



**PATIENT**

Fezzwig Mauriello

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

9.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

Long Valley AH

**REFERRING VET**

Dr. Earl

**INVOICE**

98005

**DATE**

4/4/22

**PRESENTING CLINICAL SIGNS**

History: Recent stranguria/hematuria. Hx of CRD and hypertension  
Abnormal PE/Chem/CBC/UA Results: WBC 5.41, BUN 28, Creat 1.4, Phos 2.1, Ca 11.4 UA: (free catch) Dark yellow, Prot 3+, pH 5.0, Blood 3+(RBCs 100/HPF)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a 2.0 cm, mixed, hypoechoic dorsal caudal bladder mass. A separate mineralizing bladder mass was noted at the dorsal apex and measured 1.6 x 0.74 cm. Concentric bladder wall thickening was noted at the trigone and cystourethral junction continuing into the pelvic urethra.

The left **kidney** revealed chronic hydronephrosis pattern and significant subnormal size with cortical collapse and remodeling. Pyelectasia was noted and measured 1.0 x 0.5 cm. Minor left hydroureter was noted and measured 0.4 cm. The left kidney was subnormal in size and measured 1.92 cm. The left kidney revealed minimal blood flow on Power Doppler assessment. The right kidney revealed chronic interstitial nephrosis pattern with anechoic cysts at the caudal pole measuring 0.62 cm. The right kidney measured 4.11 cm.

**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 1.23 x 0.35 cm. The right adrenal gland measured 1.23 cm.

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.2 cm.

**Liver**

The **liver** revealed multi-focal, hypoechoic nodules with increased portal markings and hyperechoic lipogranulomatous nodule. The largest hypoechoic nodule measured 1.22 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. The common bile duct measured 0.22 cm. No pathological hepatic lymphadenopathy was evident.



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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**

Chronic left hydronephrosis likely owing to intrinsic renal disease as well as chronic hydroureter.

Chronic interstitial nephrosis renal pattern on the right kidney.

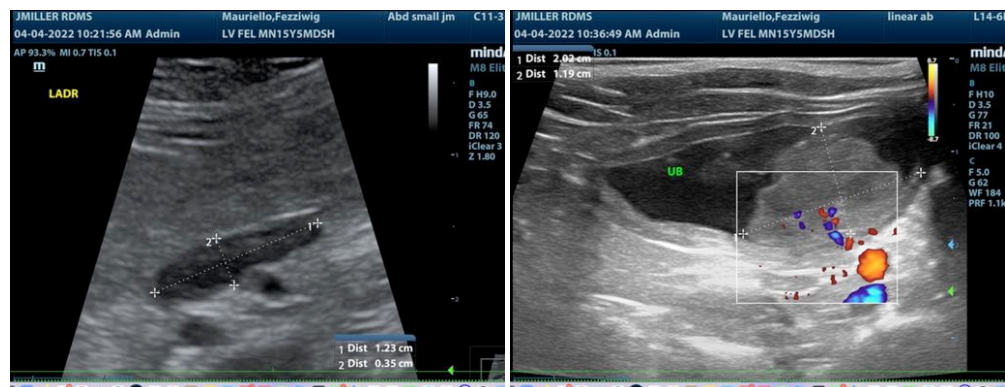
Two separate bladder masses with infiltrative cystourethral junction bladder pattern. Bladder carcinoma is likely.

Mild to moderate chronic hepatic changes with hypoechoic nodules.

Mild splenic enlargement, likely reactive.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Referral for urethral stent or SUB device placement and chemotherapeutic intervention is recommended. If weight loss is an issue FNA of the spleen is indicated to assess for emerging round cell neoplasia. The left kidney likely has minimal function.





