



PATIENT

Apollo Polonchak

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wolfe

HOSPITAL NAME

HomeVets

REFERRING VET

Dr. Wolfe

INVOICE

70215

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: Progressive PU/PD. P referred for abd US due to incidental perirenal fluid found during cystocentesis. P has hyperthyroidism and hypertension controlled with methimazole and amlodipine. Abnormal PE/Chem/CBC/UA Results: Creatinine 2.1, BUN 43, remainder of CBC/chem WNL UA/culture pending

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. Sand and small calculi were noted with a grouping of which measuring 1.4 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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 revealed a slight subcapsular fluid accumulation owing to a regional infarct at the caudal pole. Slight mineralization was noted. The left kidney measured 3.9 cm. The right kidney revealed a pseudocyst with infarct. The right kidney itself measured 2.9 cm; however, with the pseudocyst measured 5.4 cm. Blood flow to the right kidney was subnormal.

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.

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.

Liver

A micronodular mass measuring 2.3 cm was noted at the base of the caudate **liver**. The remainder of the liver, gallbladder and common bile duct were unremarkable.



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Gastrointestinal

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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Renal infarcts.

Early pseudocyst on the left, moderate pseudocyst on the right with bladder sand.

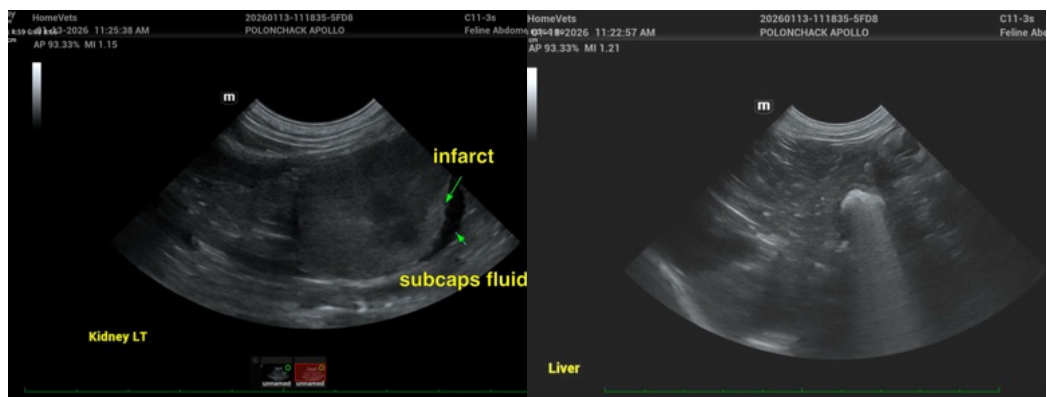
Liver mass at the base of the caudate process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically contributing to the clinical status.

The liver mass is likely a benign cystadenoma. FNA can be considered for further definition.

IV fluid support, urine culture and eventual cystotomy is indicated once the azotemia has been resolved.





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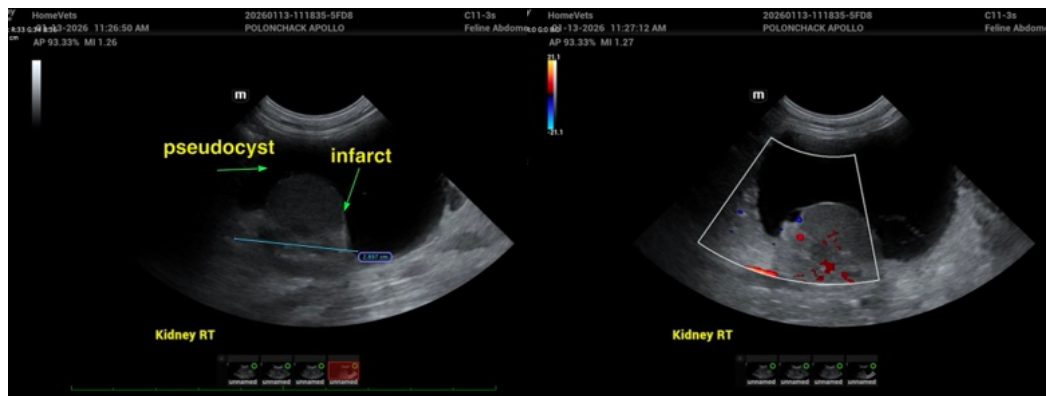
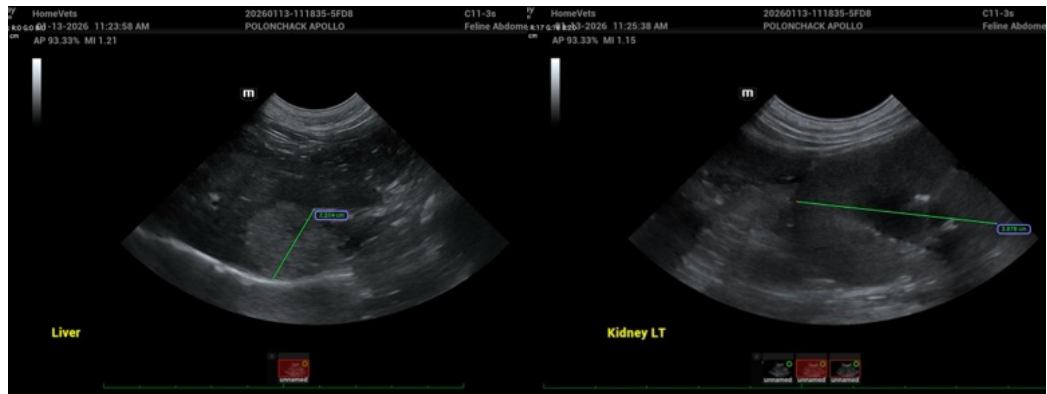
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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