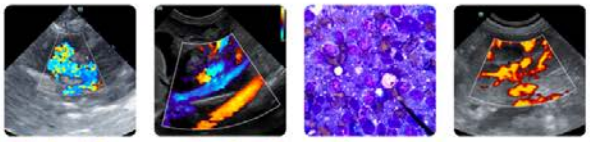



**PATIENT**

Star Smith

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

5.4

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

M. Santiago

**HOSPITAL NAME**

Alison Animal Hospital

**REFERRING VET**

Dr. Vinitsky

**INVOICE**

73934

**DATE**

3/23/26

## PRESENTING CLINICAL SIGNS

Pt was presented for inappetance, lethargy, vomiting and weightloss. CBC WNL with the exception of a slightly elevated WBC 20.22 (2.87-17.02), RBC 5.70 (6.54-12.2), CHEM WNL with the exception of an elevated lipase 2566 (100-1400), FPL 50.00 ng/mL ( >= 5.4 ng/mL abnormal). TT4 4.9 (0.8-4.7 wnL). Possible mass palapated in the cranial abdomen. Pt is being treated for pancreatitis as an outpatient. Appetite returning slowly. Vomiting stopped.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 changes were noted.

The kidneys were subnormal in size with areas of mild asymmetrical margination with suspect cortical infarcts and indistinct corticomedullary border demarcation. Left kidney measured 2.4 cm. Right kidney measured 2.3 cm.

### *Adrenal Glands*

The adrenal glands were not definitively visualized.

### *Spleen*

The spleen was non-enlarged in size (0.69 cm in width at the level of the mid spleen), exhibiting mild asymmetrical capsule contour and mild non-homogeneous hypoechoic parenchyma.

### *Liver*

The liver presented marked, asymmetrical generalized hepatomegaly with caudal expanding non-homogeneous liver mass that appeared to derive from the caudal aspect of the mid to right liver. The mass measured approximately 6-7 cm in diameter, but possibly larger as the entire mass would not fit into a single viewing window. No evidence of gallbladder overdistention or post-hepatic obstruction.

### *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. Example of small intestinal wall measured 0.25 cm. Discrete segmental hyperechoic intestinal mucosal speckling noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

### *Pancreas*

The discernable left pancreas exhibited normal size with mild asymmetrical contour and mildly non-homogeneous hypoechoic parenchyma with moderate to significant prominent left limb pancreatic duct.

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## *Free Abdomen*

Perihepatic to generalized mild hyperechoic omentum and mild volume mildly echogenic peritoneal effusion noted. Intermittently mildly swollen non-homogeneous mesenteric lymph nodes noted, example measured 1.35 cm in diameter.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

### PRIMARY FINDINGS

- Marked asymmetrical hepatomegaly with caudally expanding non-homogeneous liver mass.
- Overall sonographically normal empty gastrointestinal tract with discrete to indistinct intestinal mucosal speckling.
- Suspect left limb chronic/chronic active pancreatitis.
- Non-enlarged, mildly non-homogeneous to hypoechoic spleen.
- Perihepatic to generalized mild hyperechoic omentum and mildly echogenic peritoneal effusion.
- Intermittent mildly swollen non-homogeneous mesenteric lymph nodes.

### SECONDARY FINDINGS

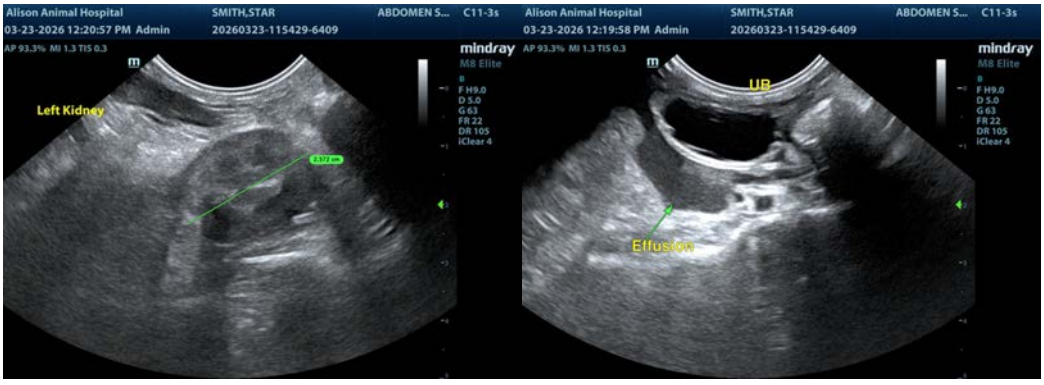
- Bilateral subnormal kidneys with potential cortical infarcts.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver and liver mass are highly suggestive of neoplastic criteria, with effusion and omental changes secondary to portal hypertension. A more diffuse neoplastic process i.e., carcinomatosis or similar in conjunction with concurrent mesenteric lymphadenopathy is possible. Undifferentiated non-hepatic mass i.e., right pancreatic mass thought less likely.