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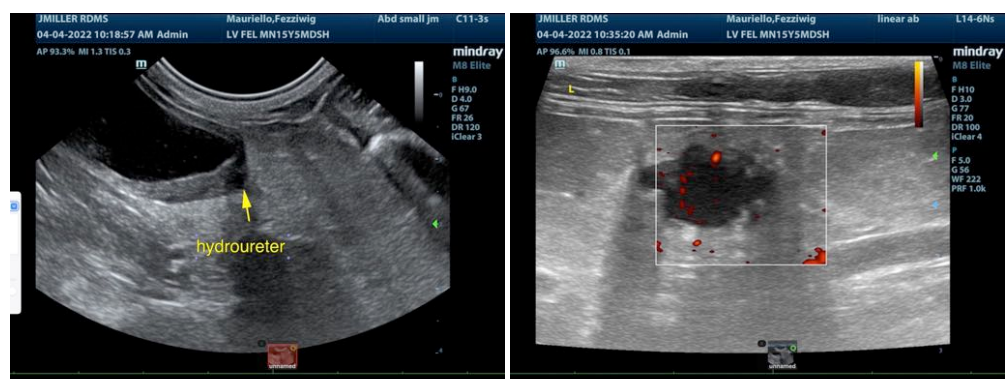
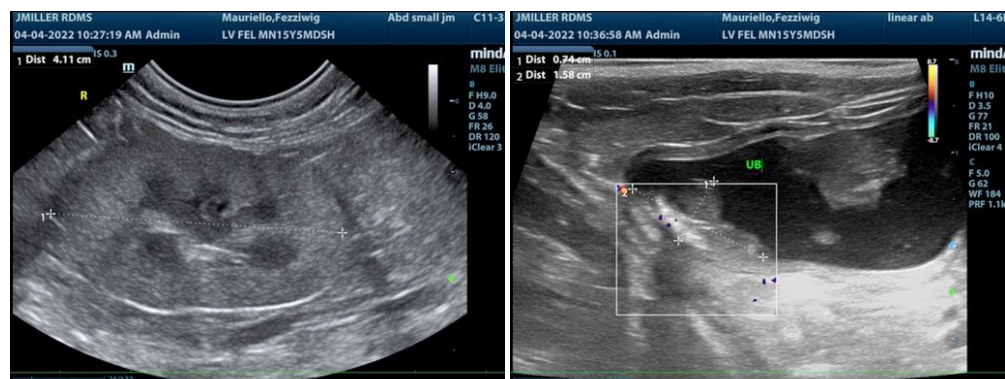
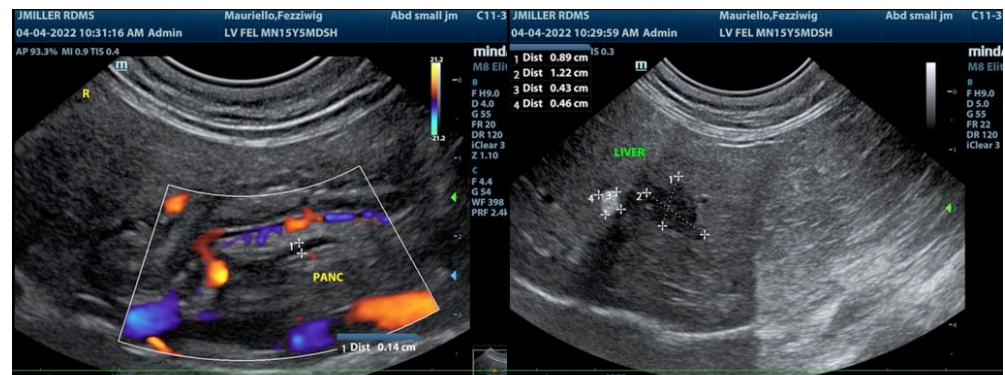
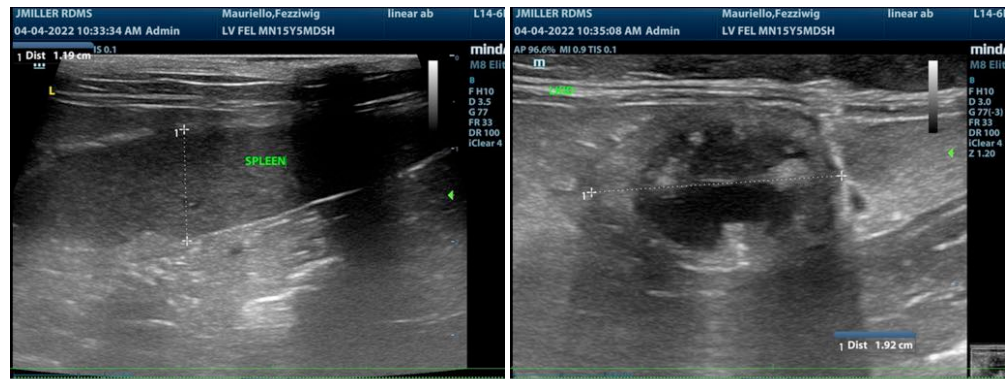
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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