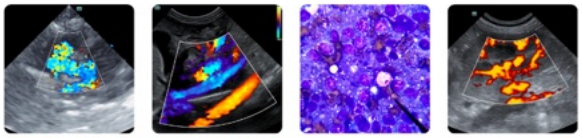

PATIENT

Rocky Keghlian

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

14 years

WEIGHT

8.8 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Woodcliff Lake VH

REFERRING VET

Dr. Black

INVOICE

69232

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: Abd mass BCS :5/9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 3.36 cm. The right kidney measured 3.17 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 0.37 cm. The left adrenal gland measured 0.42 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 **liver** revealed multiple, cystic masses with echogenic debris and nodular parenchymal changes. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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Gastrointestinal

The **stomach** was filled with ingesta. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content. A separate, mixed hypoechoic lymph node mass was noted in this patient measuring 3.5 cm with regional inflammation.

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

Free fluid was noted in the abdomen.

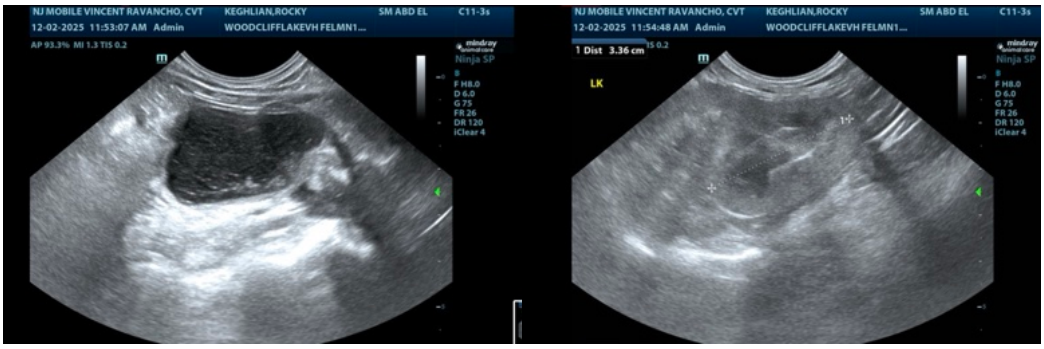
ULTRASONOGRAPHIC FINDINGS

Diffuse, cystic hepatic masses.

Age related GI changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a possibility of polycystic liver disease. The liver presentation, even though a significant finding may be histopathologically benign. Ultrasound-guided FNA of the lymph node mass, drainage, cytology and culture of the hepatic lesions would be indicated. I am most concerned about the lymph node mass in the midabdomen. The free fluid is likely owing to lymphatic obstruction or potential emerging lymphomatosis. The prognosis is very guarded to poor depending upon cytology results.



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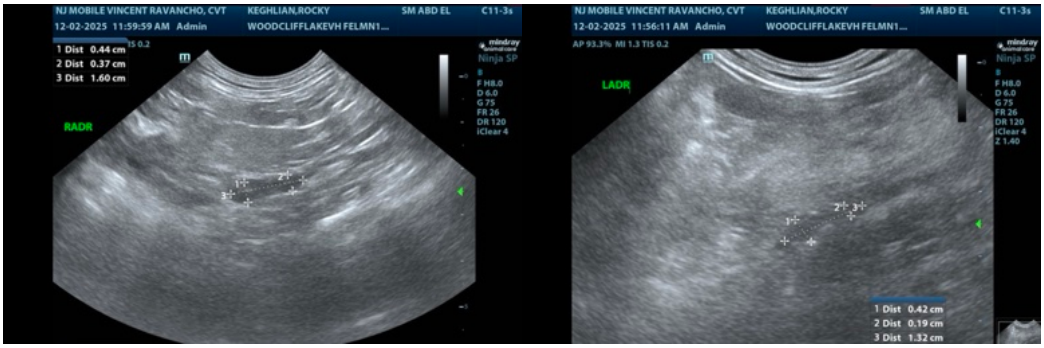
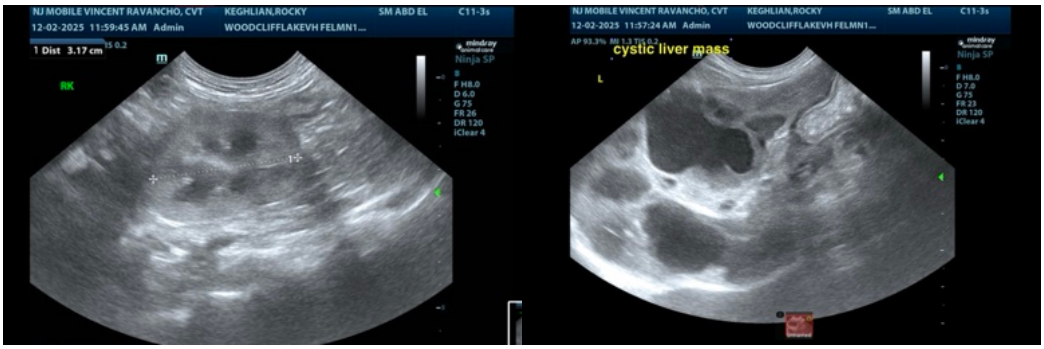
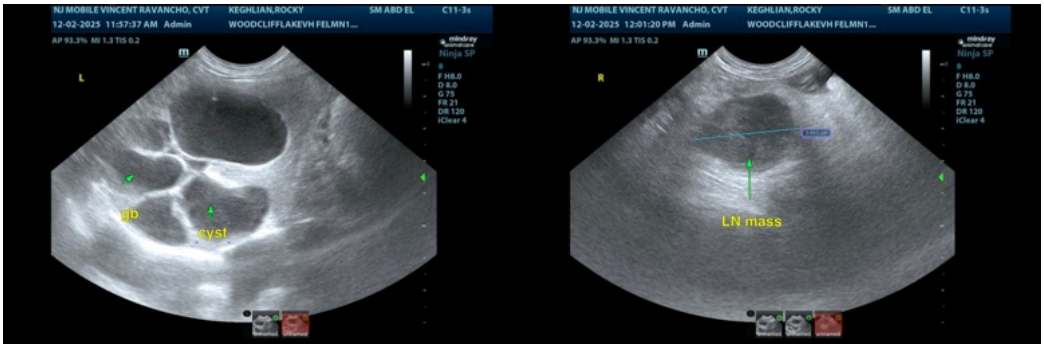
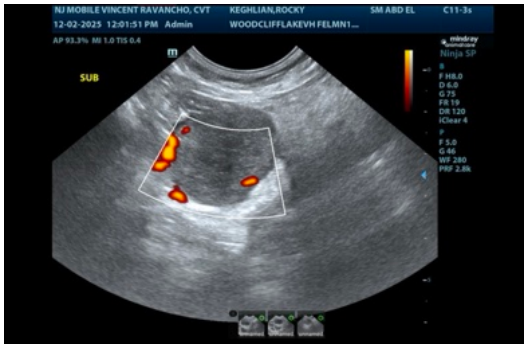
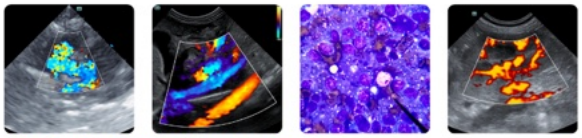








The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

Info@SonoPath.com