



PATIENT

Tiger Fehon

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

7

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

20997

DATE

2/4/23

PRESENTING CLINICAL SIGNS

History: moaning and crying at home, lethargic

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are moderate and most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.53 cm. The right kidney measured 3.5 cm. Slight mineralization was noted in the left kidney, nonobstructive.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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** in this patient revealed an expansive mixed echogenic complex 6.7 cm x 5.6 cm mass. The mass occupied the majority of the liver and appeared to be deriving from the right medial liver. This may be resectable. The cranial liver and gallbladder was unremarkable, other than minor hyperechoic nodular changes, expected for this age patient.

Gastrointestinal

The **stomach** itself was unremarkable. Soft stool was noted in the colon.

Pancreas

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery, primarily localized in the right limb.

ULTRASONOGRAPHIC FINDINGS

- Cystic and parenchymal liver mass appears to be deriving from the right medial liver. The mass is possibly resectable



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- Concurrent pancreatitis
- Minor scalloping splenic contour

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- Interstitial nephrosis pattern with slight mineralization in the left kidney
- Soft stool in the colon

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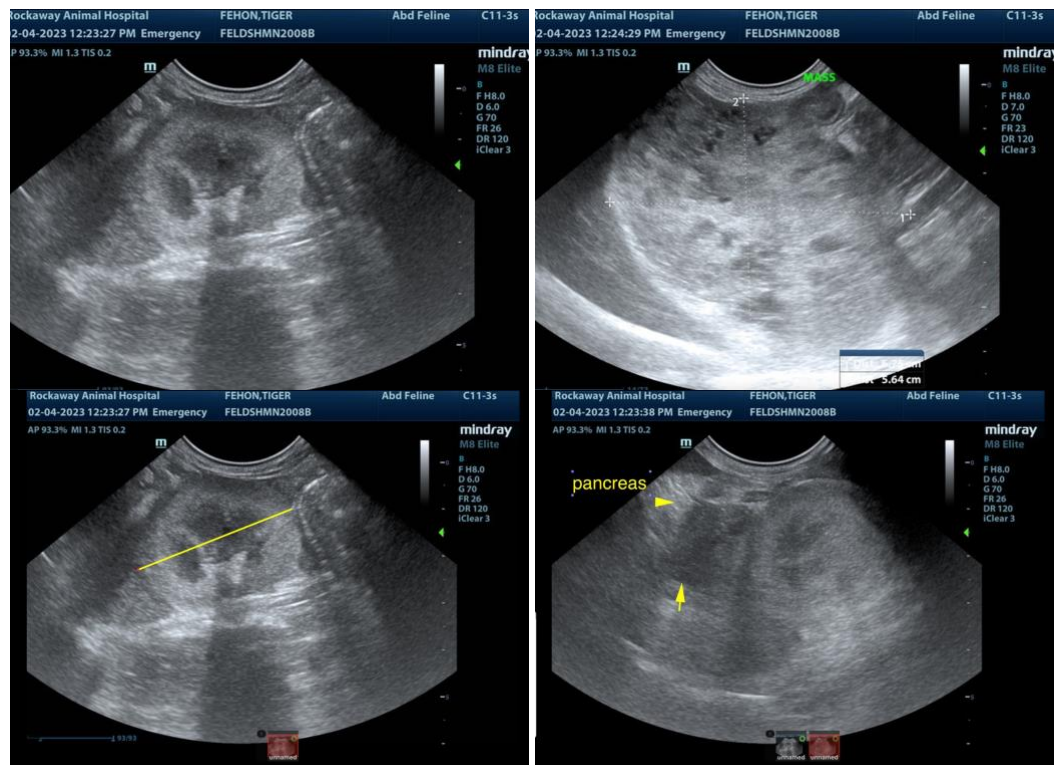
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the liver mass, CT evaluation for surgical planning is indicated. Supportive care for pancreatitis is indicated in the meantime. Hepatocellular carcinoma vs biliary carcinoma. The clinical signs are likely related to both the liver mass and pancreas in this patient.

