



## PATIENT

Bartelby Lemke

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

17

## WEIGHT

12

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Dr. Linda Grau

## HOSPITAL NAME

Fredon AH

## REFERRING VET

Dr. Linda Grau

## INVOICE

35382

## DATE

1/12/26

## PRESENTING CLINICAL SIGNS

History: large cyst of unidentified origin discovered, owner not willing to pursue surgery at this age, drained large amount of serous fluid in september, appetite and body condition have declined.

Abnormal PE/Chem/CBC/UA Results: huge firm cyst attempts to drain unrewarding, bloody fluid only 10-15ml.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** were not visualized.

### *Adrenal Glands*

The regions of the **adrenal glands** revealed no evident pathology.

### *Spleen*

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### *Liver*

The **liver** revealed heterogenous hypoechoic nodular changes, mild irregular contour, and slight hepatomegaly. FNA is strongly encouraged. A large cystic structure appears to be deriving from the caudal aspect of the right liver, measuring approximately 10.0+ cm with echogenic debris.

### *Gastrointestinal*

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### *Pancreas*

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Large cystic structure- suspect hepatic origin
- Undefined nodular hepatic changes



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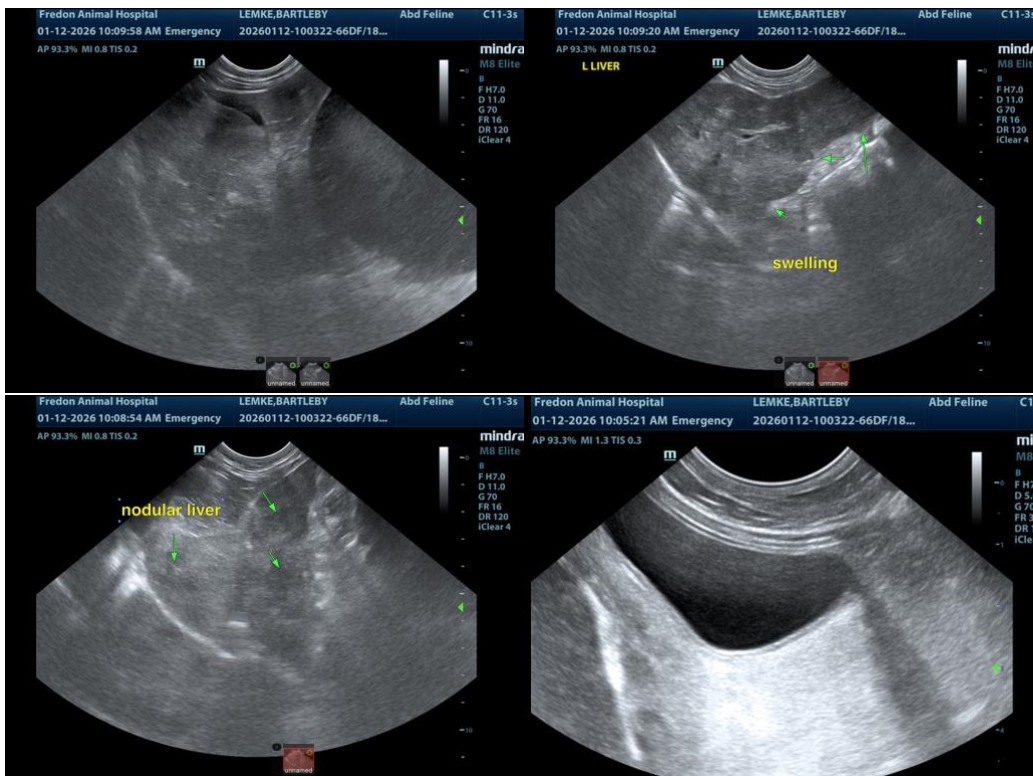
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Paralumbar approach to identify both kidneys would be ideal in this patient for further definition. FNA of the liver and CT evaluation for surgical planning of the cystic structure would be ideal. The cystic structure does not appear overtly neoplastic, however, may be abscessed. The nodular changes in the liver are very concerning for potential underlying neoplasia in the parenchyma, however.



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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,  
CEO, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)