



PATIENT PRESENTING CLINICAL SIGNS

<p>Meow Paul</p> <p>SPECIES</p> <p>Feline</p> <p>BREED</p> <p>Domestic Medium Hair</p> <p>SEX</p> <p>Spayed Female</p> <p>AGE</p> <p>17 years</p> <p>WEIGHT</p> <p>3.7 kg</p>	<p>History: Follow up from October 2020. See report below please. Findings Evaluated are images obtained during an abdominal ultrasound exam performed on October 22, 2020. Submitted were 6 video clips and 40 still images. The images are labeled Meow Paul. The urinary bladder is medium-sized with a normal wall and anechoic contents. The left kidney is 3.20 cm long and the right is 3.52 cm long. Within the left kidney, there is mild pyelectasia. The left adrenal gland is 4.2 mm wide and the right is 4.3 mm wide. Both are normal. The stomach is empty and has a mildly thick wall with a prominent muscularis layer. Within the pancreas there is a hyperechoic heterogenous nodule which is 0.26x0.96 cm in size. The rest of the pancreas is mildly heterogenous. The images of the small intestine and colon are normal. There is no evidence of abdominal effusion or lymphadenopathy in this study. Images of the spleen are normal. Within the liver there is a poorly defined heterogenous mass (approximately 3 cm in diameter) that is largely hyperechoic and contains numerous hypo-to anechoic cavities. The liver is diffusely mildly to moderately hyperechoic. The gallbladder is medium-sized with a normal wall and anechoic contents. Opinion & Recommendation 1. Focal complex hepatic mass. The differential diagnosis for this finding includes biliary cystadenoma and other neoplasia. 2. Hyperechoic hepatopathy. The differential diagnosis for this finding includes lipidosis and cholangiohepatitis of any cause. 3. Focal pancreatic nodule and heterogenous pancreas. The differential diagnosis for these findings includes chronic or previous pancreatitis, neoplasia, hyperplasia and phlegmon. 4. Mild pyelectasia in left kidney consistent with chronic renal degenerative changes of any cause and previous pyelonephritis. 5. Mildly thick gastric wall consistent with normal anatomic variation, gastritis of any cause, inflammatory bowel disease and lymphoma. Further evaluation of these findings could include ultrasound-guided fine needle aspirates of the pancreas and pancreatic nodule and of the liver for cytological evaluation.</p>
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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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 3.26 cm with slight pyelectasia. The left kidney measured 3.12 cm with pyelectasia of 1.0 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.

INTERPRETED BY

Eric Lindquist, DMV
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IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution Veterinary
Hospital

REFERRING VET

Killarney Cat Hospital

INVOICE

93100

DATE

11/15/21



PATIENT

Meow Paul

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.

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Liver

The **liver** revealed mild enlargement with minor heterogenous parenchymal changes and a 3.45 cm cystic and parenchymal mass that is consistent with biliary cystadenoma with the possibility of carcinoma. The hepatic mass extends into the mid right liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

SEX

Spayed Female

AGE

17 years

Gastrointestinal

The **gastrointestinal tract** was unremarkable with normal wall thicknesses.

WEIGHT

3.7 kg

Pancreas

The **pancreas** was hyperechoic with a persistent 0.74 cm nodule in the right base. Chronic pancreatic changes were noted throughout the pancreatic parenchyma with dilated duct and undulating contour. Minor, microcystic changes were noted.

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ULTRASONOGRAPHIC FINDINGS

Moderate chronic renal changes with pyelectasia.

Persistent pancreatic nodule.

Right liver mass. Cystadenoma versus carcinoma, not likely resectable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An updated urinalysis is warranted. The liver mass is likely benign or low-grade. FNA can be considered for further definition. Management of life quality should be the primary focus in this patient.

