



PATIENT

Henry Kretovic

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 years

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

Bayshore VH

REFERRING VET

Dr. Hunt

INVOICE

71706

DATE

2/18/26

PRESENTING CLINICAL SIGNS

- Cat came in ADR. Any values of create to name of 2.6 e 1 of 56. Specific gravity 1.016. Protein in the urine. Some blood. Normal temperature

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an apical ventral mass that measured 2.3 x 1.6 cm with areas of mineralization. This appears to be potentially resectable. The cystourethral junction and proximal urethra were unremarkable. The ureteral papilla were free of evident pathology.

The **left kidney** revealed pyelectasia (0.35 cm), moderate degenerative changes with irregular contour and cortical infarct. The left kidney measured 3.8 cm in length. The **right kidney** revealed pyelectasia and calculus in the renal pelvis. Pericapsular inflammatory pattern was noted as well as recent infarcts. The right kidney measured 3.9 cm in length.

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

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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 caudal aspect of the left **pancreatic** limb revealed a hypoechoic nodule that measured 1.0 x 2.0 cm with irregular contour and pericapsular inflammatory pattern. Variable areas in the pancreas appear to be mildly enlarged and slightly irregular. Some level of pancreatitis is likely. A 2.0 x 3.8 cm, hypoechoic structure was noted in the midabdomen adjacent to the mesenteric artery. This is suggestive of pancreatic in origin, yet lymph node is possible.

ULTRASONOGRAPHIC FINDINGS

Resectable, apical ventral bladder mass. Likely carcinoma.

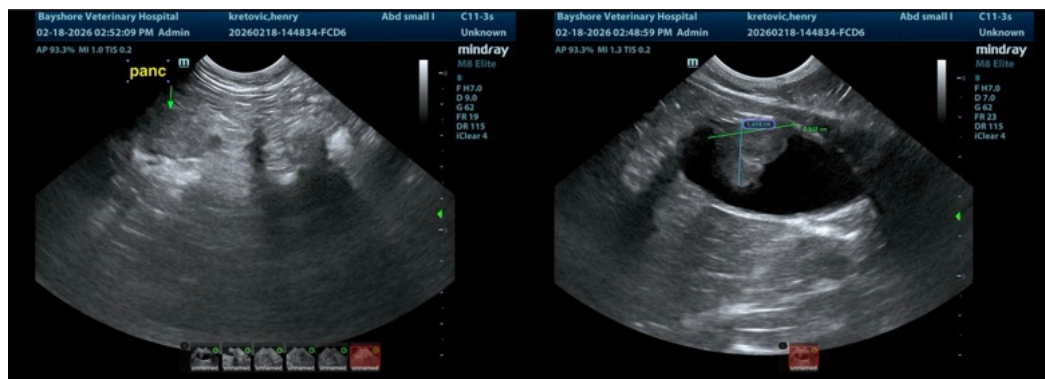
Subacute on chronic nephritis pattern with mild pyelectasia, infarcts and right renal calculus, non-obstructive at the time of the sonogram.

Chronic pancreatic changes with a hypoechoic nodule and a hypoechoic structure (may be lymph node), potential carcinoma versus pancreatitis and necrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the pancreatic nodule and hypoechoic pancreatic structure is recommended to assess for potential carcinoma versus pancreatitis and necrosis.

Apical bladder wall resection is recommended. Urine culture and sensitivity is also warranted. I recommend avoiding cystocentesis in this patient given the strong potential of bladder carcinoma.





