



**PATIENT PRESENTING CLINICAL SIGNS**

Fluff Bicknell

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

4.78 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Wellington Animal  
 Hospital

**REFERRING VET**

Dr. Dennis

**INVOICE**

14120

**DATE**

03/06/26

- Very tense suspected painful abdomen
- Acute vomiting/diarrhea on Tuesday March 3rd
- Previously noted liver mass on ultrasound Jan 21st 2025
- Has remained on Bup (low dose 0.005mg/kg q 24 hours) since last ultrasound as whenever owner tries to stop or decrease further Fluff stops eating
- Current Medications
- Buprenorphine 0.02mg/kg q 12 hours

Abnormal PE/Chem/CBC/UA Results: see last 2 reports attached (first one read by RMD and second one read by Alician Angosto) Mild neutropenia Primary Question to Be Answered in This Exam Has liver mass grown?

**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.

Normal size and margination was 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 3.4 cm in length. The right kidney measured 3.4 cm in length.

**Adrenal Glands**

The adrenal glands were normal in size, position and shape. The left adrenal gland measured 0.34 cm width. The right adrenal gland measured 0.30 cm width.

**Spleen**

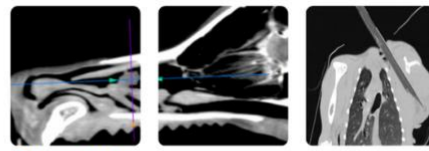
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver & Gallbladder**

The liver presented overall normal in size with symmetrical contour. A previously noted mid to right mild irregular nonhomogenous to hyperechoic microcystic mass was present measuring approximately 4.4 cm in diameter. No obvious associated hepatic capsule distortion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not visualized.

**Gastrointestinal**



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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 duodenum wall measured 0.23 cm wall width. The jejunum wall measured 0.23 cm wall width.

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

**Pancreas**

The pancreas was normal in size with mild capsule asymmetry and mild heterogeneous to subtle hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Subjective mild right limb peripancreatic hyperechoic omentum.

**Free Abdomen**

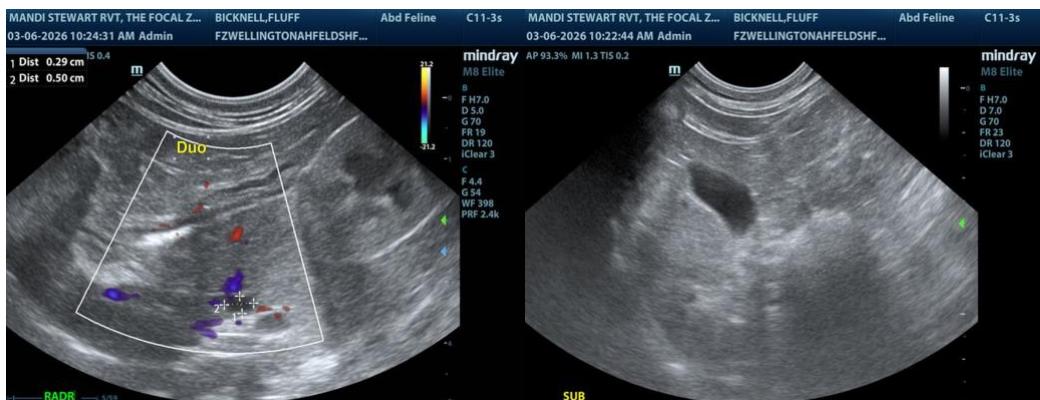
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mild progressive liver mass- biliary cystadenoma, biliary cystadenocarcinoma or other.
- Sonographically unremarkable empty gastrointestinal tract.
- Possible mild chronic/chronic active pancreatitis.
- Mild chronic renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver mass appears mildly progressive compared to previous measurement. Assuming normal clotting status and using 25-gauge needle, mass FNA cytology could be considered for further clarification. Assessment for evidence of cranial abdomen/subxiphoid discomfort on palpation and correlation with a spec fPL is recommended. Continued as needed gastrointestinal support, empirical therapy for possible mild chronic/chronic active pancreatitis and continued sonographic monitoring of the liver mass would be reasonable.





