



**PATIENT**

Burch Wright

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

9.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Companion AH of  
Parsippany

**REFERRING VET**

Dr. Wolf

**INVOICE**

42140

**DATE**

1/16/23

**PRESENTING CLINICAL SIGNS**

History: Chronic hematuria. Current meds: Methimazole 5mg BID  
Abnormal PE/Chem/CBC/UA Results: ALT 170, AKP 148, Hyperthyroid- T4 9.8 UA: Glucose ++, Blood +, pH 6, SG: 1.020

**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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Minor microinfarcts were noted in the kidneys. Pyelectasia was noted in both kidneys. The left kidney measured 4.27 cm with corticomedullary mineralization. The right kidney measured 4.68 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 left adrenal gland measured 0.51 cm. The right adrenal gland measured 0.52 cm.

**Spleen**

The **spleen** was mildly enlarged and measured up to 1.0 cm.

**Liver**

The **liver** revealed a polycystic and parenchymal mass that occupied the right medial liver and caudate process. The mass measured 4.9 x 3.5 cm. The mass is poorly vascular. This is likely a cystadenoma with the possibility of biliary carcinoma. The remainder of the liver appeared unremarkable. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

**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.



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***Pancreas***

Burch Wright

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

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Feline

**BREED**

***Free Abdomen***

Domestic Shorthair

The iliac trifurcation was unremarkable.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered male

Cystadenomatous type mass in the right medial liver, not overtly resectable. This is likely benign.

**AGE**

Interstitial nephrosis renal pattern with mineralization. Pyelectasia was noted in both kidneys with ill-defined fat and echogenic debris. This is suggestive for infection.

12 years

Age related pancreatic changes.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

9.4 lbs

Urine culture and sensitivity is warranted. If any weight loss is an issue then FNA of the spleen is warranted. Subxiphoid palpation is recommended to assess for any discomfort in the region of the pancreas. There was no overt evidence of neoplasia other than the liver mass, which is likely benign cystadenoma. CT evaluation is recommended for potential surgical planning. The mass is expansive, yet likely benign or low-grade.

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**ABOUT SONOPATH CT SERVICES:**

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**SonoPath CT Services** are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/sonopath-ct-services>

