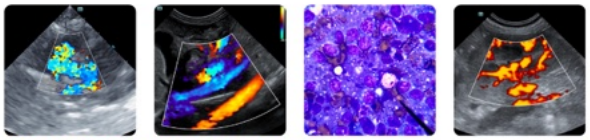


PATIENT

Hazel Ross

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

5 years

WEIGHT

-

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo AH

REFERRING VET

Dr. Mooi/Centennial AH

INVOICE

69388

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Hazel presented for evaluation of a mass on her lower abdomen that the owner first noticed approximately 2.5 to 3 weeks ago. Patient has history of chronic intermittent vomiting and gastrointestinal disease. Although much better now for months on Science diet gastro and fortiflora. Requesting u/s of hernia/abdomen to interrogate further.
Abnormal PE/Chem/CBC/UA Results: A soft, seemingly reducible mass was palpated on the ventral midline in the inguinal region. There was a definite stalk/attachment to the body wall. A potential defect in the abdominal wall was palpated in this area, consistent with a possible hernia. The patient was tense on caudal abdominal palpation.

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.

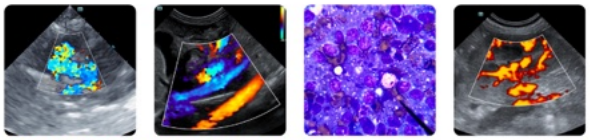
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. A slight cyst was noted on the cranial pole of the left kidney, yet is not pathological. The right kidney measured 4.2 cm. The left kidney measured 3.85 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. The left adrenal gland measured 0.25 cm. The right adrenal gland 0.28 cm.

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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.

Free Abdomen

An umbilical hernia was noted in this patient and measured 0.9 cm with an extrusion of a hypoechoic mass. There was mushroom type expansion into the subcutaneous space of 2.6 x 0.84 cm. This appears resectable.

ULTRASONOGRAPHIC FINDINGS

Herniated subcutaneous and mesenteric mass.

Cyst on the left kidney, not pathological.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The exact origin of the mass is unclear, yet appears to be deriving from the mesentery. Surgical removal with laparotomy is necessary. There is an intraabdominal and extra abdominal component. For research purposes please submit histopathology and surgical findings to info@sonopath.com.

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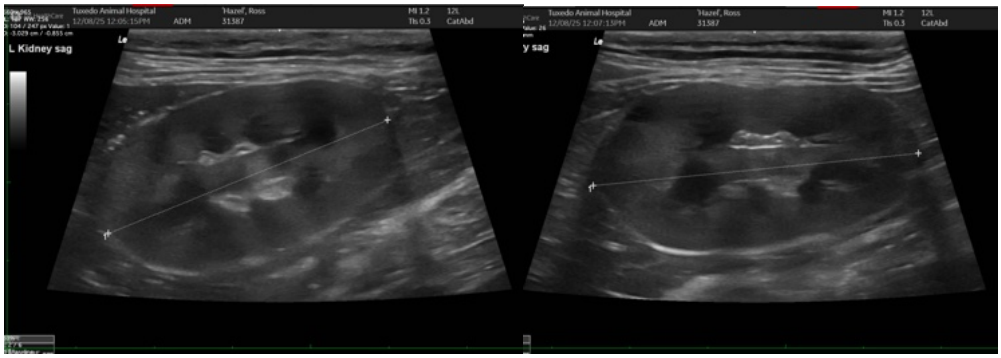

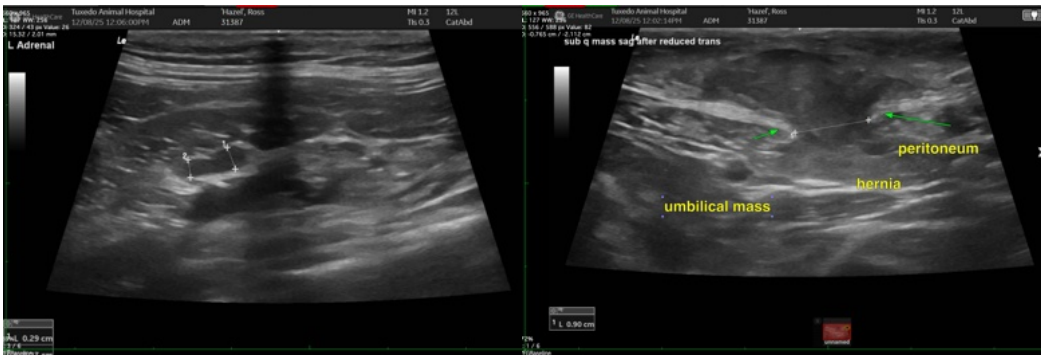

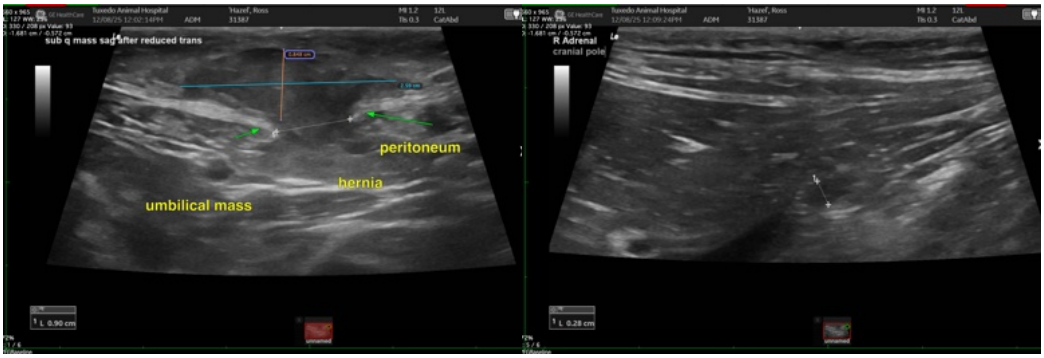

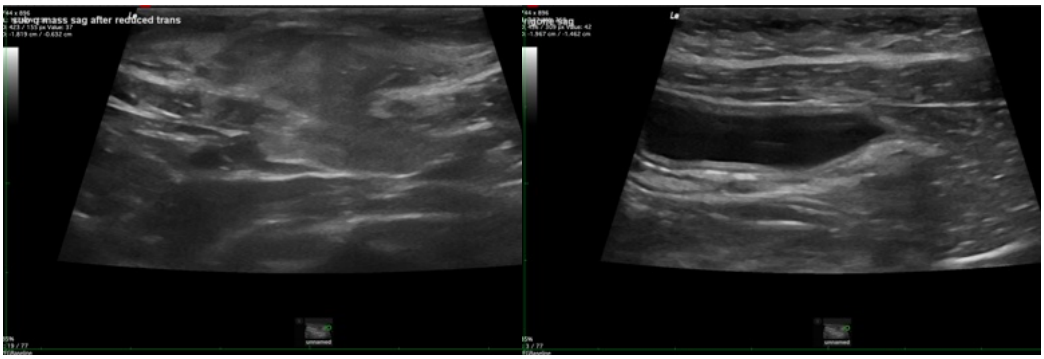

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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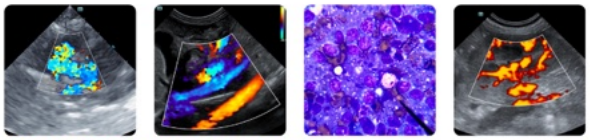

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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