



PATIENT

Mortimer Floyd

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13

WEIGHT

11.7

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American AH

REFERRING VET

Dr. Stockmal

INVOICE

22978

DATE

6/19/23

PRESENTING CLINICAL SIGNS

History: Constipation better with Royal Canin GI high fiber. Chronic vomiting 2-3 times a week. (green-light brown liquid). Stool recently on the looser side.

Abnormal PE/Chem/CBC/UA Results: Eos 1116, Neu 2294, Fecal neg

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 4.5 cm. The right kidney measured 4.2 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.

Liver

The **liver** revealed a left sided microcystic space-occupying mass (4.6 cm), occupying the left medial liver and impinging upon the gallbladder. The cystic mass appeared to be nonvascular. This is potentially resectable. CT evaluation is warranted for further definition. A separate similar biliary adenoma type nodule was noted further medially, measuring 1.6 cm. The right cranial liver revealed a cystic nodule (2.1 cm), consistent with cystadenoma. The remainder of the liver was uniform and unremarkable.

Gastrointestinal

The larger hepatic mass appeared to be deviating the **gastrointestinal** tract caudally. The stomach was mildly thickened without significant disease. The small intestine and colon were unremarkable, other than minor muscularis thickening.

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.

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ULTRASONOGRAPHIC FINDINGS

- Microcystic mass and cystic nodule, strongly consistent with biliary cystadenoma.
- The larger hepatic mass appeared to be deviating the gastrointestinal tract caudally.
- Minor gastrointestinal thickening- underlying inflammatory bowel is likely.
- Minor age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The liver masses are likely benign. No evidence of clinical neoplasia.