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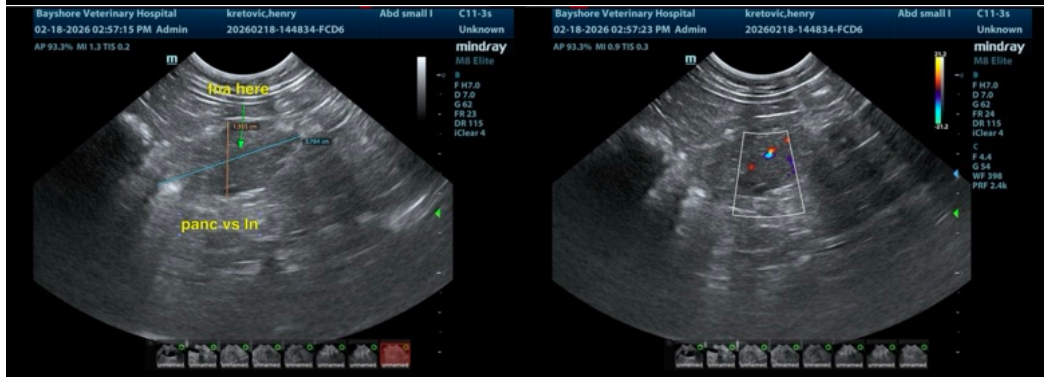
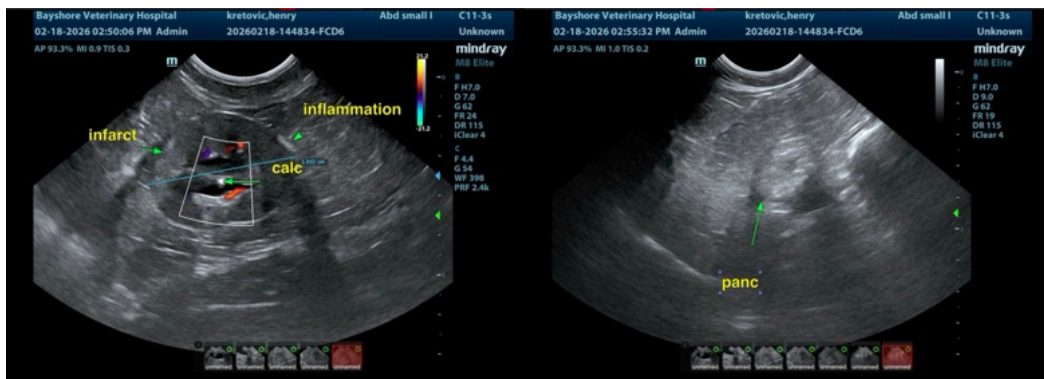
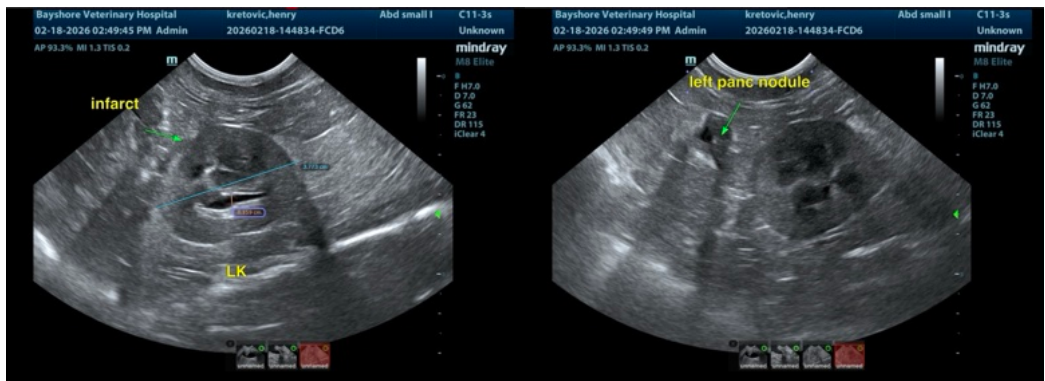
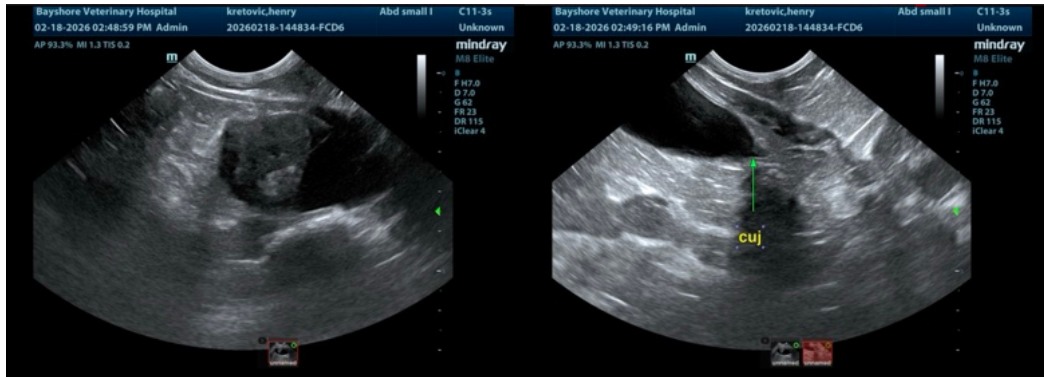
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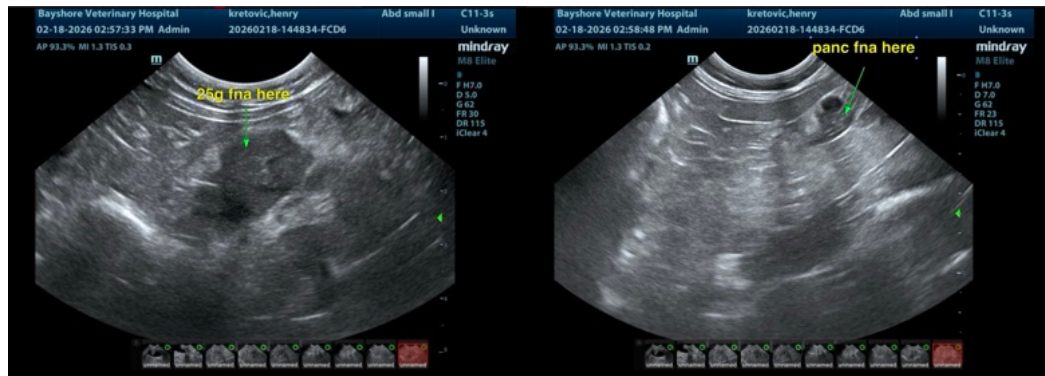
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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