



## PATIENT

Quinn Anderson

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

15y

## WEIGHT

10.5

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

Chrissy Krell, DVM

## HOSPITAL NAME

Lake Region Small  
Animal Center

## REFERRING VET

Kendra Greiner, DVM

## INVOICE

13217

## DATE

2/18/26

## PRESENTING CLINICAL SIGNS

History:

- Presented on 2/11 with no concerns for vaccines/wellness. Noted occasional vomiting, good appetite

Abnormal PE/Chem/CBC/UA Results: PE: unremarkable, heavier calculus on maxillary molars, gingivitis, palpable firm globoid mass in cranial abdomen. XR: 2 view - large globoid mass in cranial abdominal, overlying liver, stomach axis is deviated caudally slightly. Moderate amount of gas throughout SI/Colon.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm.

### Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.8 cm width level of the mid spleen.

### Liver

The liver exhibited generalized hepatomegaly primarily owing to a moderately sized to caudally expanding thinly walled cyst containing primarily anechoic fluid. The cyst measured 6.0 cm in diameter. The cyst appeared to efface and mildly displace the stomach. Generalized mild parenchyma remodeling with concurrent separate multiple to smaller intraparenchymal cyst to cystic nodules. Example of cystic nodule measured 1.2 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated diffusely thickened intact wall with altered to inverted wall layer ratio owing to thickened muscularis layer. Example of small intestine wall measured 0.43 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

## Pancreas

The area of the pancreas presented sonographically normal.

## Free Abdomen

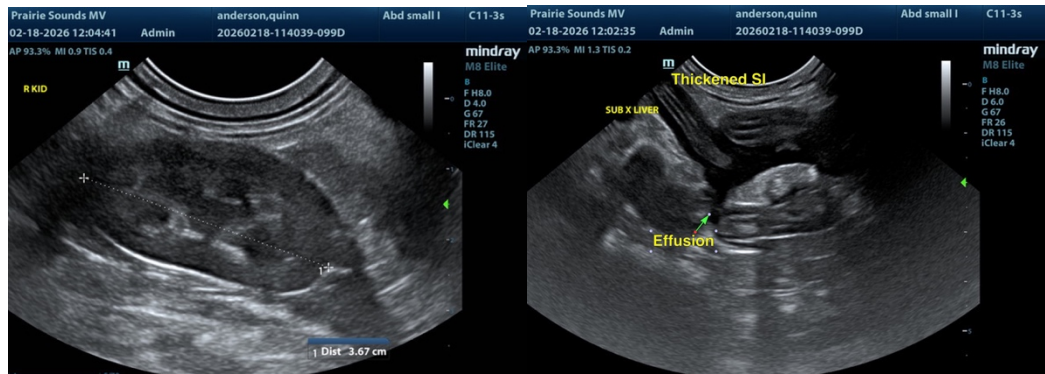
No visualized significant or swollen mesenteric lymphadenopathy and mild volume peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with moderately sized to enlarged caudally expanding hepatic cyst, parenchymal remodeling and concurrent intraparenchymal cyst/cystic nodules
- Diffusely thickened intact small intestine
- Mild chronic renal changes
- Mild volume peritoneal effusion
- Normal empty stomach with gastric deviation owing to hepatic cyst

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic cysts as well as cystic nodules are most consistent with benign criteria including probable biliary cystadenomas, IBD or other inflammatory enteropathy with potential for intestinal round cell neoplasia such as lymphoma, primary considerations for the small intestine. Ultrasound guided centesis of the hepatic cyst with fluid analysis could be considered given suspected gastric irritation or deviation as a potential contributing factor to the occasional vomiting. Intestinal biopsy is required for definitive diagnosis. Gastrointestinal support with sonographic monitoring of the liver and gastrointestinal tract if progressive hepatomegaly, gastrointestinal signs or weight loss is recommended.





