

PATIENT

Archie Ng

PRESENTING CLINICAL SIGNS

History: Intermittent v+. Mostly post meals. Thin BC. Current meds: Methimazole 1.25mg BID
Abnormal PE/Chem/CBC/UA Results: pending

SPECIES

Feline

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.

BREED

Domestic Shorthair

SEX

Neutered male

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in both kidneys. The right kidney measured 4.83 cm. The left kidney measured 4.37 cm.

AGE

4 years

WEIGHT

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 0.59 cm. The left adrenal gland measured 0.35 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

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.

HOSPITAL NAME

Animal General
Hudson

REFERRING VET

Dr. Ng

Liver

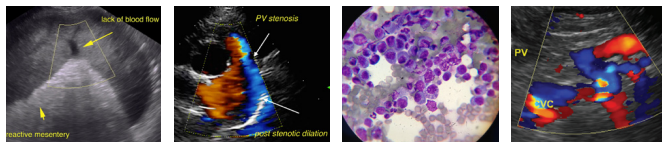
The **liver** revealed a cystic mass that measured 4.4 cm and was mildly vascular. This is consistent with cystadenoma from a structural standpoint; however, this would be more typical of an older patient as opposed to a 4 year old patient. The remainder of the liver was unremarkable with a normal gallbladder. The cystic mass appeared to be occupying the right medial liver, potentially resectable, yet impinges dorsally upon the diaphragm. A separate hyperechoic nodule was noted and measured 0.76 cm in the left hepatic base.

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Gastrointestinal

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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.

SPECIES

Feline

Pancreas

BREED

Domestic Shorthair

The **pancreas** revealed coarse architecture with hypoechoic, irregular parenchyma with dilated pancreatic duct.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Cystic liver mass, potentially resectable.

AGE

4 years

Separate left liver nodule, likely cystadenoma with a mild potential for carcinoma.

Prominent pancreas, low-grade pancreatitis is suspected given the patient's history.

Structurally unremarkable GI tract, yet structurally insignificant inflammatory bowel, food intolerance and occult parasitism's are all potentials.

WEIGHT

Slight, non-obstructive nephrolithiasis.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is recommended for potential surgical planning at the liver mass would be ideal. FNA of the liver mass could be considered as well as the liver nodule, yet these do not typically exfoliate adequately for a definitive diagnosis. Surgical biopsy is usually necessary.

IMAGING PERFORMED BY

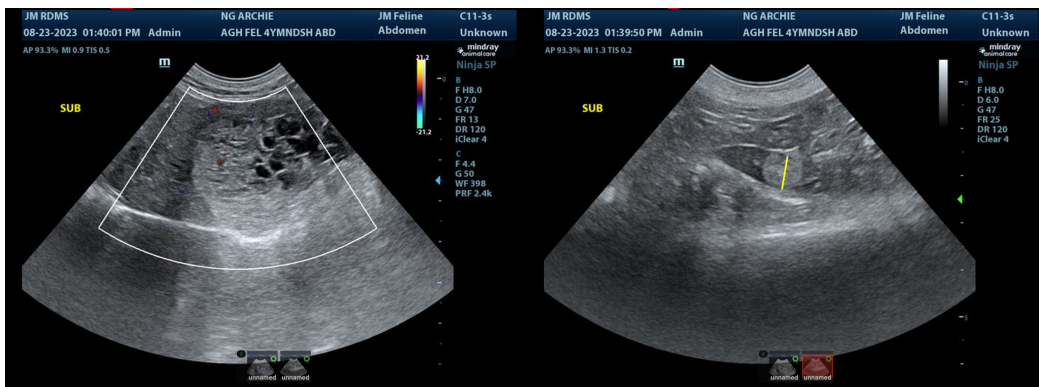
Jessica Miller, RDMS

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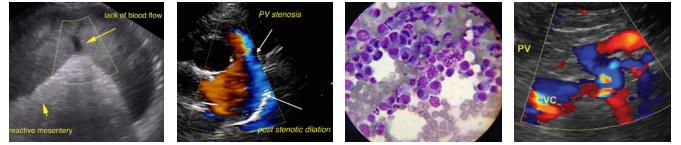


