



PATIENT

Mandy Newton

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

4.6 Pounds

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

IMAGING PERFORMED BY

Amanda Hockenbrock

HOSPITAL NAME

Lewisburg VH

REFERRING VET

Dr. Lindsay
Huepenbecker

INVOICE

35688

DATE

11/28/25

PRESENTING CLINICAL SIGNS

History: Presented for annual wellness, great energy, has lost 1 lb since last yr, chronic PU/PD, Abnormal PE/Chem/CBC/UA Results: right cranial abdominal mass palpable, soft/flocculent approximately chicken egg sized.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was mildly overdistended and rounded in shape. The bladder wall was normal in thickness. The urine was anechoic with minimal visible sediment. The trigone and visible urethra were normal in appearance. The pelvic urethra was visualized to a depth of 2.0 cm past the cystourethral junction.

Both kidneys were subnormal in size with an irregular capsule contour. The cortex was diffusely hyperechoic. There was hypertrophy of the cortex, resulting in an altered corticomedullary ratio. There was a moderate loss of corticomedullary distinction. The left kidney measured 2.2 cm in length. The right kidney measured 3.0 cm in length.

The iliac trifurcation was visualized and evaluated. There was normal vascular perfusion with no evidence of thrombus formation. There was no visible lymphadenopathy.

Adrenal Glands

Both adrenal glands were normal in size, with a normal ovoid shape. The parenchyma was homogeneous. The left adrenal gland measured 0.43 cm in width. The right adrenal gland measured 0.46 cm in width.

Spleen

The spleen was normal in size with a mildly irregular to scalloping capsule contour. The spleen measured 0.6 cm in width at the hilus. The parenchyma was diffusely homogeneous and mildly hypoechoic without overt nodules or masses.

Liver/Gallbladder

The liver was increased in size with an irregular capsule contour. The parenchyma was diffusely heterogenous with regions of hyperechoic nodular to mass-like changes. Additionally, there was a mass extending off of the right caudal liver lobe, measuring approximately 5.0 cm in diameter. This mass occupied the majority of the mid abdomen caudal to the stomach and appears attached to the right liver by a small stalk, measuring approximately 0.8 cm. The mass parenchyma has hyperechoic variably sized nodular changes. There is some mesenteric inflammation around the base of the attachment to the main liver.

The gallbladder and cystic duct were mildly dilated in size with primarily anechoic content. The cystic and common bile duct were tortuous without visible post-hepatic obstruction.

Gastrointestinal

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine walls were mildly, diffusely thickened with a prominence of the muscularis layer. Wall layering was maintained in all visible bowel loops. The visible



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colon wall was normal in thickness and layering. There were no visible masses or focal lesions in the GI tract.

Pancreas

The pancreas was mildly to moderately enlarged in size. The capsule contour was mildly asymmetric and irregular. The parenchyma was hypoechoic to heterogeneous with mildly bright mesentery around it. There was no overt evidence of neoplasia.

Free Abdomen

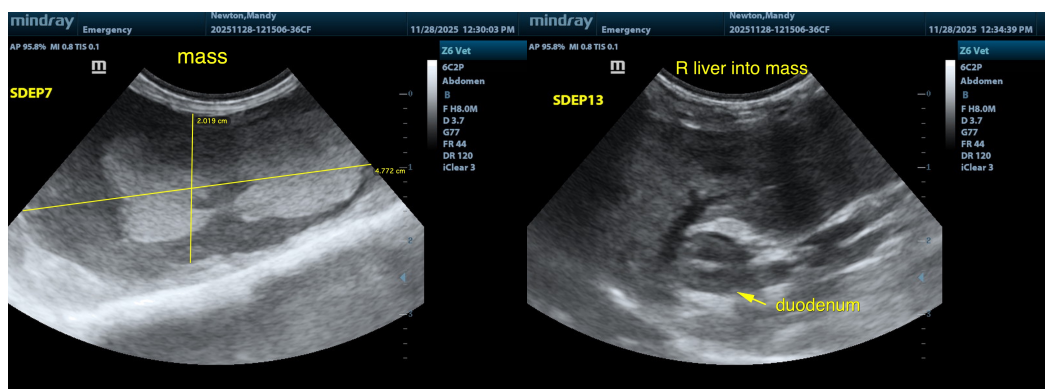
There was no visible free fluid.

