



PATIENT PRESENTING CLINICAL SIGNS

Sandy Hawk Mid abdominal mass vs kidney as per rad report.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED

DSH

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.

SEX

Spayed Female

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. Mineralization noted in both kidneys. The right kidney measured 3.37 cm. The left kidney measured 3.44 cm.

AGE

18 Years

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

WEIGHT

12.4 Pounds

Spleen

The **spleen** presented multifocal expansive nodules up to 1.4 cm caudal, 1.16 cm cranial, and 1.8 mid body.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. A right caudodorsal hepatic cyst was noted, measuring 1.22 cm x 1.16 cm. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic duct was mildly tortuous at 0.46 cm. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

Pancreas

INVOICE

38834

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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

DATE

6/17/22



PATIENT

Heart

Sandy Hawk

Rapid view of the heart revealed no evident pathology.

SPECIES

PRIMARY FINDINGS

Feline

- Nodular spleen

BREED

SECONDARY FINDINGS

DSH

- Age related renal changes with mineralization
- Age related hepatic changes with hepatic cyst
- Pancreatic remodeling

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

FNA of the spleen recommended in this patient, or direct splenectomy. Round cell neoplasia suspected, hemangiosarcoma is a mild potential. Geriatric abdomen otherwise. Chest radiographs warranted.

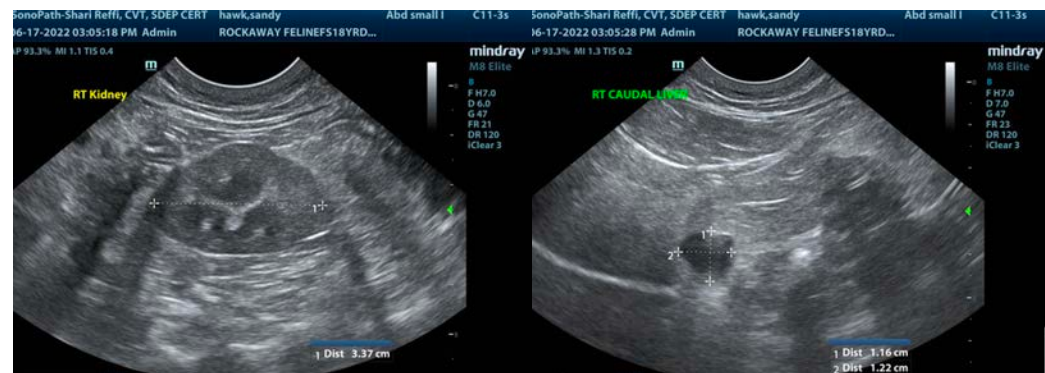
AGE

18 Years



WEIGHT

12.4 Pounds



INTERPRETED BY

Eric Lindquist, DMV

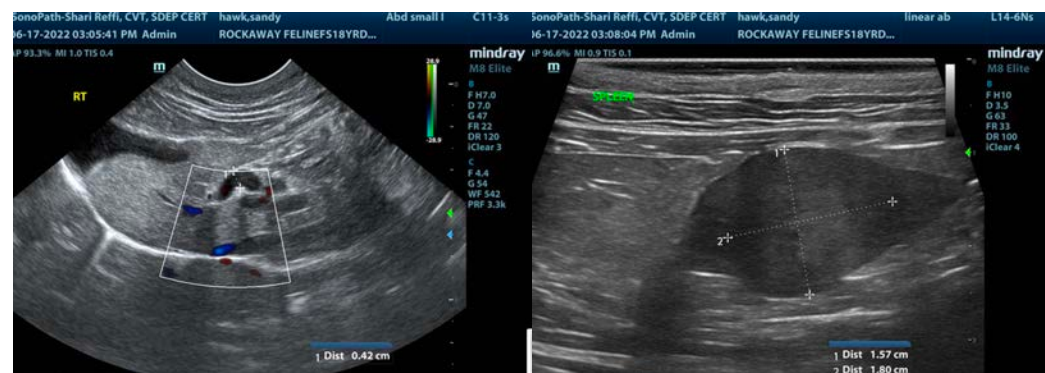
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PATIENT

Sandy Hawk

SPECIES

Feline

BREED

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Spayed Female

AGE

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WEIGHT

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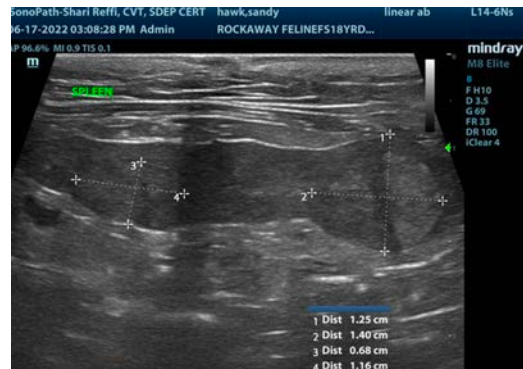
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com