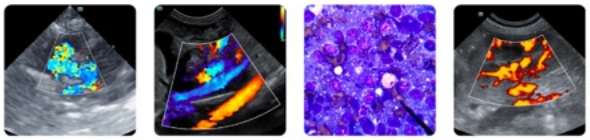


PATIENT

Munchie Grimm

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

8.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brittany Wolfe

HOSPITAL NAME

HomeVets

REFERRING VET

Dr. Wolfe

INVOICE

71098

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- Cranial abdominal mass was palpated on recent exam. O reports no clinical signs but comments that P has always been a "picky eater". P has lost weight recently 0.5lb in the past month.
- Large palpable cranial abdominal mass. CBC/chem all normal T4 borderline high at 4.3

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The left and right kidney presented cortical infarct and collapse. Slight areas of mineralization were noted. Both kidneys measured 3.0 cm.

Adrenal Glands

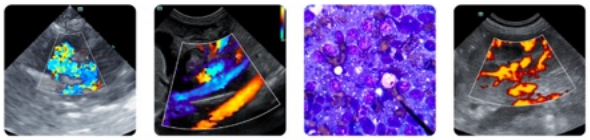
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

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 was noted.

Liver

The **liver** in this patient presented a large, anechoic cyst that measured approximately 4.0 cm. A minor amount of echogenic floating debris was noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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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.

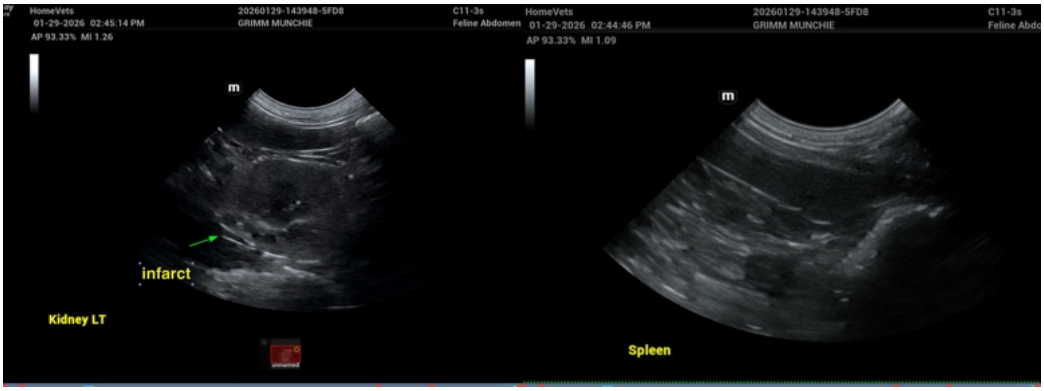
ULTRASONOGRAPHIC FINDINGS

Renal infarcts/dystrophic changes.

Hepatic cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt masses were noted. The liver cyst appears to be deriving from the caudal aspect of the left liver and is potentially resectable. CT evaluation for surgical planning can be considered. There was no evidence or suspicion of neoplasia. The cyst appears to be displacing the stomach caudally. Ultrasound-guided drainage of the cyst can also be considered in this patient as a palliative measure.



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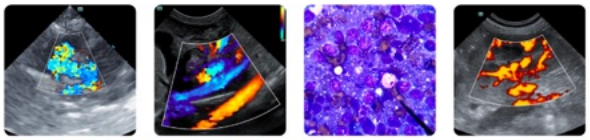

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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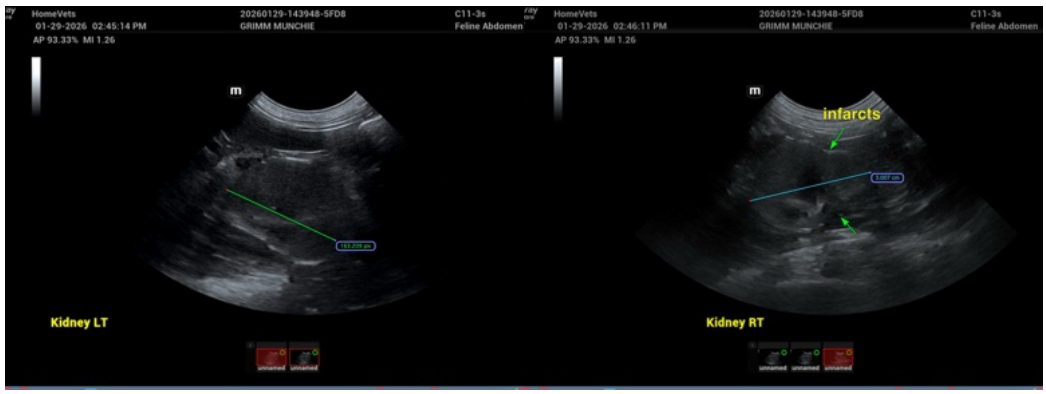

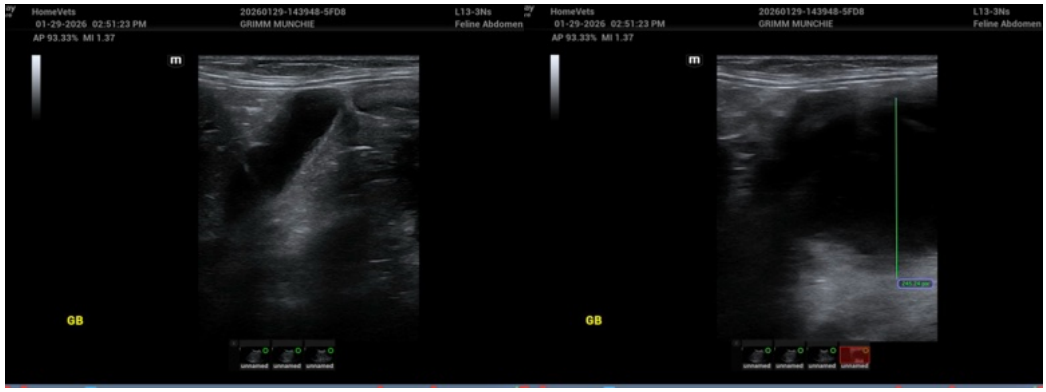

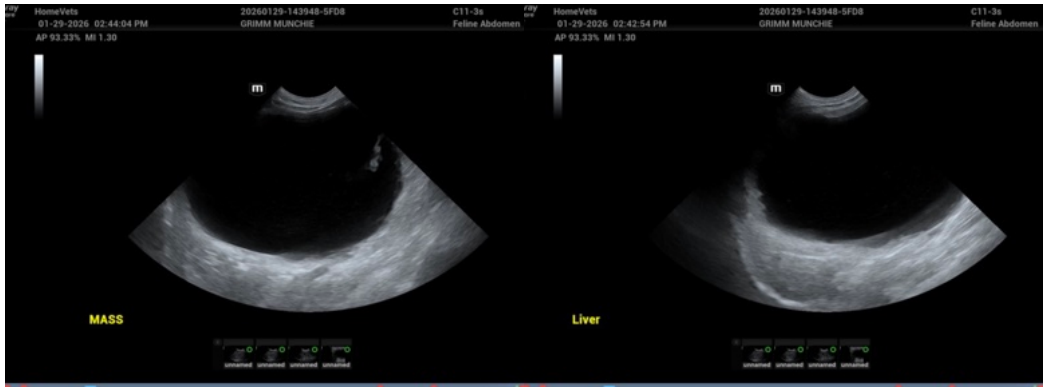

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com