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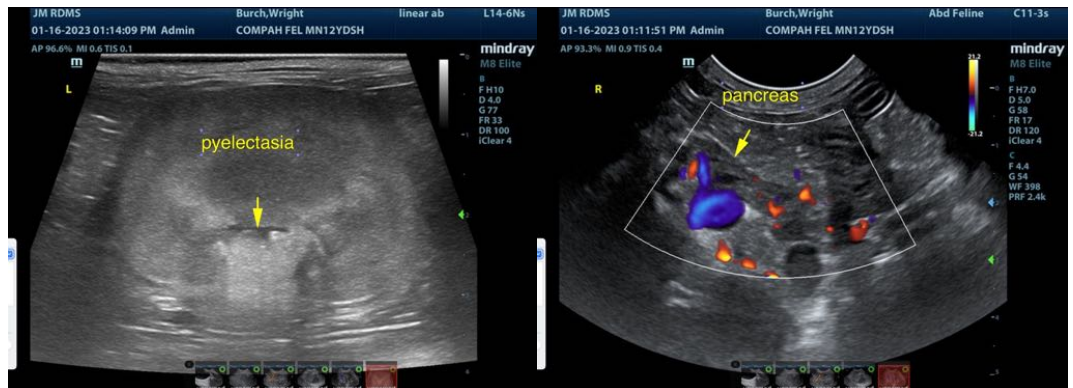
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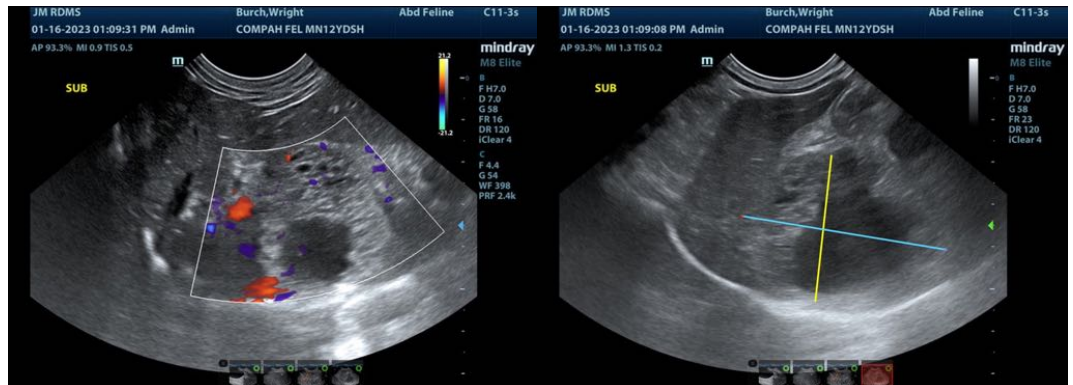
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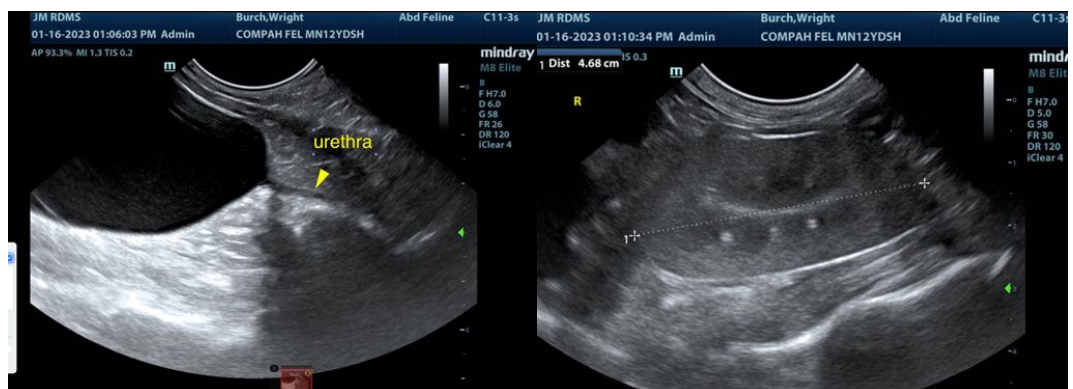
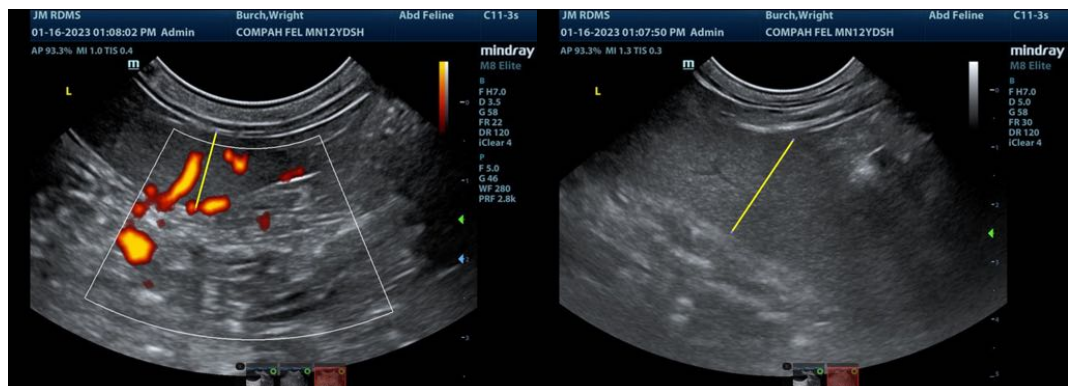
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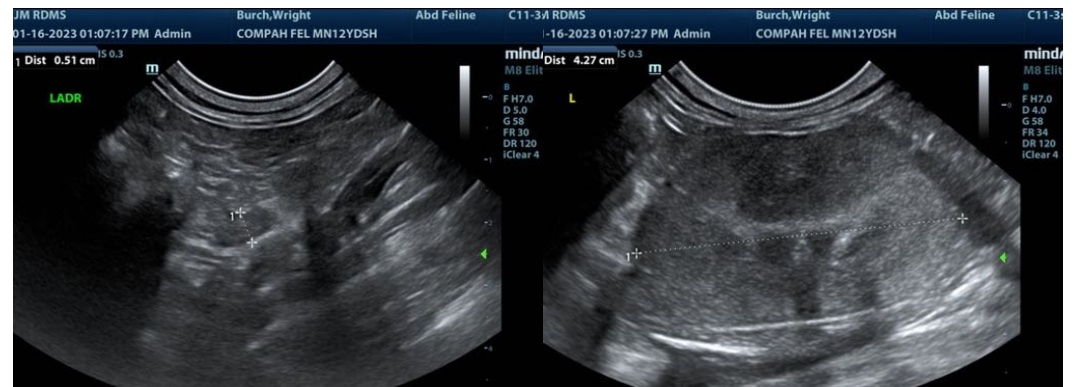
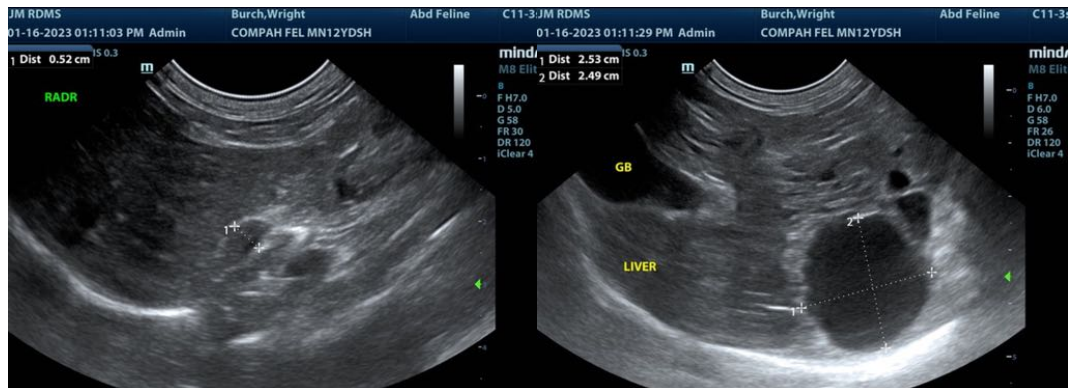
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**A new case has been uploaded to sonopath.com.**

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.

**Dr. Jessica Midence**  
info@SonoPath.com