



PATIENT

Voodoo Stauffer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

8.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Erica Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Erica Harmon

INVOICE

35932

DATE

2/28/22

PRESENTING CLINICAL SIGNS

Presented 2/27 for several days V/D & anorexia. Hx hyperT4, was on 7.5 mg methimazole BID but has not received in 4 days due to anorexia. Has lost weight (currently 8.4 lbs, was 11 lbs in May 2021). On presentation P leaking liquid brown diarrhea. Abd tense but no obvious masses palpable. Abnormal PE/Chem/CBC/UA Results: CBC: nonregenerative anemia HCT 27.9%, leukocytosis WBC 36.86k, neutrophilia 33.82k with suspect bands, Monocytosis 0.88k, rest wnl. Chem: hyperglycemia 222 (suspect stress), BUN 13, Crea 0.5 (both low), rest wnl. EPOC: iCa 1.19, Glu 232, LAC 4.61, pH 7.504, rest NSF. UA: USG >1.050, pH 6.0, Pro 30, Glu 1000, rest neg. Sedivue NSF. Fecal pending

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. The iliac trifurcation was unremarkable.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys measured 3.0 cm each.

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 0.40 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 were noted.

Liver

The **liver** revealed a left-sided cystic mass measuring approximately 4.0 cm. Enhancement of surrounding fat was noted, which may be simple acoustic enhancement. However, some near field enhancement noted, which would suggest inflammation. The remainder of the liver revealed coarse architecture, increased portal markings, and some heterogeneous nodular changes in the right caudal liver.

Gastrointestinal

The **gastrointestinal tract** was deviated caudally owing to a left-sided cystic mass deriving from the liver. The small intestine and colon were unremarkable. The gastrointestinal tract was empty.



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Pancreas

The **pancreas** presented minor coarse architecture and slight heterogeneous changes. No evidence of active disease.

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ULTRASONOGRAPHIC FINDINGS

- Subtle nodular hepatic changes and cystic left-sided liver mass – benign cystadenoma, inflamed cystadenoma, biliary carcinoma all possible.
- Age related abdominal changes otherwise

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA and drainage of the cystic mass with culture would be indicated, as well as FNA of any nodular changes that are accessible. The cystic left-sided mass appears resectable. However, it may be simple benign cystadenoma and not have any clinical relevance. However, if inflammatory sediment is present in the fluid, then removal would be recommended.

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No overt evidence of neoplasia unless the cystic mass represents an early biliary carcinoma as well as the nodular changes of the liver may represent an early neoplastic event. No overt cause of anemia in this patient, unless the cystic mass has blood content. Other causes of anorexia such as orthopedic pain, thoracic or CNS disease should be considered. CBC path review warranted, given the anemia. No overt hemorrhage noted in the abdomen.

AGE

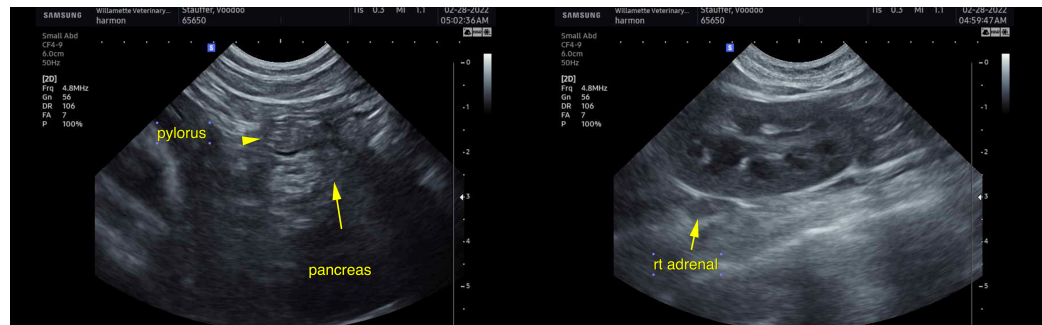
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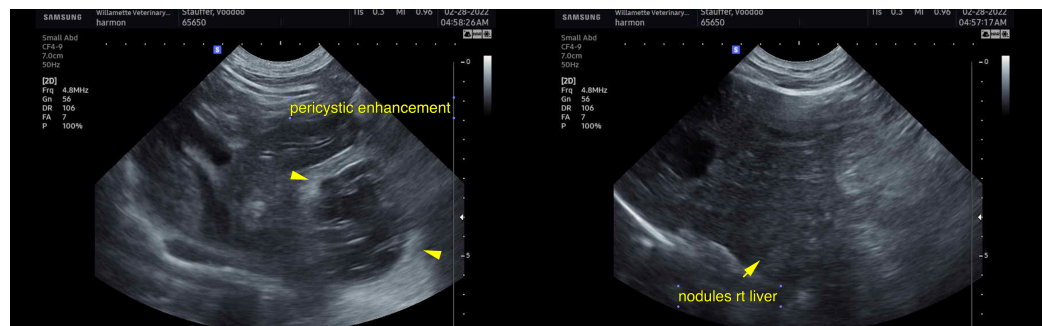


