



PATIENT

Teddy Smith

PRESENTING CLINICAL SIGNS

History: Abdominal mass palpated on exam. Lethargic, trouble walking
Abnormal PE/Chem/CBC/UA Results: Radiograph sent with case.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.21 cm and the right kidney measured 4.54 cm.

AGE

11 years

WEIGHT

9.6 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

JK

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

Hamburg VC

Liver

REFERRING VET

Dr. Martens

The **liver** revealed a complex, cystic mass that measured 5.0 cm. The mass is pedunculated and at risk for torsion. This may be resectable. This is most consistent with cystadenoma or biliary carcinoma. This appears to occupy the majority of the left liver. The right cranial liver appeared unremarkable. The gallbladder and common bile duct were unremarkable.

INVOICE

92070

Gastrointestinal

DATE

9/29/21

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



PATIENT

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Teddy Smith

SPECIES

Pancreas

Feline

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.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Large left hepatic mass. Possibly resectable.

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

I recommend CT for surgical planning. However, the extent into the medial aspect of the portal hilus may be challenging from a surgical standpoint.

11 years

ABOUT SONOPATH CT SERVICES:

WEIGHT

SonoPath CT Services are offered at the Blairstown Animal Hospital. Blairstown, New Jersey. More information can be found at

9.6 lbs

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

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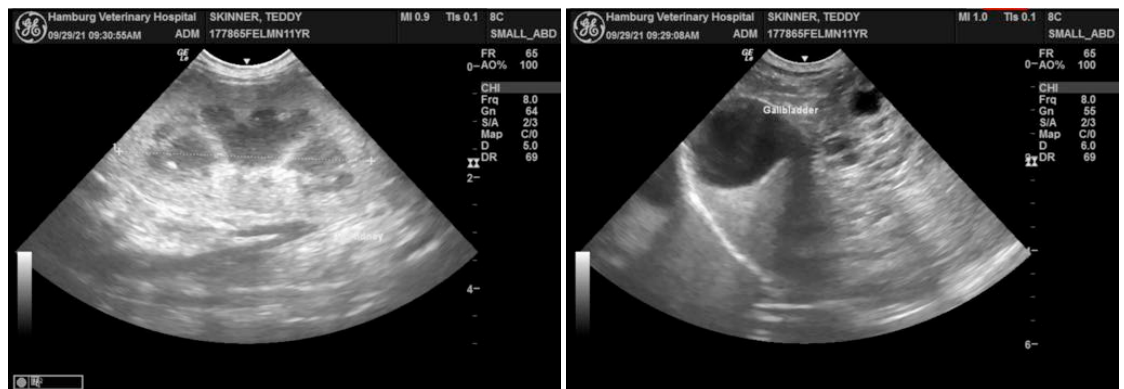
Dr. Martens

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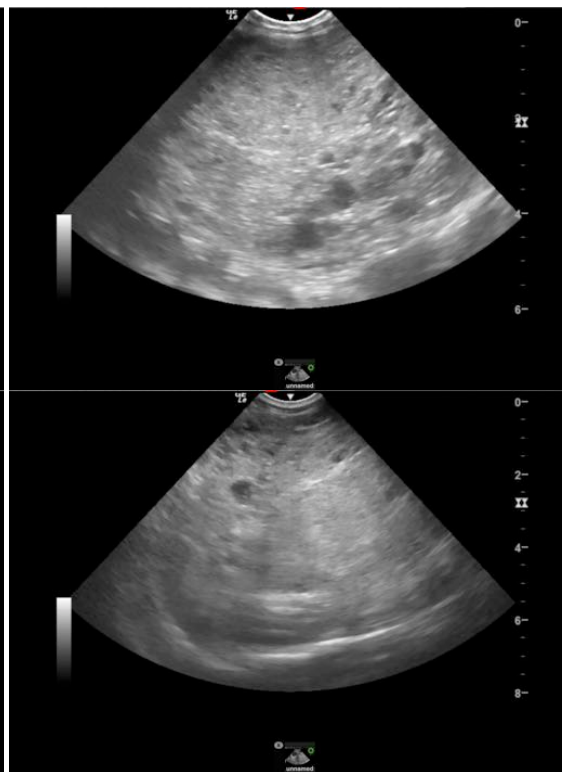
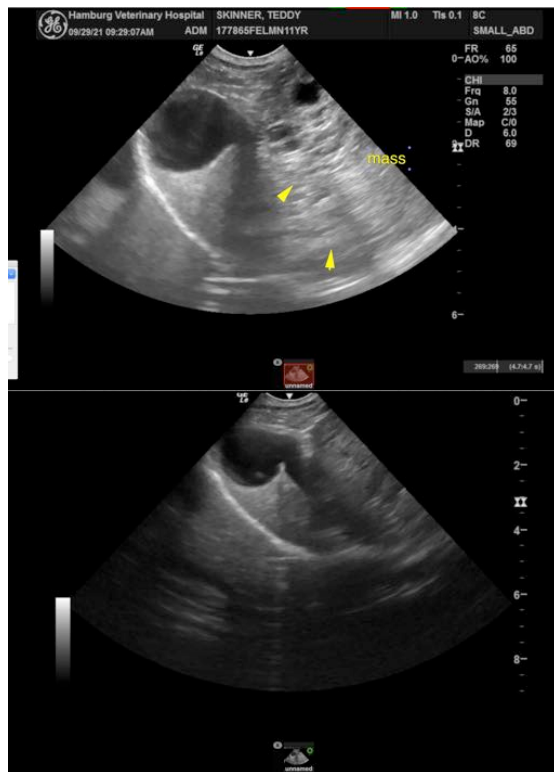
Dr. Martens

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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