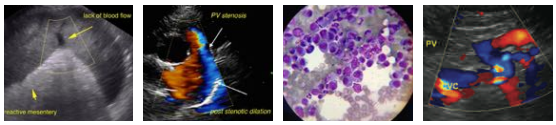

PATIENT
Loki Lucktenberg

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
12 years

WEIGHT
12.8 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Q Street AH

REFERRING VET
Dr. Hoerauf

DATE
3/7/22

Invoice
96586

PRESENTING CLINICAL SIGNS

History: Presents for very poor appetite and weight loss. Has lost 1lb in 11 months. Previously diagnosed with hyperthyroidism and treated with radioiodine therapy in April 2021. Possible cranial abdominal mass on palpation.
Abnormal PE/Chem/CBC/UA Results: Superchem all normal. CBC : WBC 30,000, neutrophils 24,600, eosinophils 1500. T4 normal UA 1.060 with 2+ protein, otherwise normal.

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 was 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 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. Slight pinpoint mineralizations were noted. The left kidney measured 4.08 cm. The right kidney measured 4.12 cm.

Adrenal Glands

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 0.43 cm. The left adrenal gland measured 0.31 cm.

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 was noted.

Liver

The medial **liver** in this patient revealed expansive, mixed, hypoechoic mass. The mass measured 5.0 x 6.0 cm and enveloped the gallbladder and the vena cava. The mass extended dorsal cranially to the diaphragm and impinged upon the portal hilus. The mass does not appear overtly resectable. Multi-focal, hypoechoic and hyperechoic nodules were noted throughout the mass.

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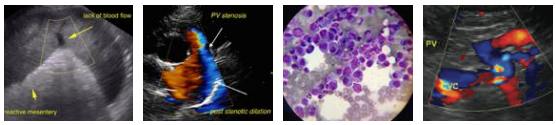

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Gastrointestinal

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.

Pancreas

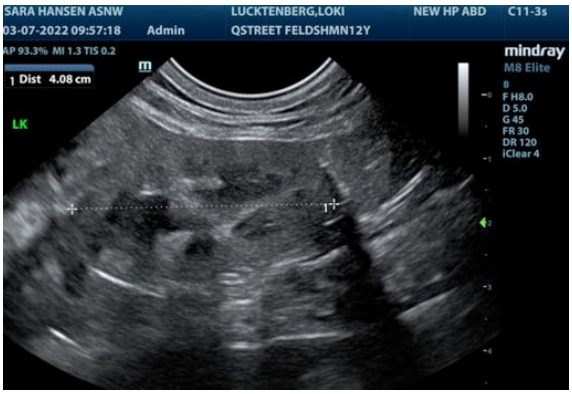
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

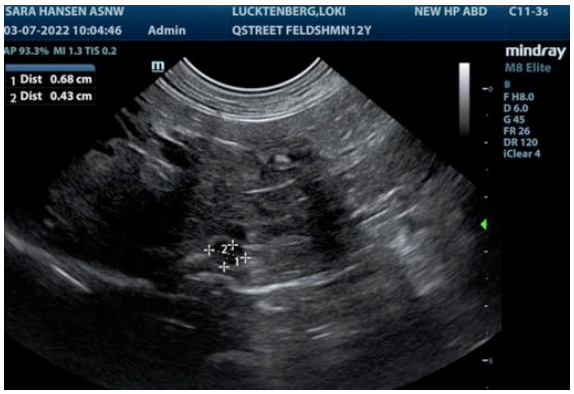
ULTRASONOGRAPHIC FINDINGS

Hypoechoic medial hepatic mass enveloping the gallbladder and impinging upon the portal hilus and enveloping the vena cava and extended dorsally to the diaphragm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass could be considered for further definition and to determine if the mass is chemoresponsive. Round cell neoplasia versus carcinoma.





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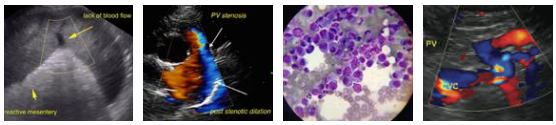

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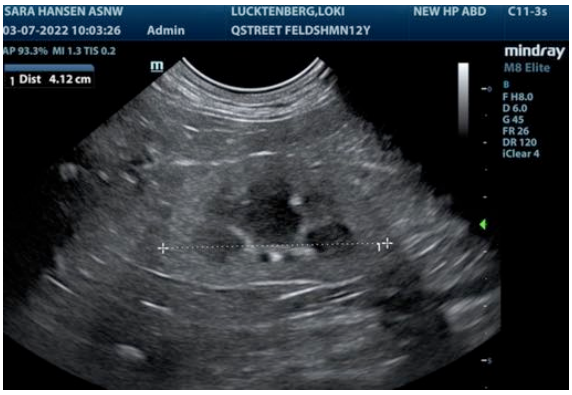

