



PATIENT PRESENTING CLINICAL SIGNS

Callista Sommerfeld

History: Non clinical mass palpated on routine wellness exam
Abnormal PE/Chem/CBC/UA Results: Non diagnostic platelets normal no sign of anemia

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Manx

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.

SEX

Spayed female

AGE

12 years

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 right kidney measured 3.7 cm. The left kidney measured 3.38 cm.

WEIGHT

6 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 right adrenal gland measured 0.4 cm. The left adrenal gland measured 0.35 cm.

IMAGING PERFORMED BY

Dr. Belan

Spleen

The **spleen** revealed subtle micronodular changes and measured 0.7 cm. The spleen was normal in size and contour with a focal, hypoechoic 0.3 cm nodule.

HOSPITAL NAME

Cranston AH

Liver

REFERRING VET

Dr. Pol

The cranial **liver** was unremarkable with slight coarse architecture. The caudate process revealed a pedunculated parenchymal and cystic mass that measured approximately 5.0 x 4.0 cm. The gallbladder and common bile duct were unremarkable. The common bile duct revealed a 0.27 x 0.4 cm polyp at the junction between the cystic duct and the common bile duct.

INVOICE

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Gastrointestinal

DATE

4/24/23

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.



PATIENT

Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Feline

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Free Abdomen

Manx

Free fluid was noted adjacent to the mass.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed female

Splenic nodules or cysts.

AGE

Non-obstructive nephrolithiasis with mild degenerative changes.

12 years

Age related GI changes.

Age related pancreatic changes.

WEIGHT

Cystic caudal liver mass, appears to derive from the left medial liver with adjacent free fluid, potential torsion.

6 kg

Minor common bile duct polyp, may be benign.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUS

Immediate exploratory surgery with liver lobectomy is recommended. If the patient is painful upon the mass and torsion is an issue, given the free fluid I am concerned for potential rupture of the bridge parenchyma. This is likely cystadenoma or complex hepatic cyst. Biliary carcinoma is less likely.

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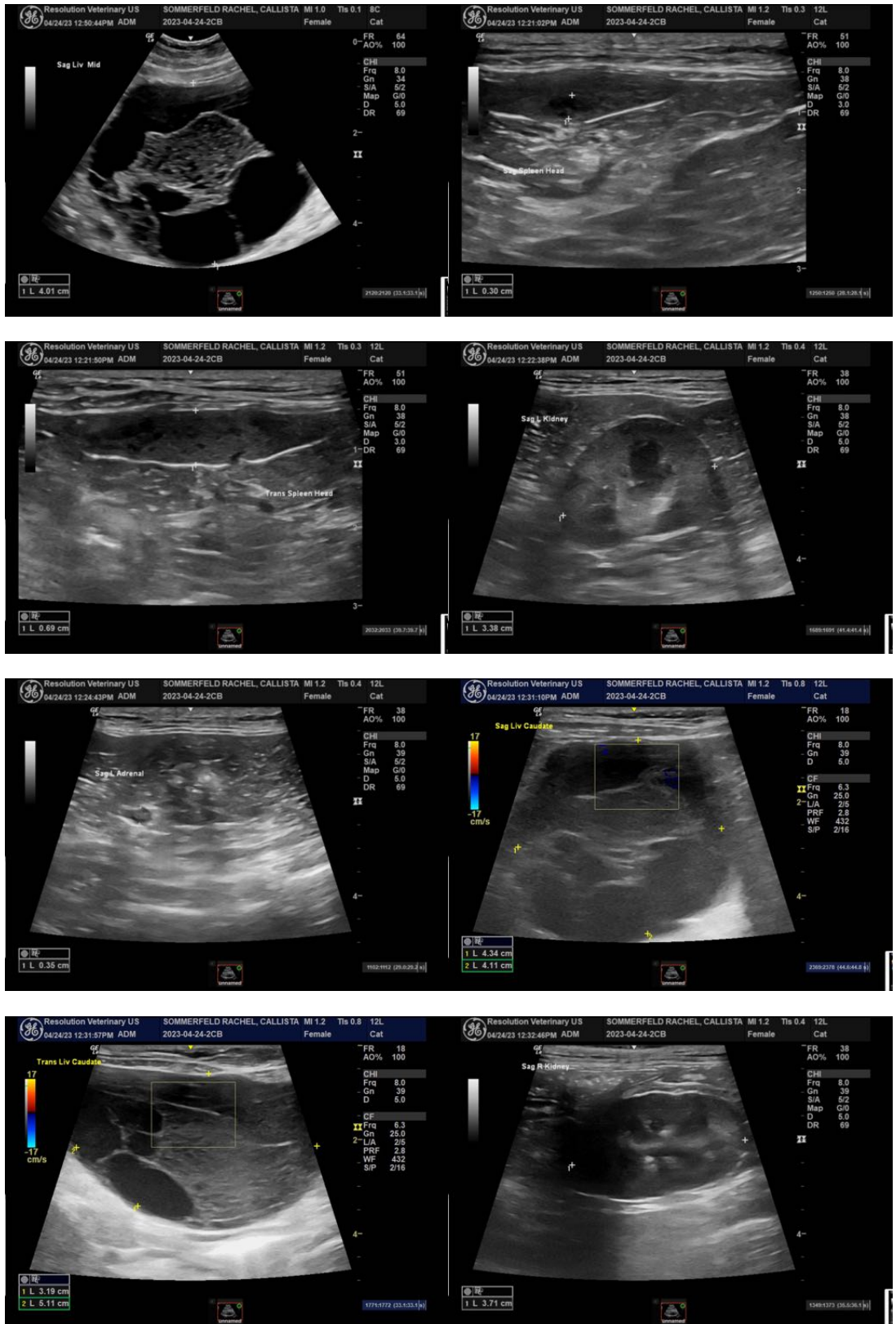
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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