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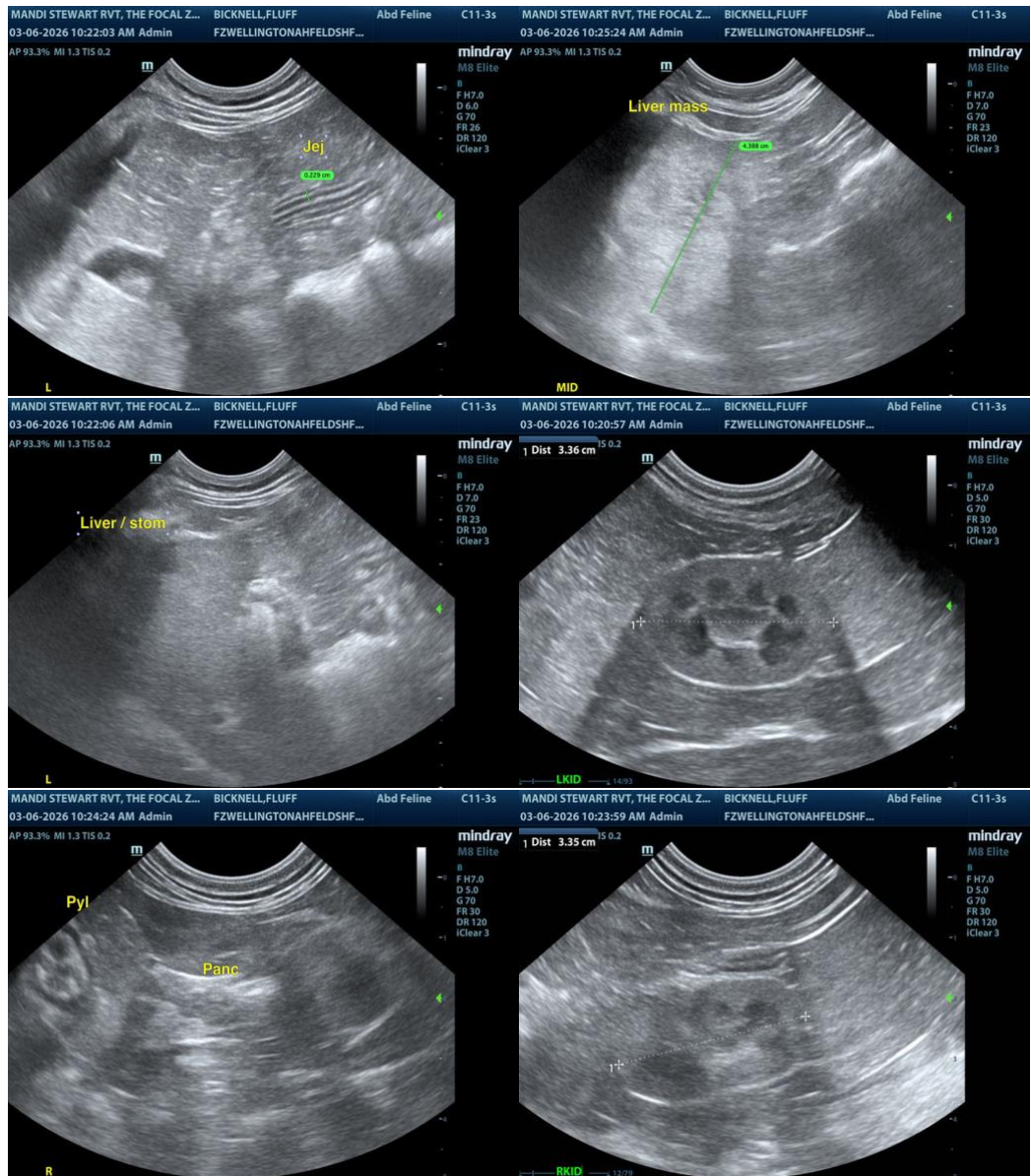
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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