



PATIENT

Sophia Grace Hofbauer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years 1 Month

WEIGHT

14.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

16806

DATE

8/10/22

PRESENTING CLINICAL SIGNS

History: Patient presented for possible eating a black cherry and having cyanide poisoning.

Abnormal PE/Chem/CBC/UA Results: PE: Suspect mass palpable in abdomen. Xray: Enlarged left kidney. Microcardia. CBC/CHEM: Elevated WBC, Glu 242, BUN 38.

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 mild 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 kidneys measured 3.5 cm each.

Adrenal Glands

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

Spleen

*See Free Abdomen section.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. *See Findings.

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.

Free Abdomen

The mid caudal abdomen revealed an undifferentiated hypoechoic **mass** with infiltrative pattern into the local omentum. This is likely of splenic origin, as there appears to be a bridge from the recognizable spleen to the mass, however, other origin extending to the spleen is also possible. This does not



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appear surgical, unless a debulking effort is to be considered. Exploratory surgery would be indicated to attempt to debulk the mass or FNA for further definition. *See Findings.

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- Undifferentiated mass, suspected to be splenic origin, however, the mass appears to envelope or adhere to regional intestine and possibly portions of the pancreas. Suspect sarcoma.
- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass is indicated for further definition. Chest radiographs are warranted to assess for metastatic disease.

SEX

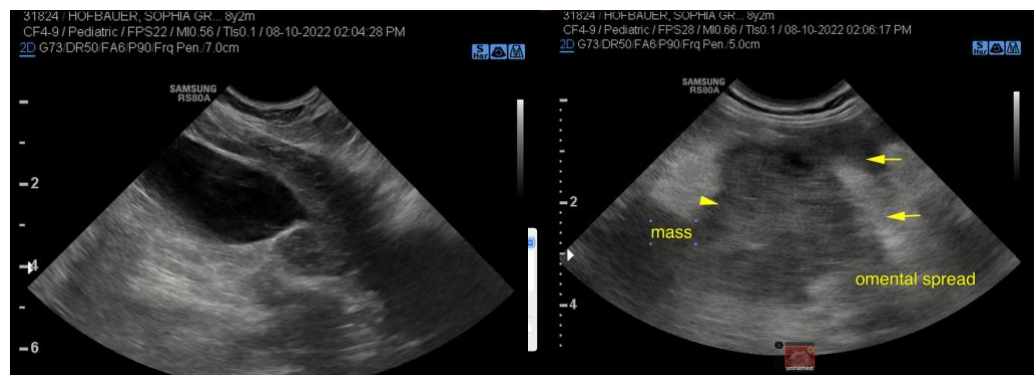
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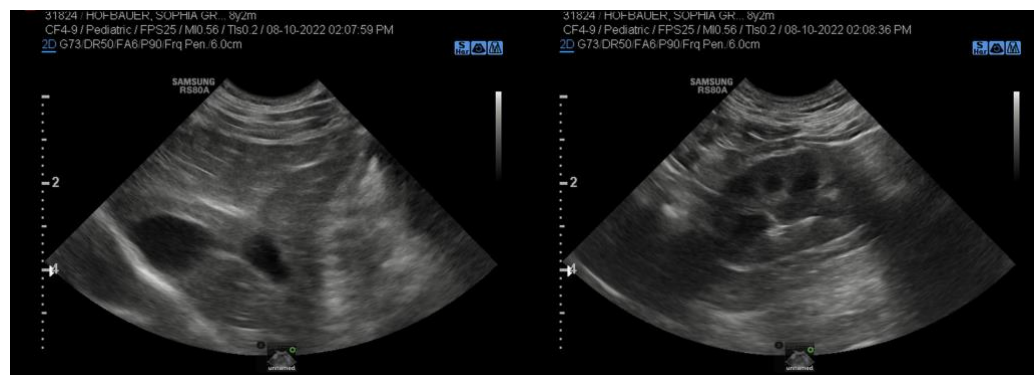
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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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info@SonoPath.com

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