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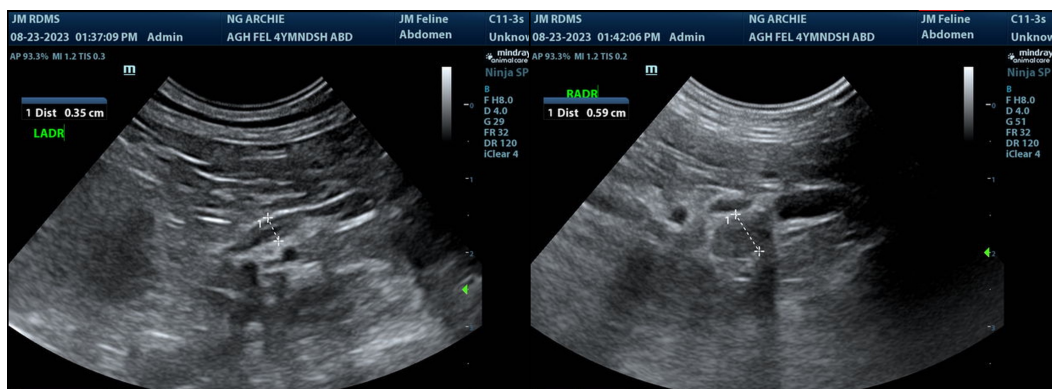
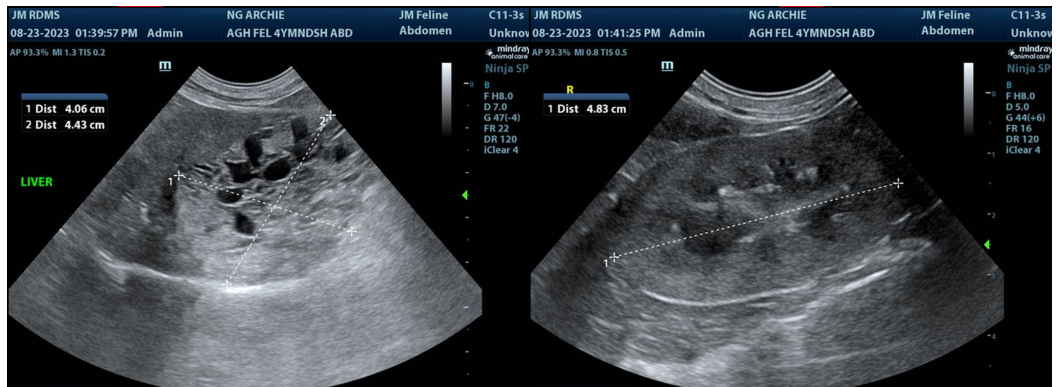
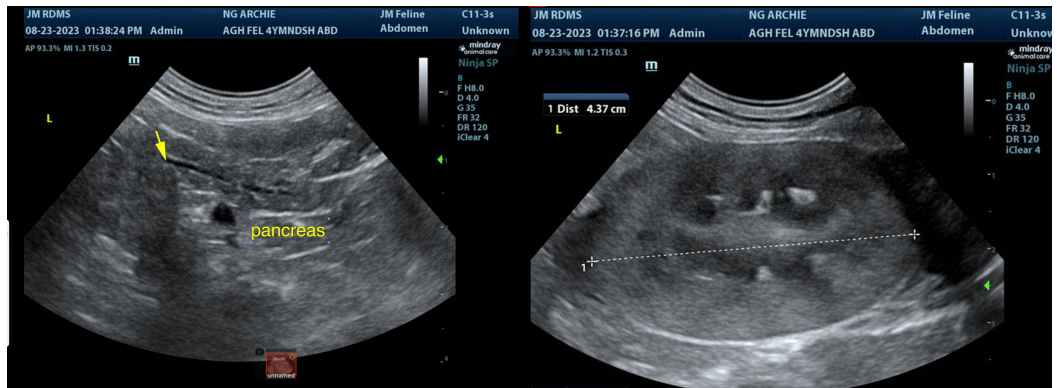
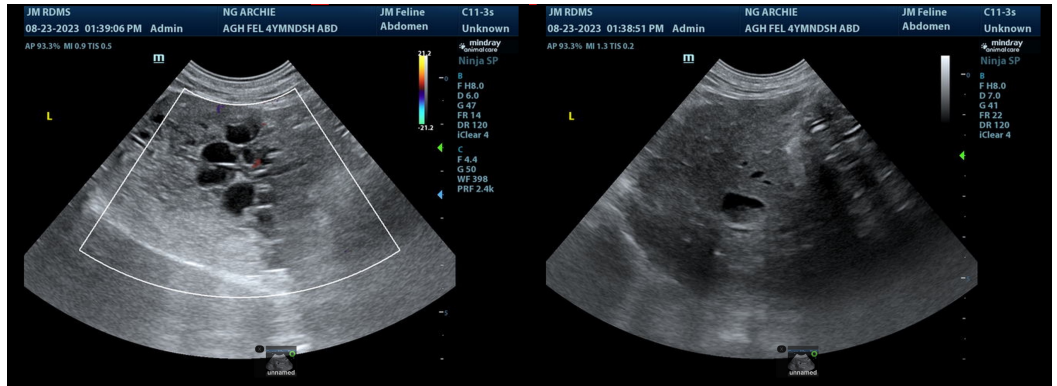
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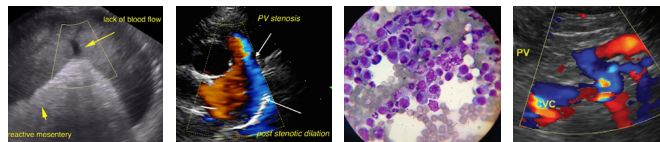
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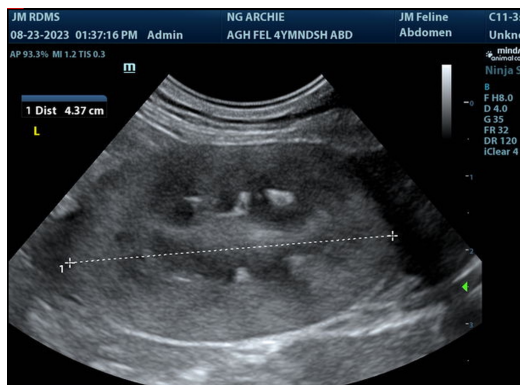
SEX

Neutered male

AGE

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WEIGHT



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
Info@SonoPath.com

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