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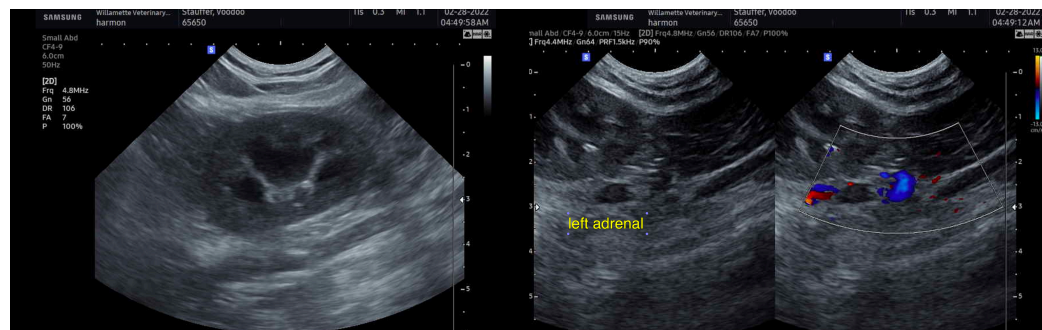
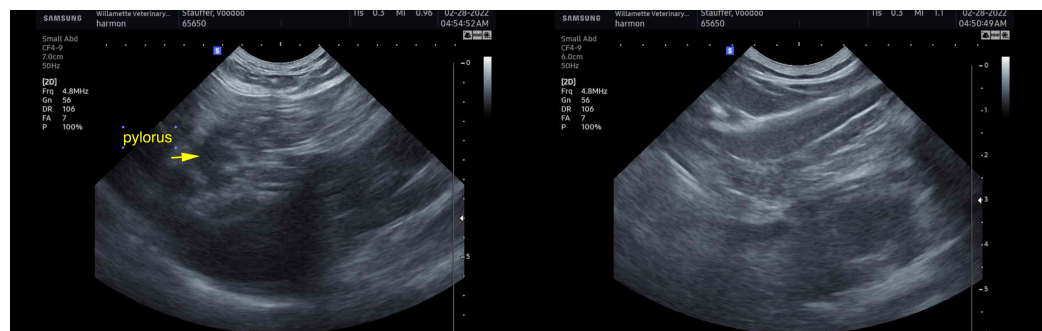
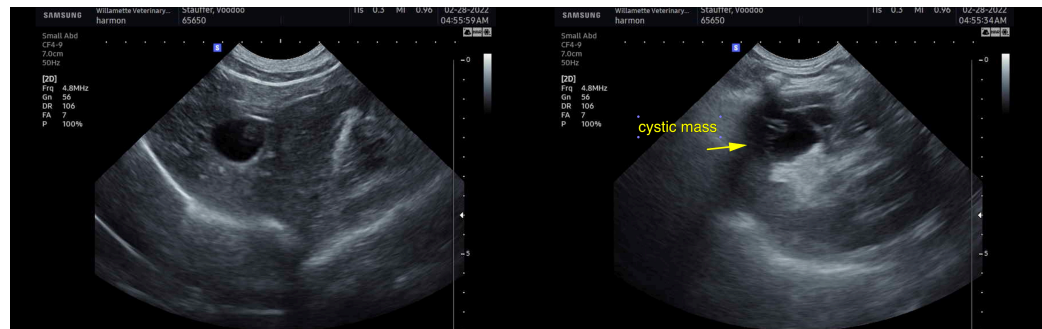
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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