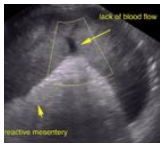
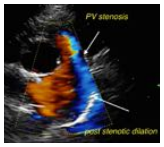
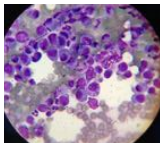
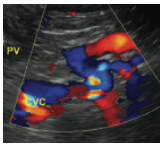
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Rudy Merrill

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
14 years

WEIGHT
12.1 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Fritz

HOSPITAL NAME
Waterbury VH

REFERRING VET
Dr. Fritz

INVOICE
42630

DATE
2/7/23

PRESENTING CLINICAL SIGNS

History: P had presented for recheck exam about 1 month ago. Rechecking renal values for CKD. On exam a large cranial abdominal mass was palpated. P otherwise doing well at home, no v/d/c/s, good app and energy. On Purina NF early care, aluminum hydroxide powder, and fish oil supplement. Abnormal PE/Chem/CBC/UA Results: PE - TPR wnl, firm cranial abdominal mass, mild periodontal disease CBC - wnl Chem - SDMA 20, Creat 2.6, BUN 33, phos 5.0, (liver values wnl) T4 - 2.1 ug/dL UA - USG 1.015, pH 6.0 UPC - negative Blood pressure - average 150 mHg on doppler PT/PTT - wnl Chest x-rays wnl, Abdominal x-rays -abdominal mass, small but symmetrical kidneys Cytology/Fluid analysis 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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.18 cm. The right kidney measured 3.19 cm.

Adrenal Glands

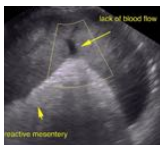
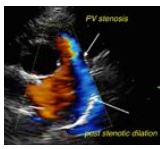
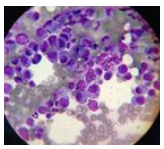
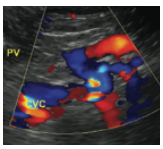
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The adrenal glands measured 0.5 cm each.

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.

Liver

A large, complex, cystic mass was noted and occupied the cranial abdomen. The mass is likely deriving from the **liver**. It appears to be associated with the caudate process. The mass measured 6.0 cm and impinged upon the pancreas. A separate cystic mass was noted in the cranial liver. Smaller, cystic lesions

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rudy Merrill

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

12.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Fritz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Fritz

INVOICE

42630

DATE

2/7/23

were noted throughout the liver. This is consistent with cystadenomas. The gallbladder was deviated, yet unremarkable.

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.

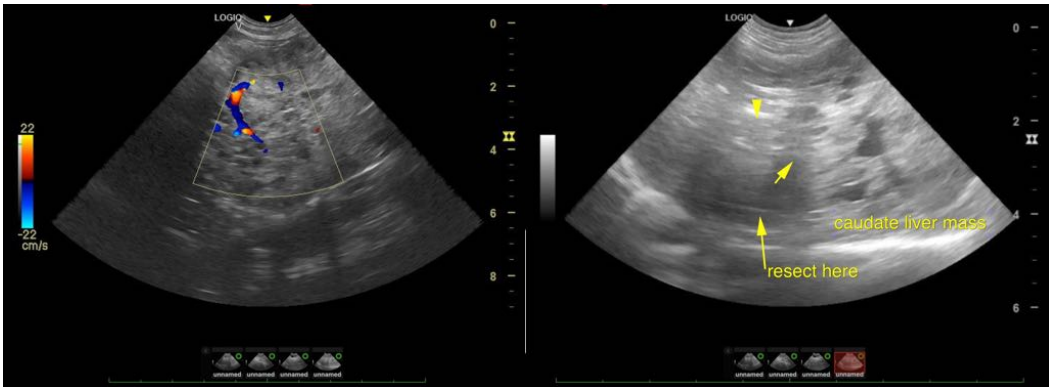
ULTRASONOGRAPHIC FINDINGS

Multiple, complex cystic cystadenoma type masses. Possible biliary carcinoma. One may be infected. The caudal of which appears resectable at the caudate process. The cranial larger best is likely best to be drained.