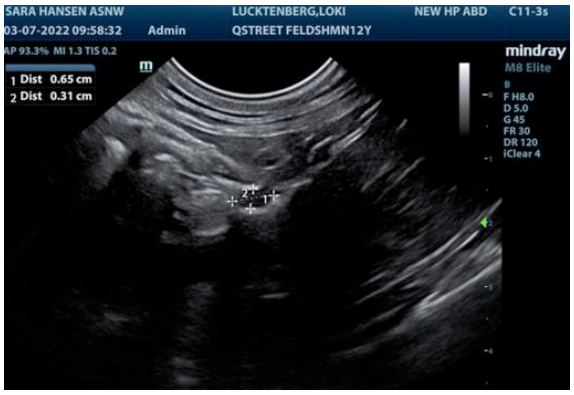

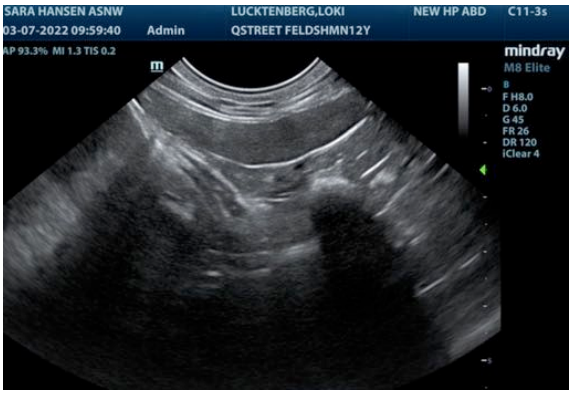

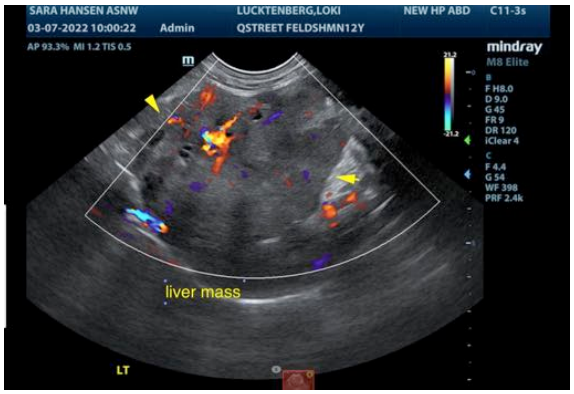

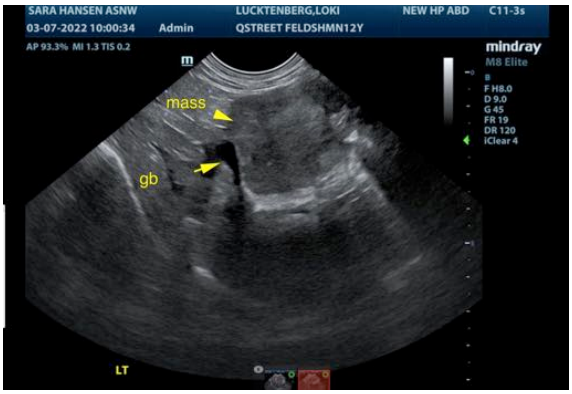

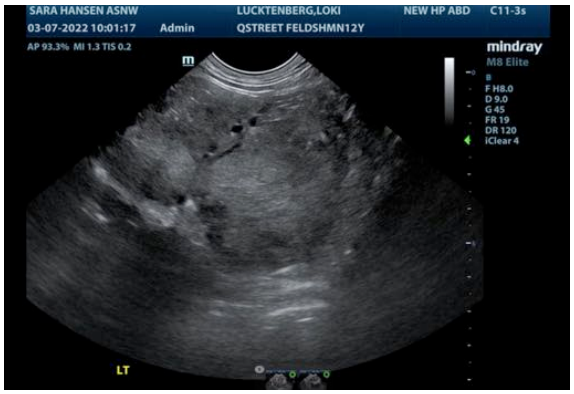

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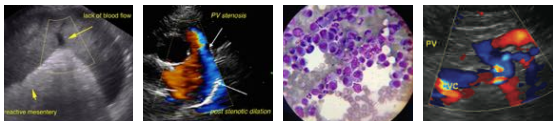

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com