Assuming normal clotting status and using 25-gauge needle, hepatic/mass FNA cytology and correlation with effusion analysis is recommended.

Continued gastrointestinal support and empirical therapy for chronic/chronic active pancreatitis is recommended.



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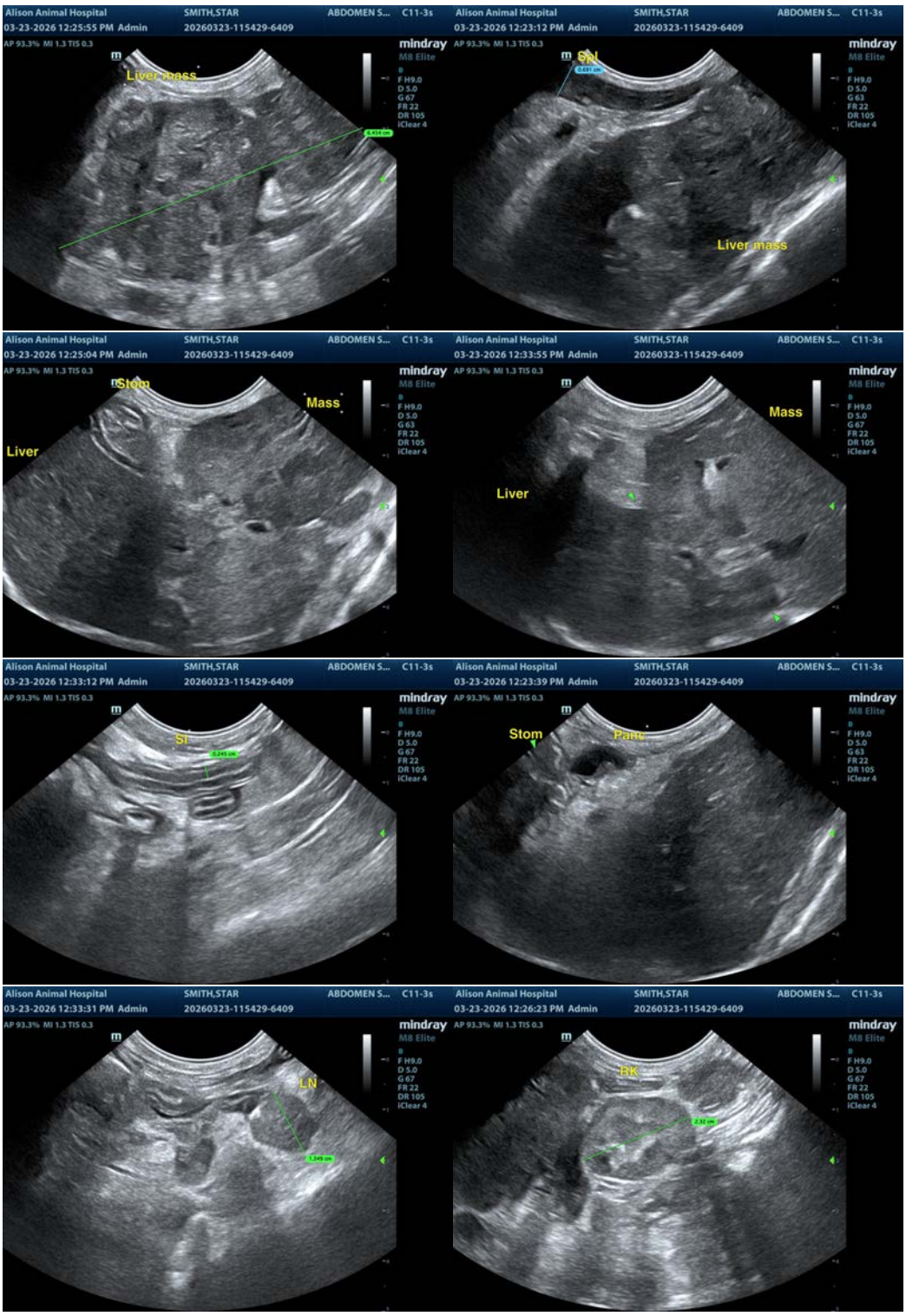

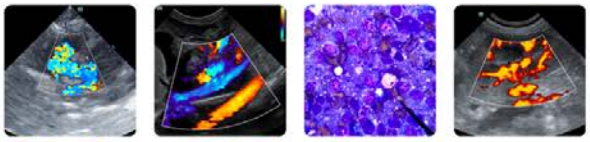



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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**