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>





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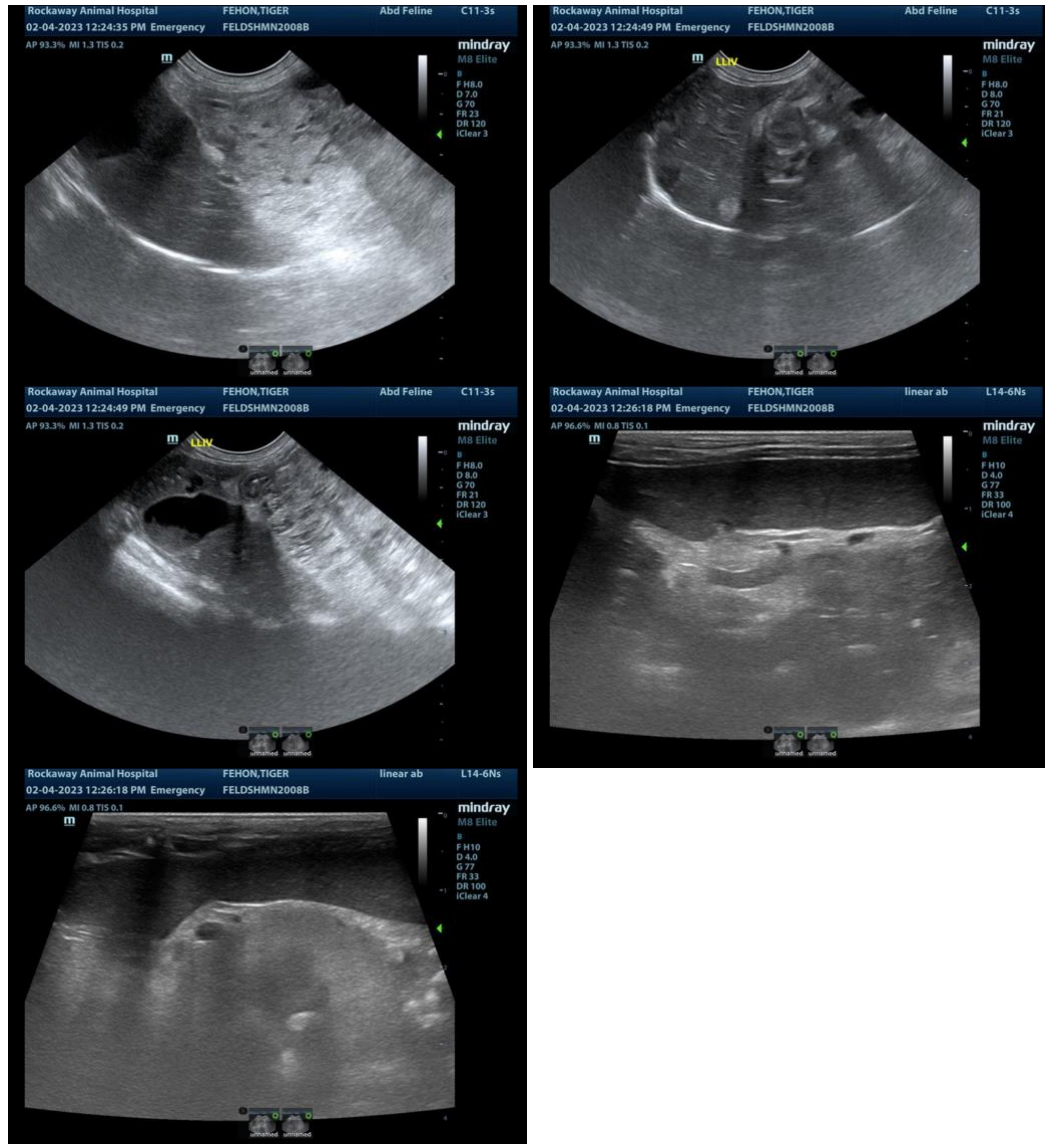
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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