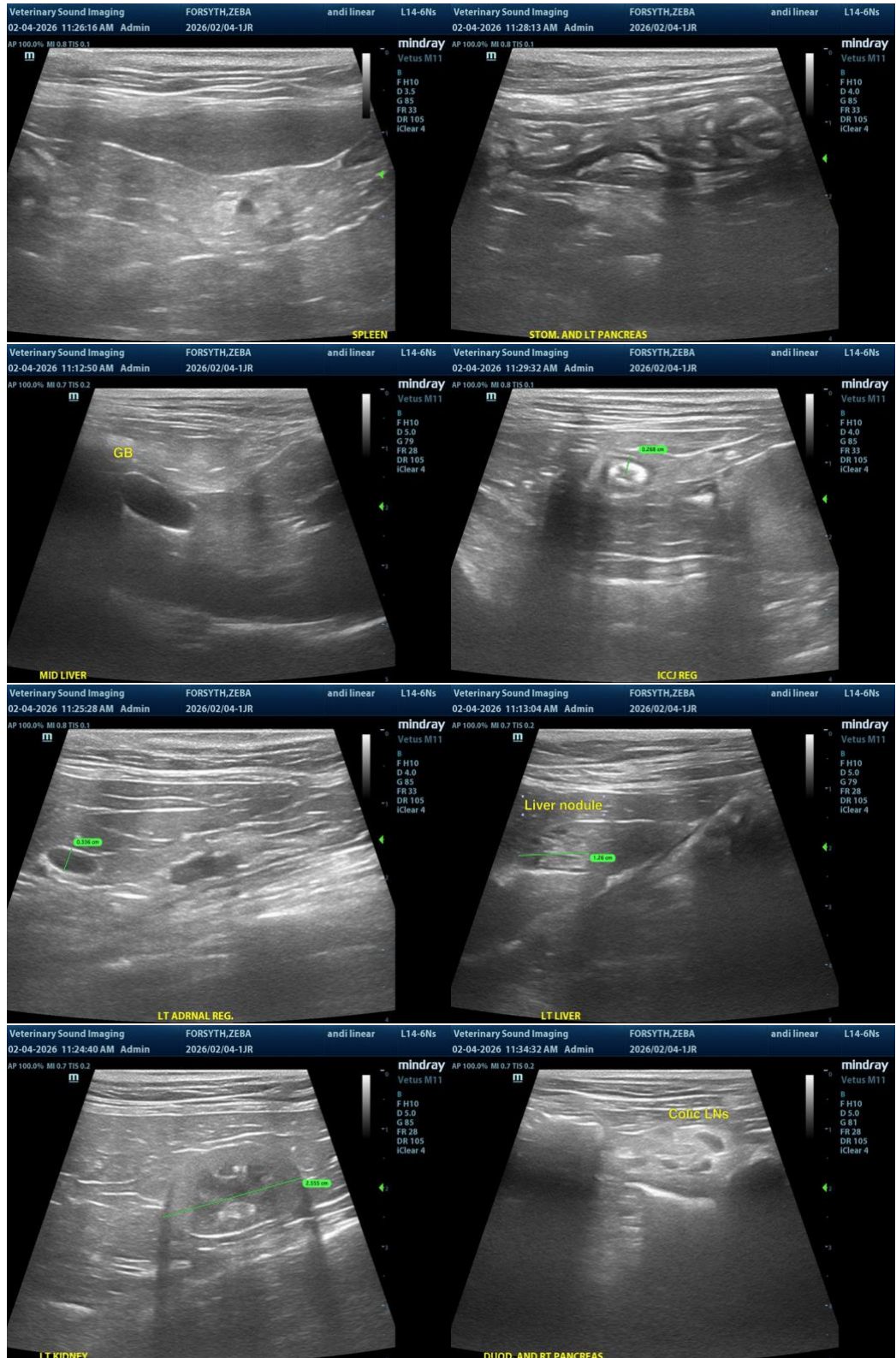
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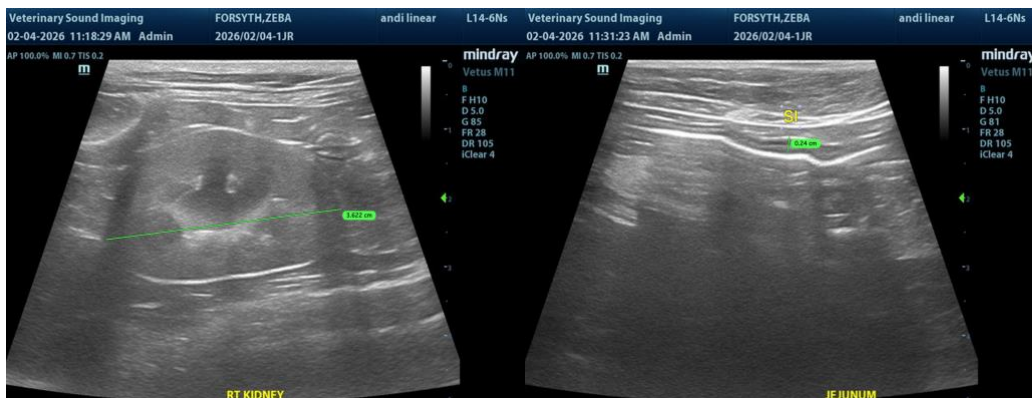
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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