



PATIENT

Snickers Pommerenke

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

18 Years

WEIGHT

6.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dyer

HOSPITAL NAME

Countryside VC of
Roichmond

REFERRING VET

Dr. Dyer

INVOICE

35990

DATE

5/7/26

PRESENTING CLINICAL SIGNS

History: Longstanding history of chronic recurrent vomiting. Prior records unknown, therefore true weight loss is unknown, but cat is slightly underweight. Abdominal mass displacing small intestines was suspected on radiographs.

Abnormal PE/Chem/CBC/UA Results: Labwork is unremarkable, and liver values and alb are wnl.

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 **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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 3.0 cm. The right kidney measured 3.0 cm.

Adrenal Glands

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

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. The spleen measured 0.97 cm.

Liver

The **liver** revealed a complex macro- and microcystic mass, measuring 5.0+ cm. The cystic mass occupied the majority of the left liver, impinging upon the portal hilus and gallbladder. Some cystic changes were noted in the right medial liver. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

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.

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.

ULTRASONOGRAPHIC FINDINGS

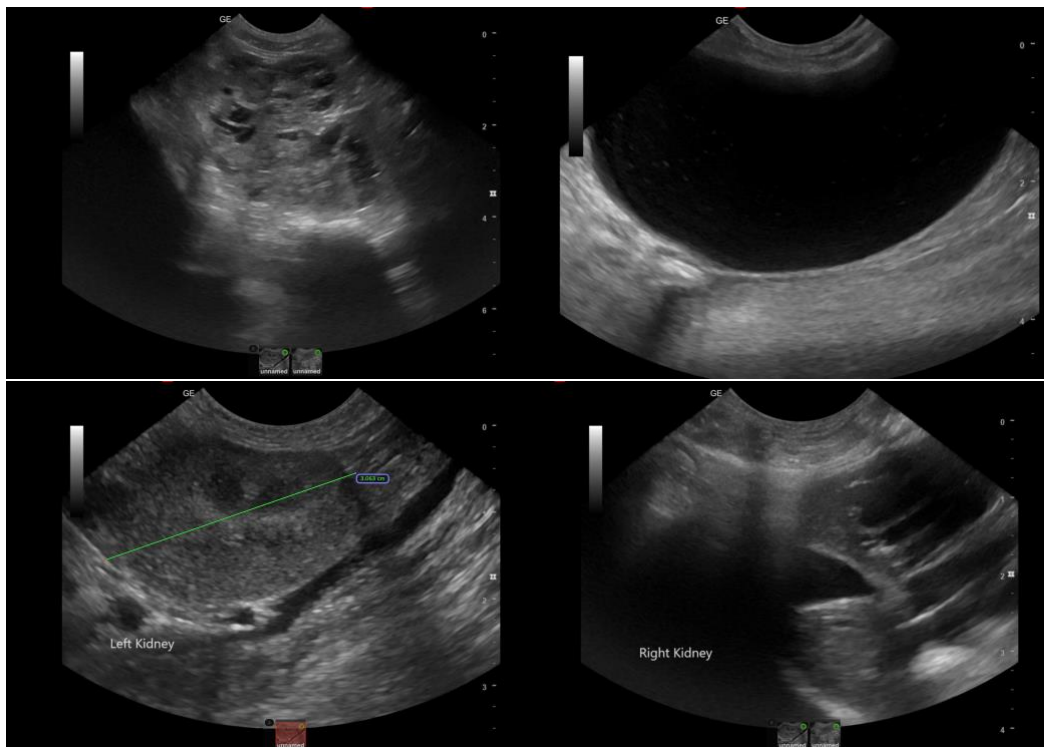
- Chronic GI changes
- Complex cystic liver mass – biliary cystadenoma versus biliary carcinoma are possibilities.
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Clean resection of the cystic mass is unlikely, however, debulking may prove effective in this patient, as secondary necrosis and potential torsion may be an issue.

No overt neoplastic criteria was noted in the GI tract; however, the thickening would suggest at least a chronic inflammatory bowel. CT evaluation for surgical planning would be ideal.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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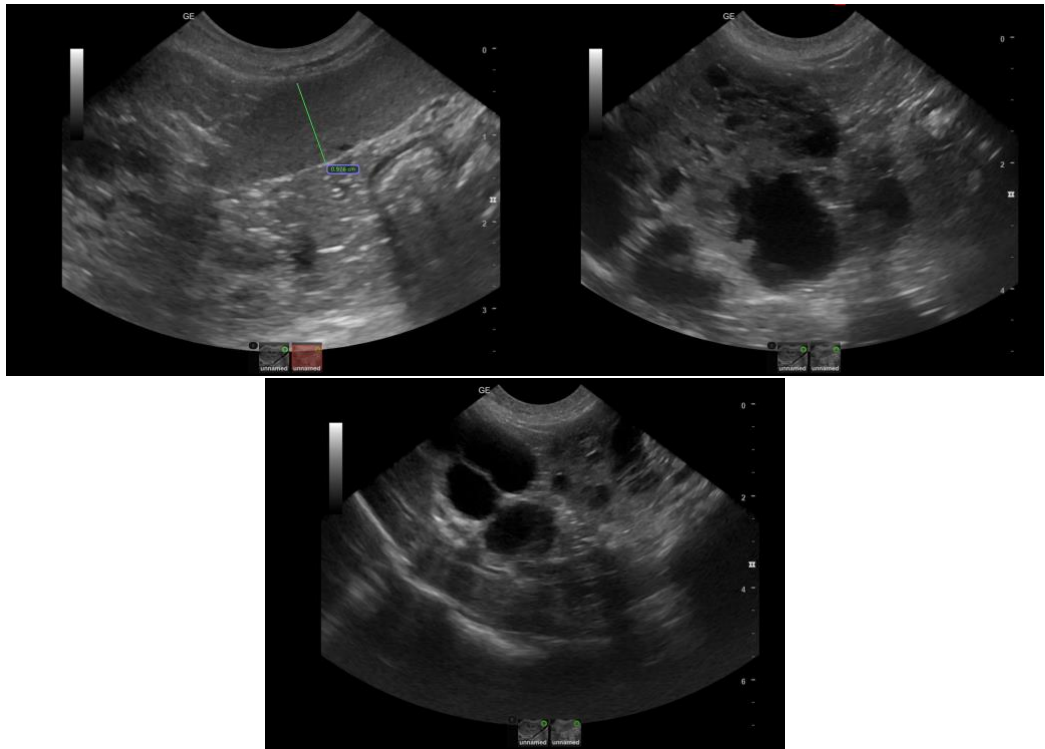
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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