



## PATIENT

Oreo Ferrara

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

15yr

## WEIGHT

13lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Christina CVT

## HOSPITAL NAME

Animal Health  
Veterinary Clinic

## REFERRING VET

Dr Rodriguez

## INVOICE

24347

## DATE

03/30/2026

## PRESENTING CLINICAL SIGNS

- P had mild elevations in liver enzymes ~1 month ago
- P has been PUPD last couple months
- E normal, No V/D/C/S
- P is hyperthyroid and on Methimazole
- Quick scan done and cystic lesion seen central liver area
- Abnormal PE/Chem/CBC/UA Results: Amylase - 1441, Triglycerides - 185, BUN - 38, ALT - 203

## 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 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 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. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### 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

The liver revealed a moderately sized, asymmetrically margined non-homogenous irregular cystic mass in the mid to ventrocaudal liver, measuring ~ 6 cm in diameter. The remainder of the visible hepatic parenchyma exhibited subjective normal echogenicity with mild to moderate coarse echotexture. Normal vascular volume was present. The gallbladder was non-distended in size with thin walls and mild non-organized debris. 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.



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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 mechanical/metabolic ileus, obstruction or foreign material.

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

## SPECIES

### *Pancreas*

Feline

The area of the pancreas was sonographically normal.

### *Free Abdomen*

## BREED

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

DSH

## ULTRASONOGRAPHIC FINDINGS

## SEX

### Primary

FS

- Irregular cystic liver mass
- Bilateral mild chronic renal changes
- Mild gallbladder debris
- Normal gastrointestinal tract and area of the pancreas

## AGE

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## WEIGHT

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Considerations for the cystic irregular liver mass may include complex hepatic cyst, biliary cyst adenoma, biliary cyst adenocarcinoma, or other. No obvious associated perihepatic inflammation or effusion indicating less likely potential for lobar hepatic necrosis or abscess. Further assessment may include assuming normal clotting status and using 25ga needle, mass parenchyma FNA cytology +/- mass fluid analysis cytology and C/S if clinically indicated.

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Aside from mild chronic renal changes, a definitive cause of the reported PU/PD was not obvious. Correlation with UA +/- C/S or UPC level for renal staging if clinically indicated is recommended.

Serial sonographic monitoring of the liver mass for evidence of progression with initial recheck in 4-6 weeks would be more conservative.

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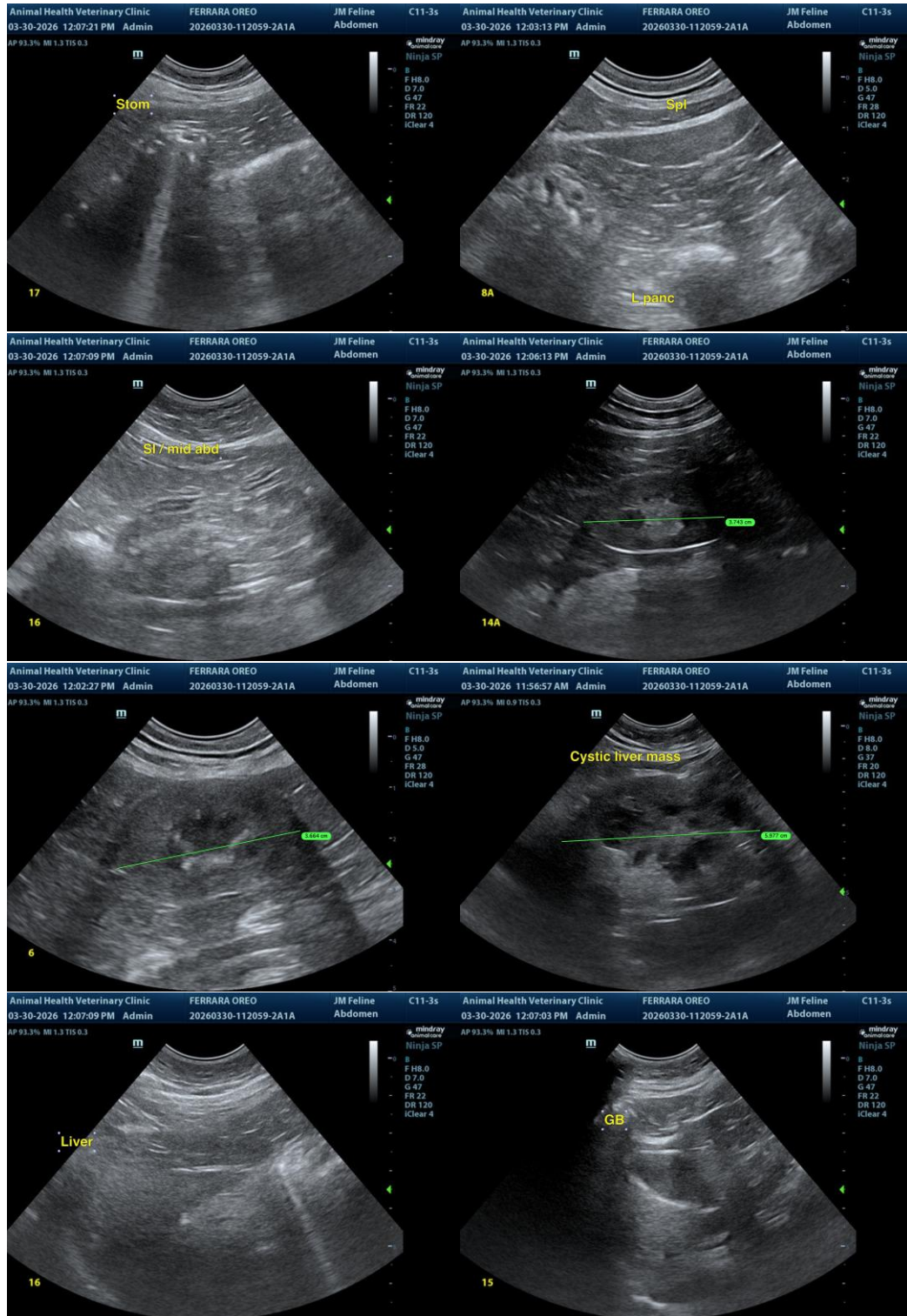
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



## PATIENT

visible in the image/video clips provided.

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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.

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