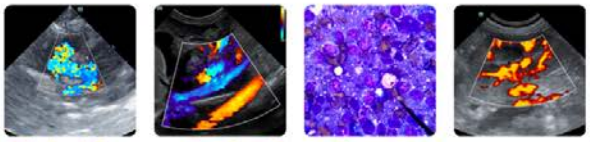


PATIENT

Nietzsche Andrews

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

5.9 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach Pet Hospital

REFERRING VET

Dr. Singh

INVOICE

74397

DATE

4/10/26

PRESENTING CLINICAL SIGNS

Hematuria and licking his abdomen. no vomiting, no PU/PD, no weight loss, no changes in appetite.

Abnormal PE/Chem/CBC/UA Results: CBC shows mild neutrophilia, no left shift Chemistry shows mild elevated BUN, normal SDMA, creatinine U/A consistent with UTi

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a 3.9 cm x 1.6 cm apical ventral bladder mass, appears potentially resectable. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **right kidney** was severely dystrophic, measuring 1.1 cm, with slight hydroureter.

The **left kidney** was mildly swollen, measuring 4.5 cm, with a cortical infarct and cortical collapse.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.

PATIENT

Nietzsche Andrews

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

5.9 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach Pet Hospital

REFERRING VET

Dr. Singh

INVOICE

74397

DATE

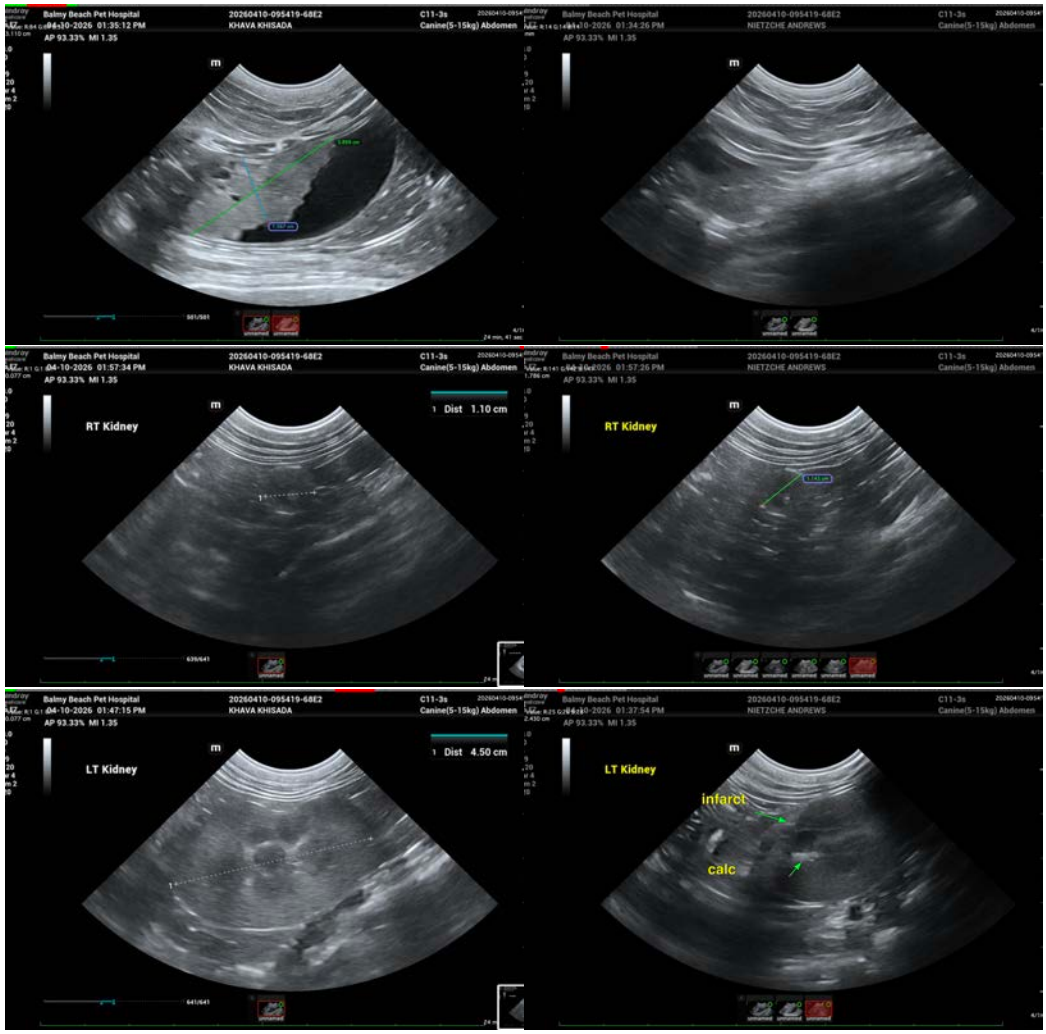
4/10/26

ULTRASONOGRAPHIC FINDINGS

- Strictured right ureter and end stage dystrophic change of the right kidney.
- Stable renal infarct and compensatory hypertrophy of the left kidney.
- Urinary bladder mass – strongly consistent with bladder carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend surgical intervention with right nephrectomy, ureterectomy, and bladder mass removal (removal of the apical third of the bladder would be necessary). Ultrasound guided traumatic catheterization could be considered for definitive diagnosis non-invasively. However, the lesions do appear resectable.



PATIENT

Nietzsche Andrews

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

5.9 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach Pet Hospital

REFERRING VET

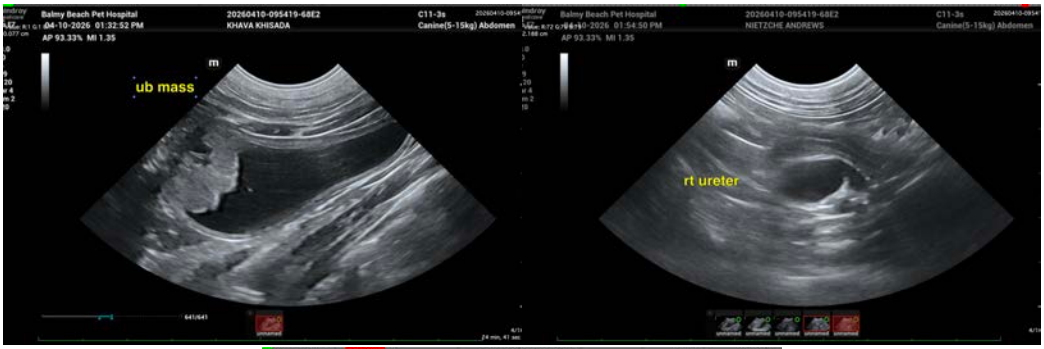
Dr. Singh

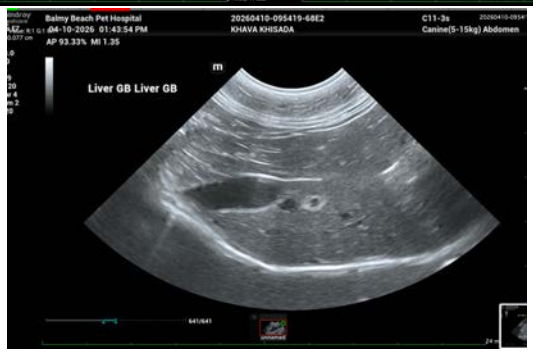
INVOICE

74397

DATE

4/10/26





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, Owner, Founder -- SonoPath.com
info@SonoPath.com