ULTRASONOGRAPHIC FINDINGS

- Variably sized nodules throughout the liver
- Pedunculated liver mass, extending off of the right liver
- Low grade pancreatitis
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass and changes in the liver are concerning for possible malignant and/or metastatic disease. The mass extending off of the caudal border of the liver is located precariously via a narrow stalk. This liver mass is at risk of torsion and/or tearing at the base, causing hemorrhage. FNA of the liver and the mass could be considered with 25-gauge needle under sedation, being very careful in manipulation of the mass. 3-view chest radiographs are indicated.





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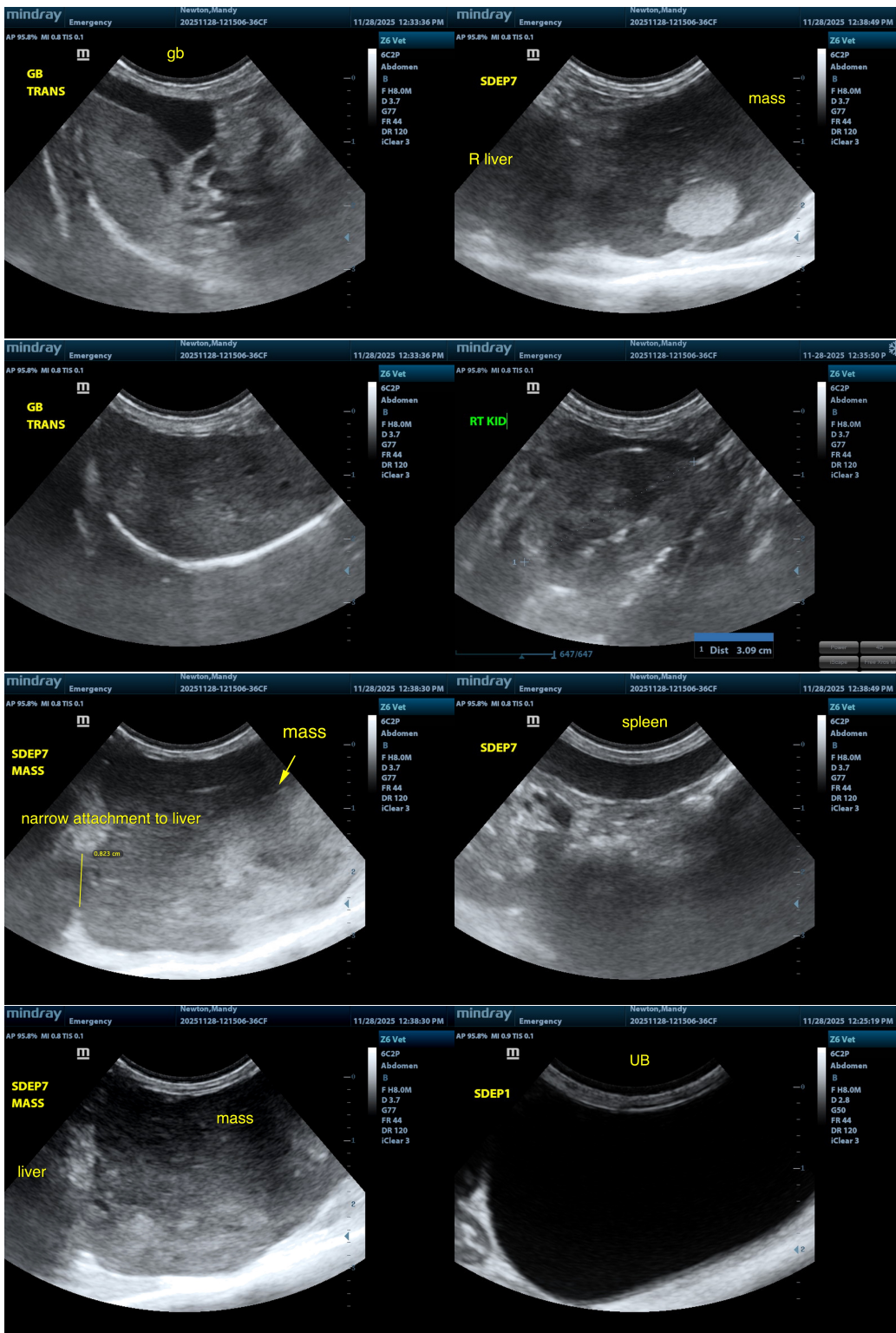
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

info@SonoPath.com