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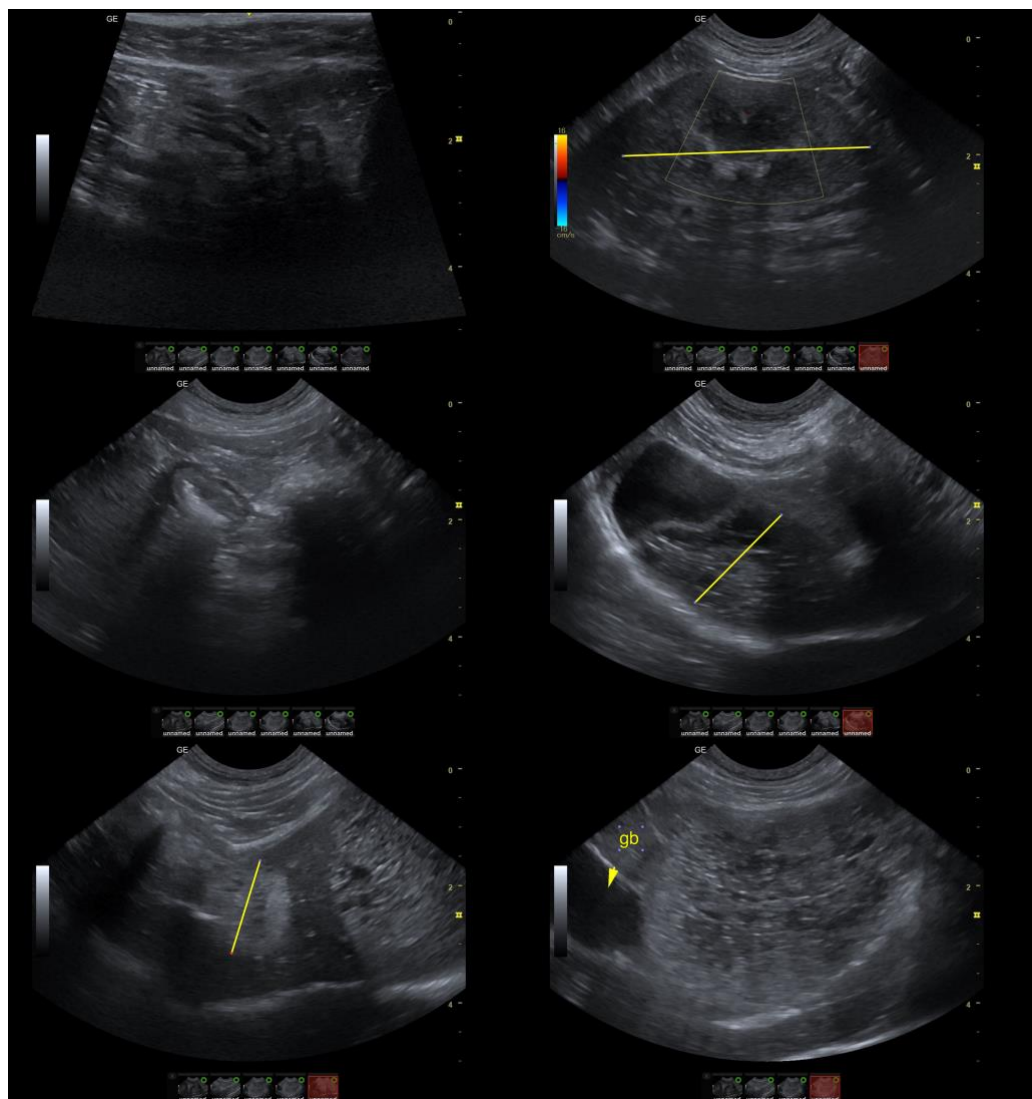
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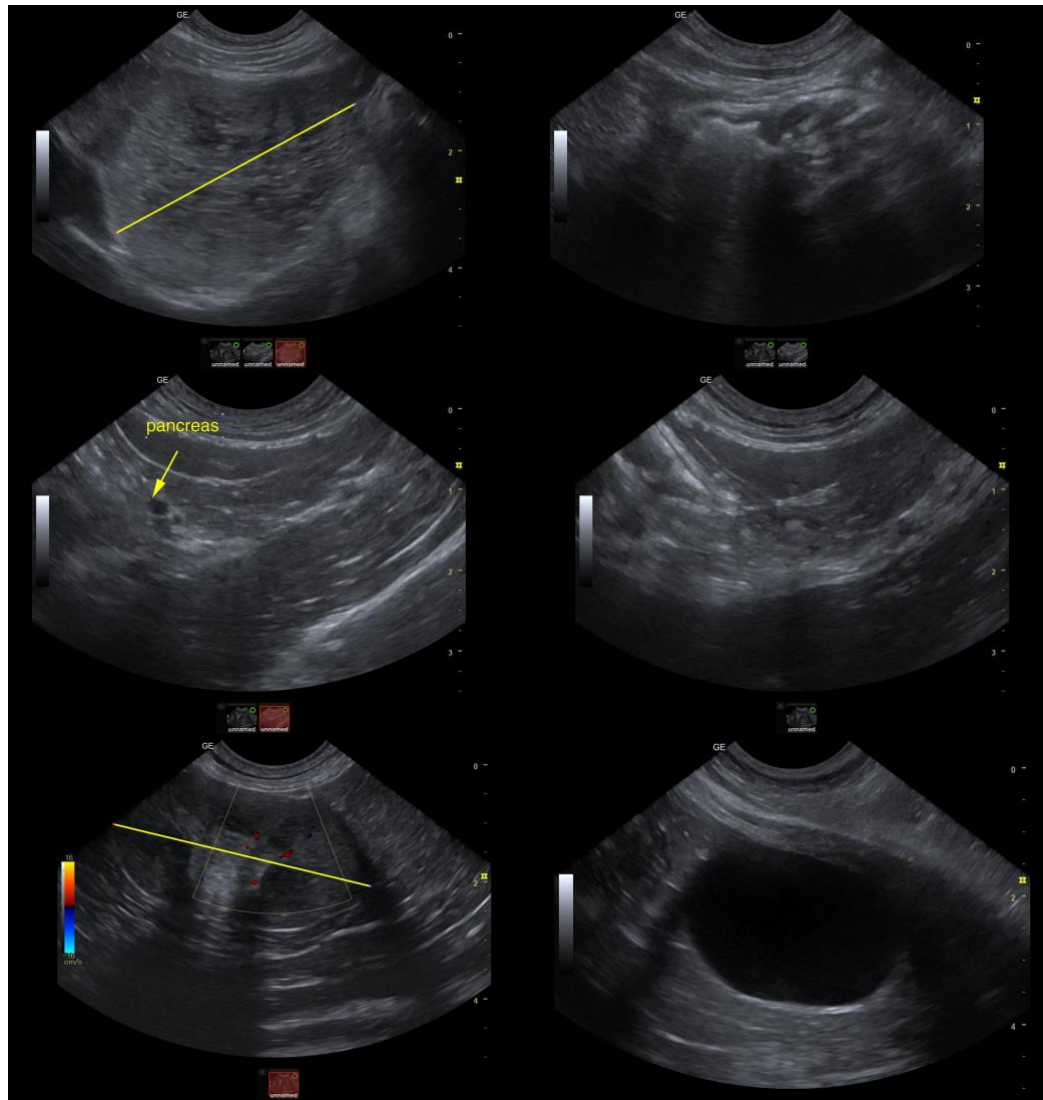
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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