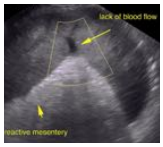
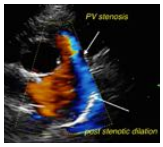
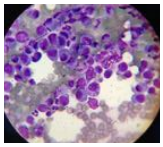
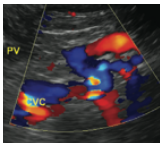
Otherwise, age related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for potential surgical planning can be considered in this patient as resection of the larger masses may be possible. Ultrasound-guided drainage of the echogenic cranial mass would be warranted. This may be histopathologically benign, yet is slow growing and expansive. The caudal mass appears to be pedunculated and is at risk for torsion.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rudy Merrill

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

12.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Fritz

HOSPITAL NAME

Waterbury VH

REFERRING VET

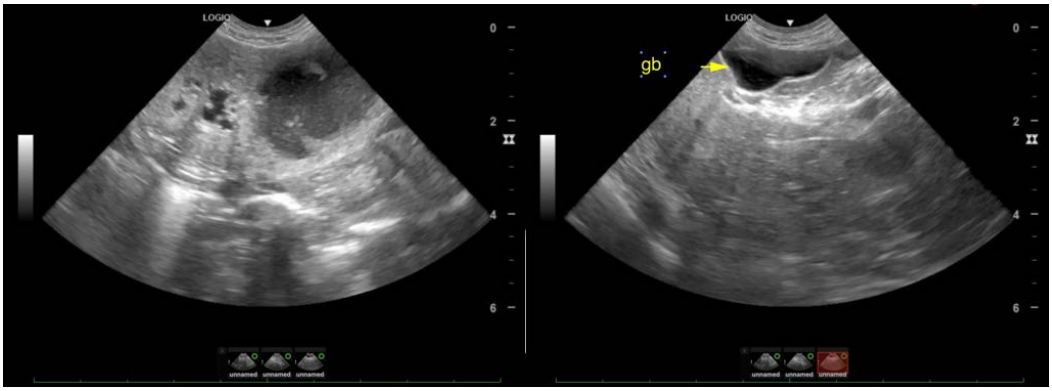
Dr. Fritz

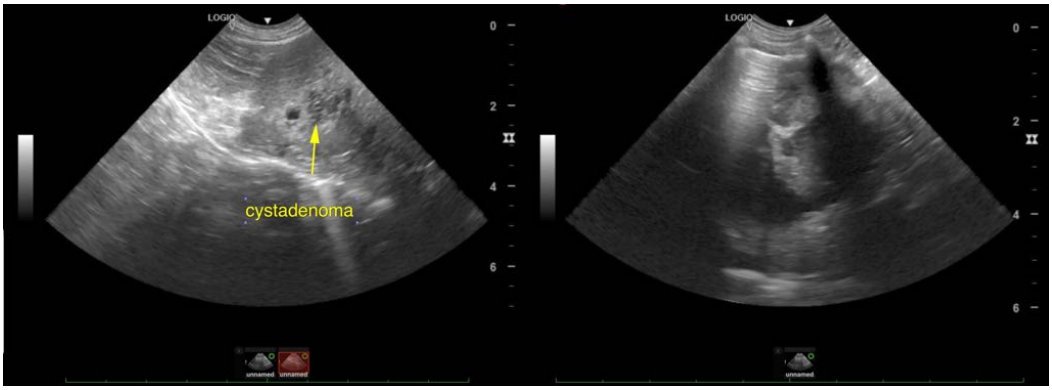
INVOICE

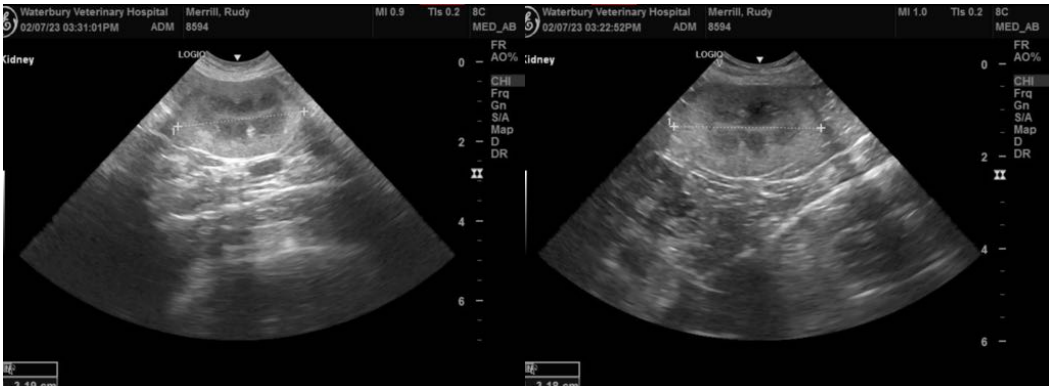
42630

DATE

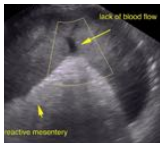
2/7/23

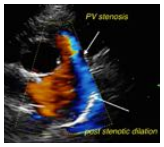


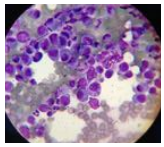
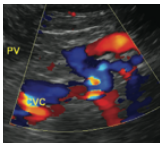




SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rudy Merrill

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

12.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Fritz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Fritz

INVOICE

42630

DATE

2/7/23

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
info@SonoPath.com