



**PATIENT**

Sunny Bober

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

17 Years

**WEIGHT**

NA

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

Dr. Murphy

**INVOICE**

13974

**DATE**

10/22/21

**PRESENTING CLINICAL SIGNS**

History: Suspect cranial abdominal mass on radiograph, decreased appetite 24 hrs.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL.

**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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.43 cm. The left kidney measured 3.1 cm. An anechoic cyst was noted at the caudal pole of the left kidney.

**Adrenal Glands**

The right **adrenal gland** was 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. The right adrenal gland measured 0.53 cm.

The **left adrenal gland** was slightly enlarged, uniform, measuring 0.58 cm with heterogeneous parenchymal changes.

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen measured 0.82 cm.

**Liver**

The **liver** revealed a large cyst, measuring 5.0 cm. Other microcystic changes were noted in the liver. Multifocal nodular changes were noted throughout the liver as well. The gallbladder and common bile duct were unremarkable.

**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.



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**Pancreas**

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Dilated duct noted, measuring 0.29 cm.

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**ULTRASONOGRAPHIC FINDINGS**

- Hepatic cyst, macro and microcystic with nodular changes, likely benign, however, biliary carcinoma or other neoplastic event could not be completely ruled out
- Age-related renal changes
- Geriatric abdomen otherwise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

17 Years

FNA of the parenchymal portions of the lesions could be considered, however, given the age of the patient, this is likely cystadenomas and primary cysts. Supportive care warranted. The liver cysts are not likely causing any clinical signs unless infection is present. The largest cyst could be drained with ultrasound guided drainage with culture.

**WEIGHT**

NA

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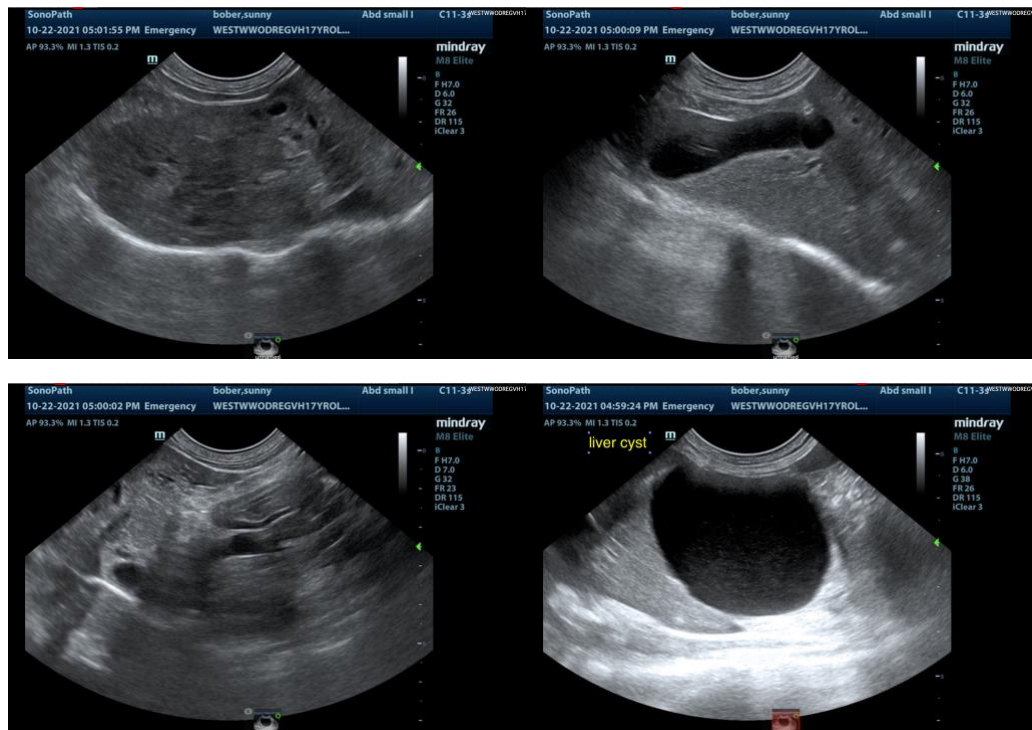
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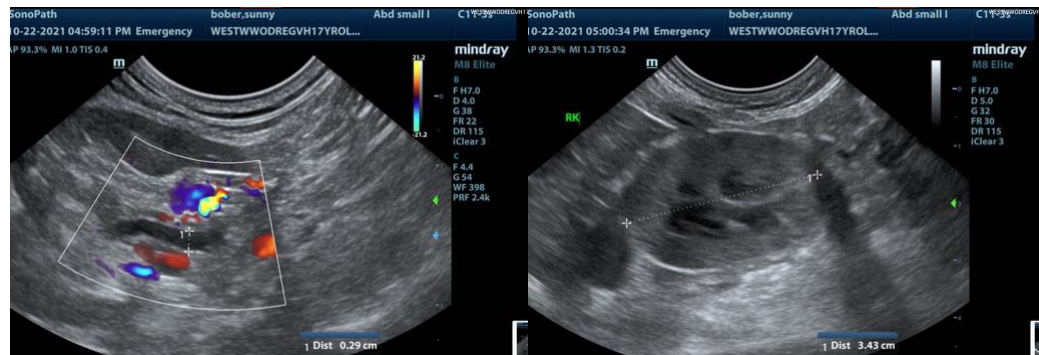
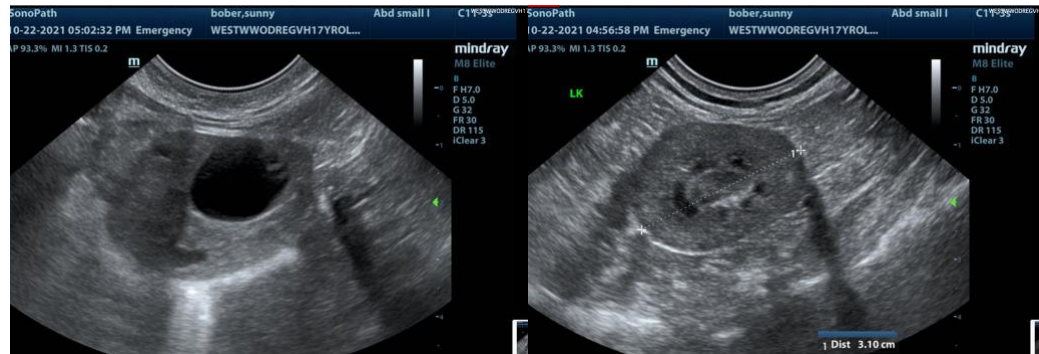
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance please contact me.

Sunny Bober

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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