



PATIENT

Ralph McCarthy

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Zilberman

INVOICE

31330

DATE

6/29/22

PRESENTING CLINICAL SIGNS

Abdominal mass.

T4 8.2, SDMA 16.

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. The right kidney measured 4.04 cm. The left kidney measured 4.0 cm.

Adrenal Glands

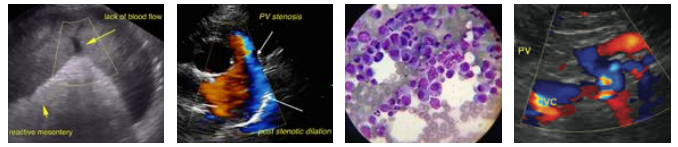
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The adrenal glands measured 0.4 cm each.

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** in this patient revealed a left sided, mixed, echogenic, moderately complex mass that measured 8.0 cm and extended from the left medial liver caudally into the mid caudal abdomen. The mass occupied the majority of the caudal aspect of the left liver. However, it impinged medially and enveloped the gallbladder. The right cranial and right lateral liver appeared unremarkable. The mass deviated the gastrointestinal tract into the right. The gallbladder was deviated, yet the common bile duct and portal hilus appeared unaffected.



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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

Extensive left-sided liver mass impinging medially to the gallbladder, potentially resectable. Likely hepatocellular carcinoma and less likely biliary cystadenoma or biliary carcinoma.

Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs and abdominal CT for surgical planning would be ideal or direct exploratory with debulking effort or possibly full left lobectomy with gallbladder removal.

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the [Blairstown Animal Hospital](https://www.blairstownanimalhospital.com/). Blairstown, New Jersey. More information can be found at

<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>



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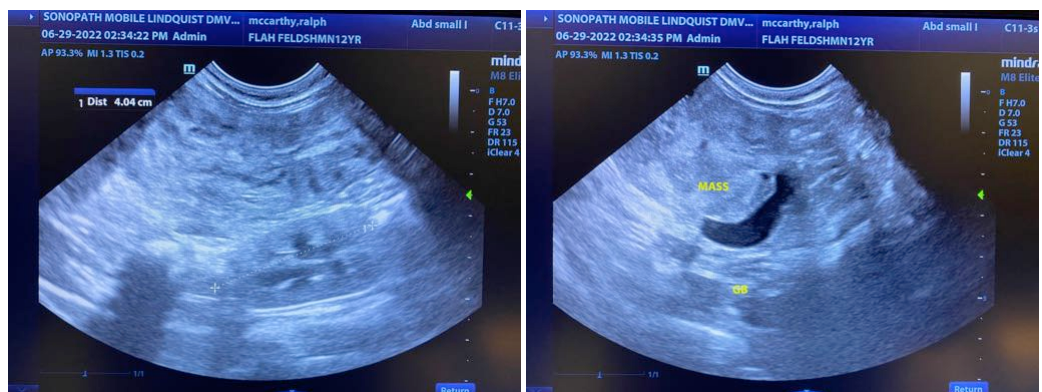
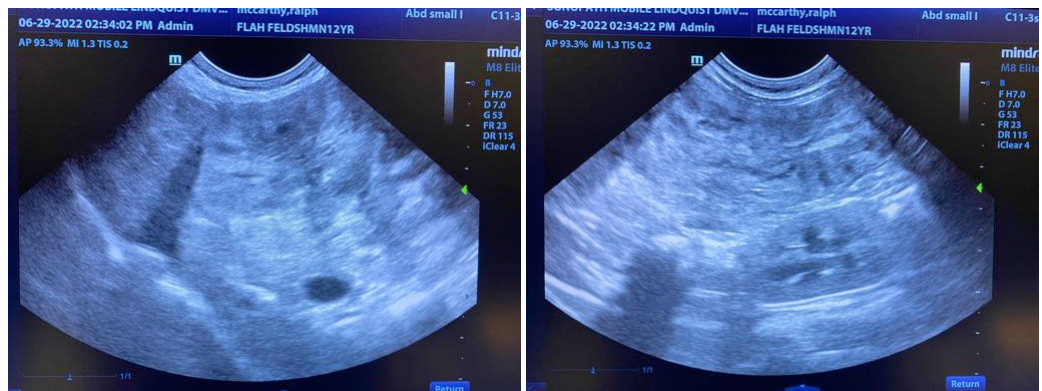
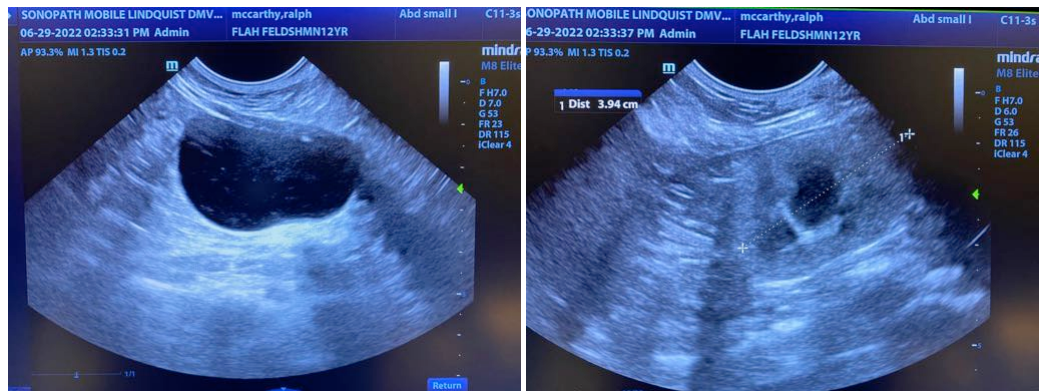
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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