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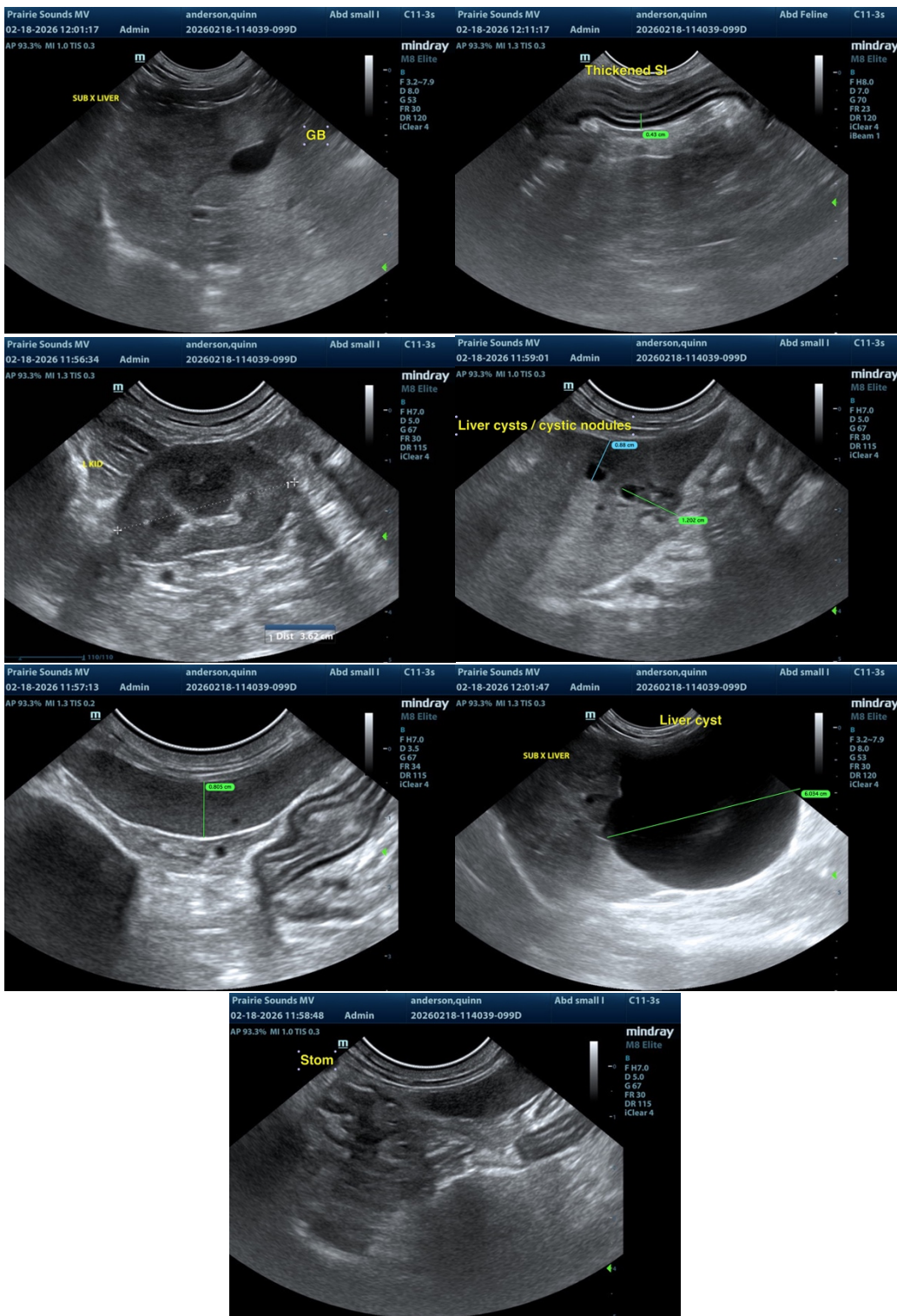
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@sonopath.com](mailto:info@sonopath.com)