



PATIENT

Tom Paulson

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

12 years

WEIGHT

8.74

INTERPRETED BY

Karen Ebersole,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Kaitlyn Rudie

HOSPITAL NAME

Sherwood Family Pet
Clinic

REFERRING VET

Dr. Kaitlyn Rudie

INVOICE

10832

DATE

11/28/2025

PRESENTING CLINICAL SIGNS

Tom has kidney disease which has been impacting his appetite. O is trying to feed OTC low protein foods but is struggling to find an option which he likes. Here today to investigate other potentials for weight loss/poor appetite and to investigate liver values.

Abnormal liver values which have improved but not resolved with treatment of hyperthyroidism. 4/6 left parasternal murmur, weight loss (was 9.1 lbs on 10/6/25, now 8.7), mild dehydration, severe dental calculus. See attached bloodwork.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths. The pelvic urethra was visualized to a depth of 3.0 cm past the cystourethral junction.

The iliac trifurcation was normal in structure and volume. Focally enlarged iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic with a smooth capsule contour. Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.6 cm x 0.27 cm.

The left kidney was normal in size (3.7 cm) with a mildly irregular capsule contour. There was a moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There were variably sized, non-obstructive medullary mineralization with mild pelvic dilation.

The right kidney was subnormal in size (2.9 cm) with a mildly irregular capsule contour. There was an increase in cortical echogenicity, and a hyperechoic cortical medullary band. There was mild pelvic dilation in the right kidney.

Adrenal Glands

Both adrenal glands were normal in size and capsule contour. There was no capsular distortion. The parenchyma contained pinpoint to small areas of mineralization. This is an age-related finding and is not pathologic. The left adrenal gland measured 0.38 cm in width. The right adrenal gland measured 0.38 cm in width.

Spleen

The spleen was subjectively subnormal in size with a mildly irregular capsule contour. There are no overt nodules or masses visible within the spleen.

Liver

The liver was increased in size and shape, with a moderately irregular capsule contour. The hepatic parenchyma was diffusely heterogenous with variably sized, lightly hypoechoic to isoechoic nodular changes. Extending from the caudal border of the left liver was a cystic mass that measured 3.0 cm x 2.0 cm. The mass was strongly vascular, solid with variably sized cystic regions. The mass was attached to the liver by a very narrow attachment point measuring approximately 0.6 cm.



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The gallbladder was increased in size with a rounded shape. The gallbladder wall appeared normal in thickness and layering. The contents were primarily anechoic. There was no visible structure within the cystic or common bile duct.

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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 displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

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Pancreas

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The left limb, body and right limb of the pancreas were visualized and found to be normal in size and shape. The pancreatic capsule was smooth, without deviation or expansion. The parenchyma was isoechoic to the surrounding mesentery. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

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Free Abdomen

There is no visible free fluid in the abdomen.

WEIGHT

8.74

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with a pedunculated mass extending from the caudal border of the liver.
- Diffusely heterogenous liver with nodular changes.
- Renal changes consistent with CKD.
- Subnormal size right kidney.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs are recommended to screen for metastasis. The liver mass extending from the caudal border of the liver could be benign, or malignant, however its location is precarious with potential for torsion and/or tearing and hemorrhage. There are concerning nodular changes within the liver itself as well, consistent with more diffuse disease.

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FNA under sedation with a 25gauge needle after a normal coagulation panel could be considered for further assessment. Careful handling of the pedunculated mass is recommended.

