



PATIENT

Lolito Alejandro

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

18.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Fonseca

INVOICE

71358

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to a hyperechoic mass being observed in a radiograph per the rDVM
- The mass was observed cranially to the urinary bladder
- Px was recently hospitalized due to a urinary tract obstruction but is no longer obstructed
- Px is currently consuming the Urinary S/O diet
- Bloodwork, rDVM records, and radiographs attached below for your reference

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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.4 cm. The left kidney measured 4.5 cm.

The iliac trifurcation was unremarkable.

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. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.4 cm.

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** was diffusely hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable. The hepatic veins were slightly dilated in this patient. This would be normal for sedation.



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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. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

A round 3.6 cm, mixed echogenic, encapsulated mass was noted. The mass was poorly vascular on color Doppler assessment. This appears to be isolated. This resembled the kidney. Occasionally a third kidney with ectopic placement can occur in cats.

A slight amount of free fluid was noted adjacent to the mass.

ULTRASONOGRAPHIC FINDINGS

Undefined mass cranial to the urinary bladder, suspect vestigial third kidney.

Liver hyperechoic to the falciform fat. Slightly dilated hepatic veins, if the patient was sedated this would be considered normal.

Slight amount of free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass appears resectable and removal is recommended given the slight free fluid adjacent to the mass. If the patient was not sedated, then thoracic work-up is indicated.



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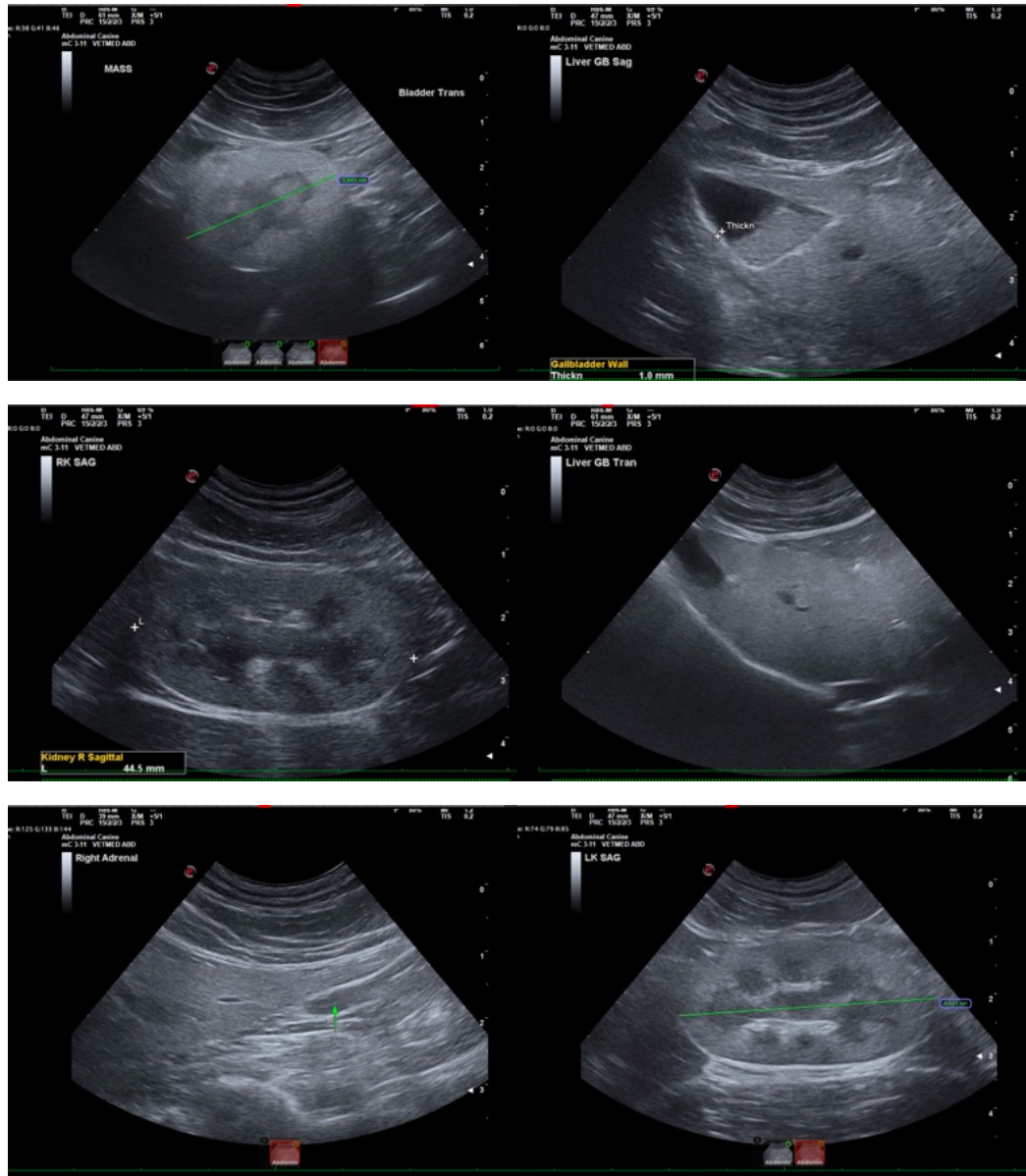
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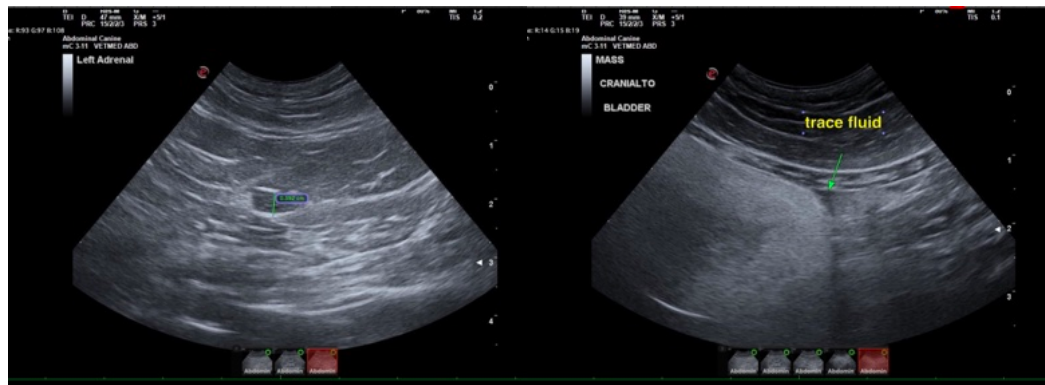
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com