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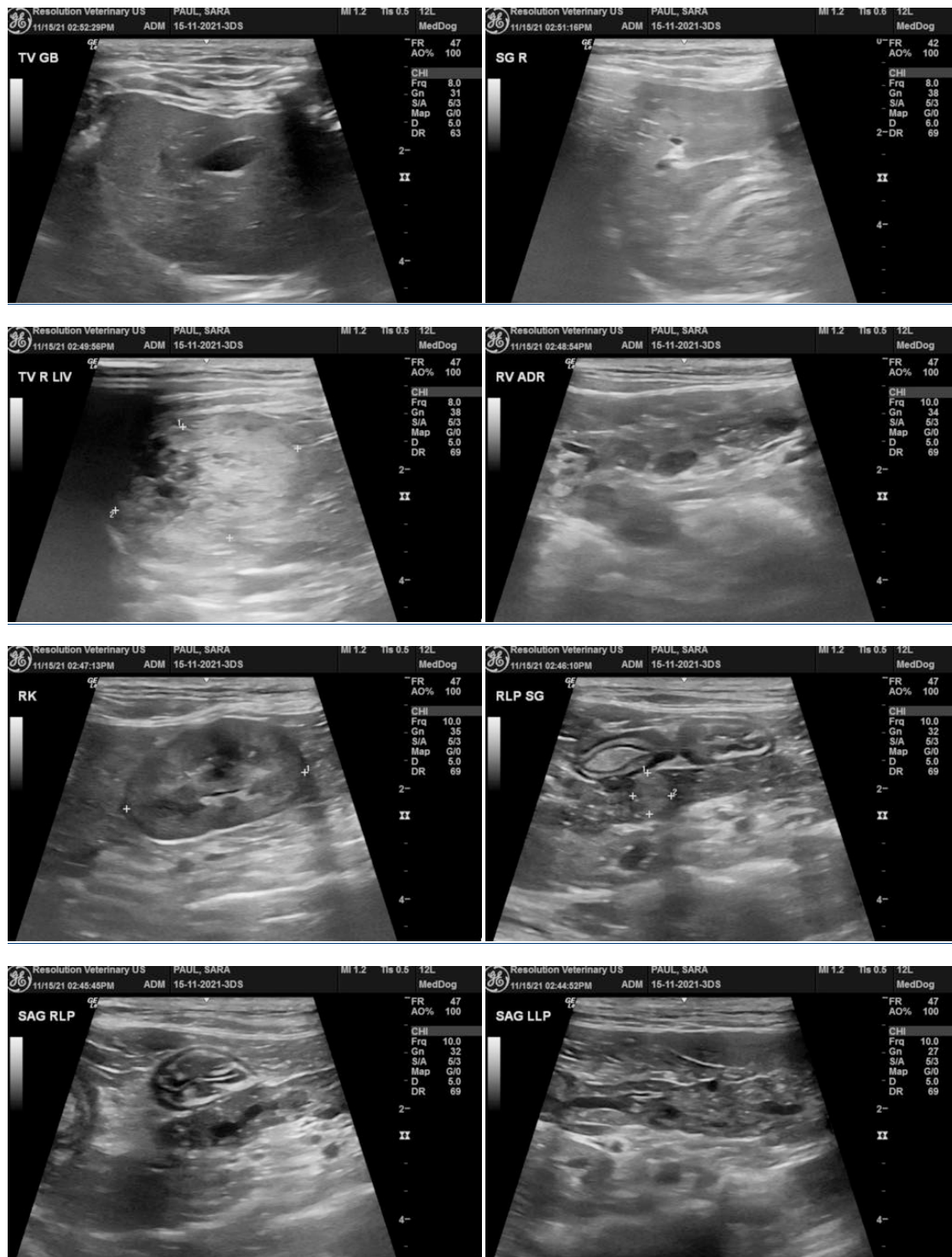
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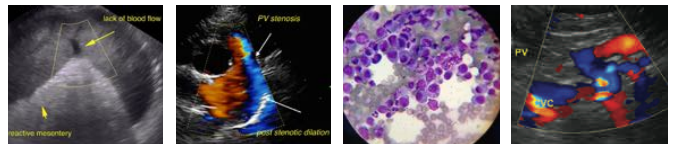
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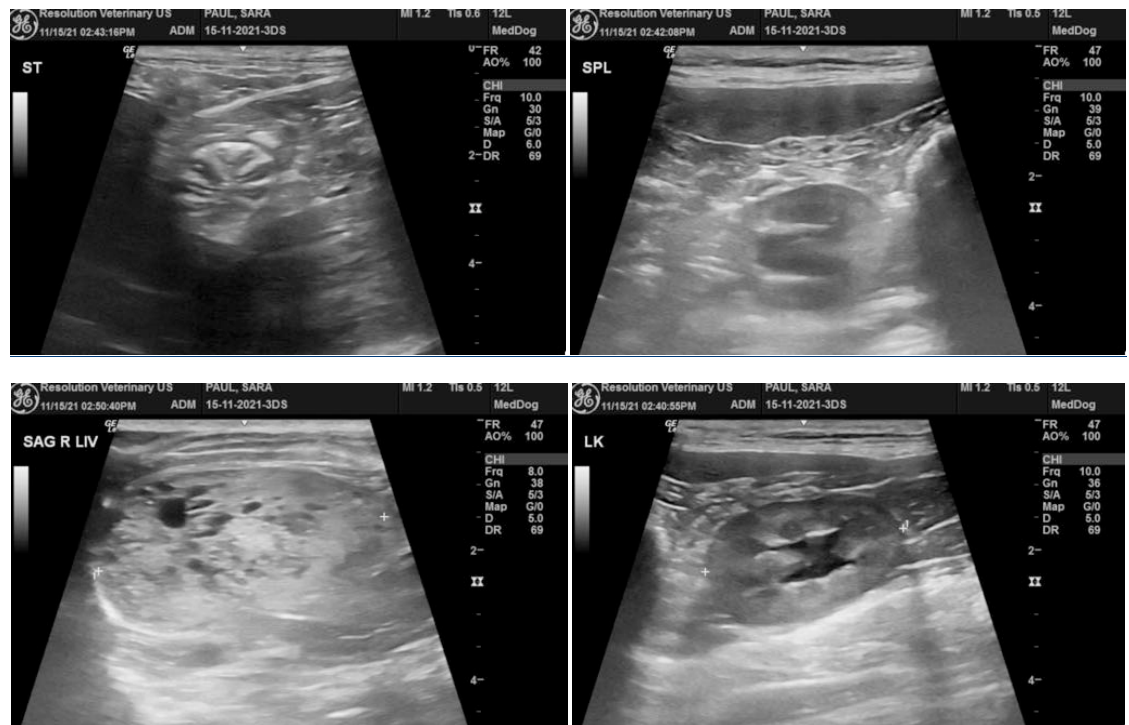
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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