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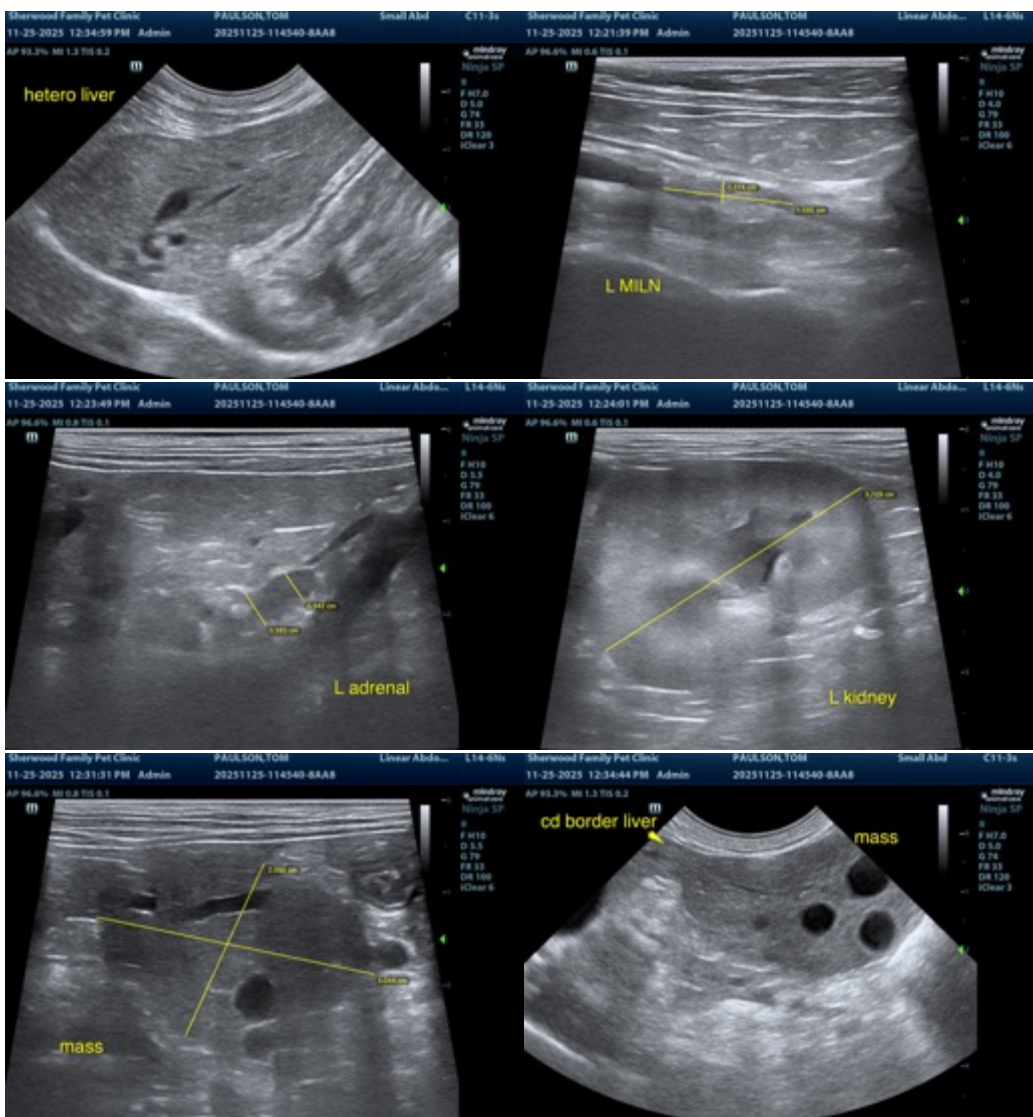
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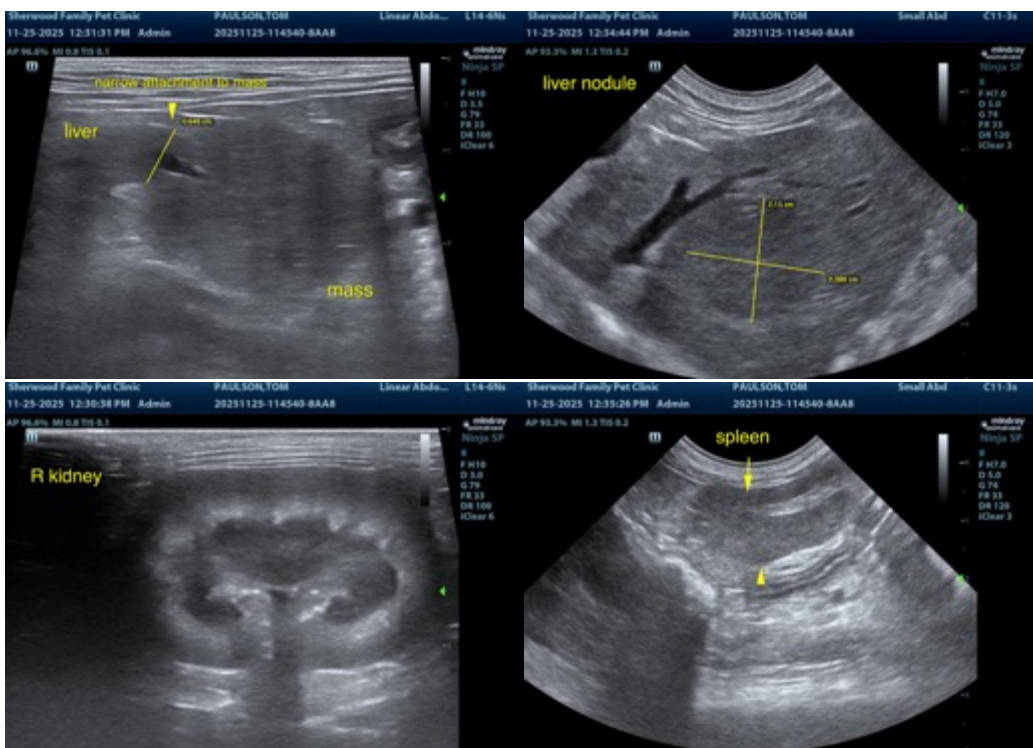
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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