



PATIENT

Isaac Catov

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

12.7 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Dr. Rodriguez

INVOICE

13774

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- 9/29/25 R and A of intestinal mast cell. Currently on pred. Hematochezia noted otherwise doing well. Prev U/S read by SonoPath 9/3/25

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 mild 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 left kidney measured 4.42 cm in length. The right kidney measured 4.69 cm in length.

Adrenal Glands

The **left 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 left adrenal gland measured 0.40 cm width.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** revealed multifocal hyperechoic lipid plaques or nodular changes with an over 4.8 cm cystic and mixed echogenic parenchymal mass consistent with a large cystadenoma. The liver mass is at the base of the caudate process.

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



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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

Slightly enlarged hypoechoic iliac **lymph node** was present measuring 1.8 cm x 0.50 cm. The lymph node presented with irregular contour and pericapsular inflammatory pattern.

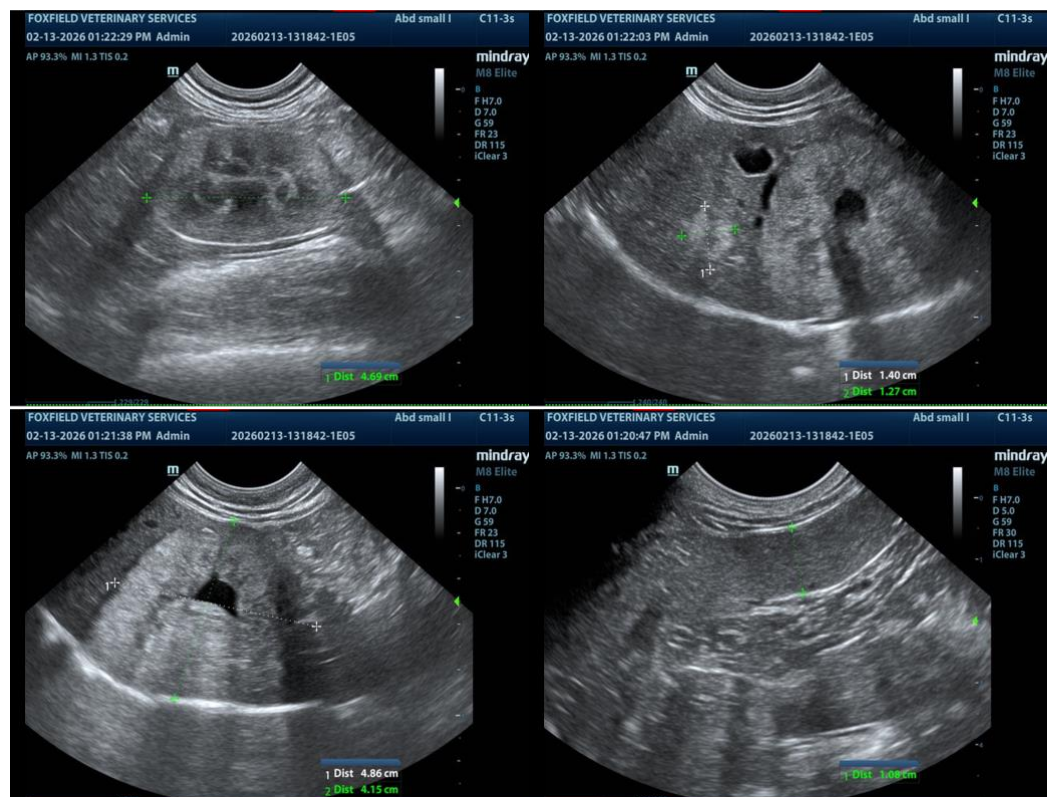
A pelvic fat granuloma was present measuring 1.4 cm yet not pathological.

ULTRASONOGRAPHIC FINDINGS

- Caudate liver mass- likely cystadenoma, possible carcinoma.
- Other hepatic hyperechoic nodular changes.
- Age-related abdominal changes.
- Iliac lymphadenopathy.
- Scalloping spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Benadryl injection with 25-gauge FNA of the spleen, iliac lymph nodes and liver mass is indicated. The mass is likely incidental, however, mast cell disease can present in this fashion.





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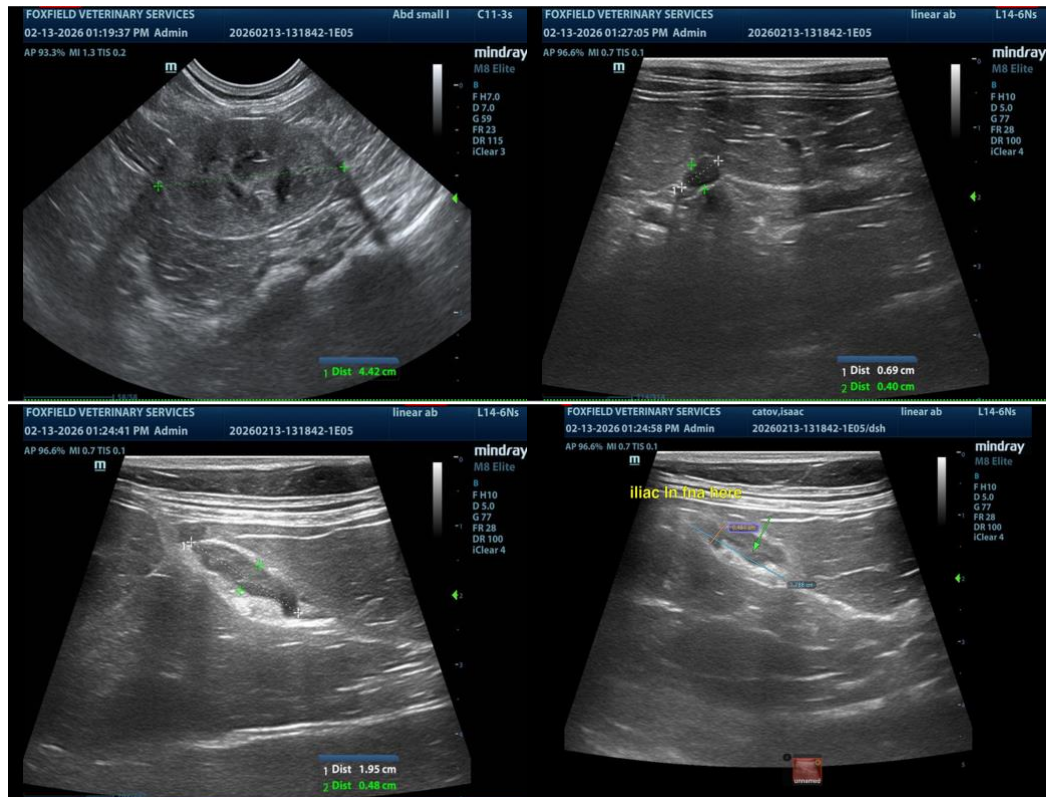
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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