



**PATIENT**

Maximus Ardila

**PRESENTING CLINICAL SIGNS**

History: hematuria, Hx of bladder sand, stranguria

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a minor amount of sand accumulation and apical polypoid changes. The urethra and cystourethral junction were unremarkable. This change is most consistent with polypoid cystitis or interstitial cystitis with concurrent sand and mucus.

**BREED**

DSH

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.78 cm. The left kidney measured 4.33 cm.

**SEX**

Neutered Male

**AGE**

7

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**WEIGHT**

15

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is presumed to be hairball accumulation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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Dr. Maniar

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**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.

**DATE**

5/1/23



**PATIENT**

**Free Abdomen**

Maximus Ardila

The caudal abdomen revealed a presumed enlarged 1.6 cm x 0.7 cm mixed hypoechoic **lymph node**.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

- Caudal abdominal (presumed) lymphadenopathy
- Polypoid cystitis/interstitial cystitis pattern with a slight amount of sand and mucus.
- Presumed hairball accumulation in the stomach
- Age-related renal changes

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Apical bladder wall resection is recommended with histopathology, culture, sand analysis (if possible), and removal of the caudal abdominal lymph node. Minor potential for transitional cell carcinoma.

Neutered Male

**AGE**

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**WEIGHT**

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Jenn

**HOSPITAL NAME**

Rockway AH

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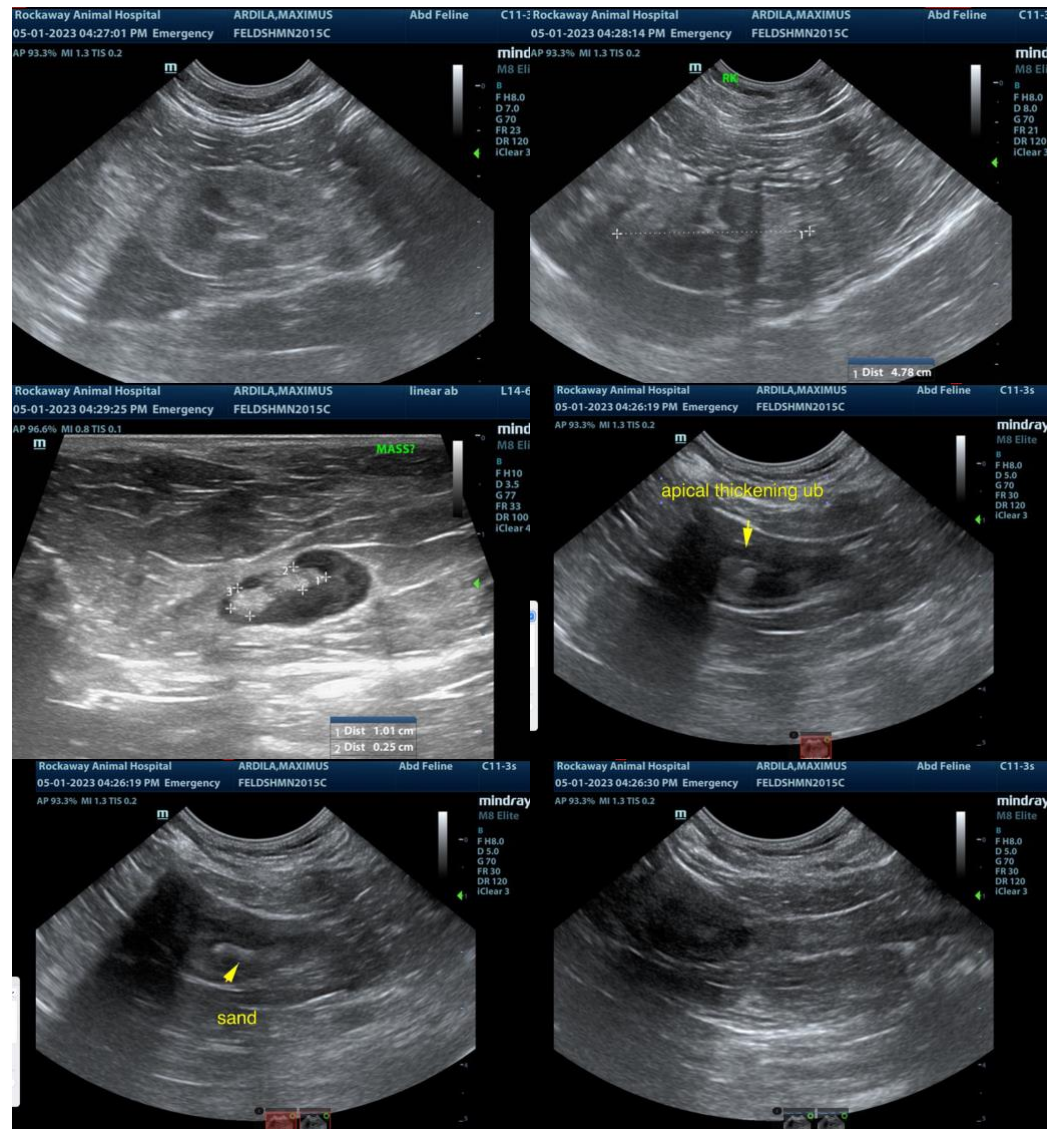
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**DATE**

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**PATIENT**

Maximus Ardila

**SPECIES**

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**BREED**

DSH

**SEX**

Neutered Male

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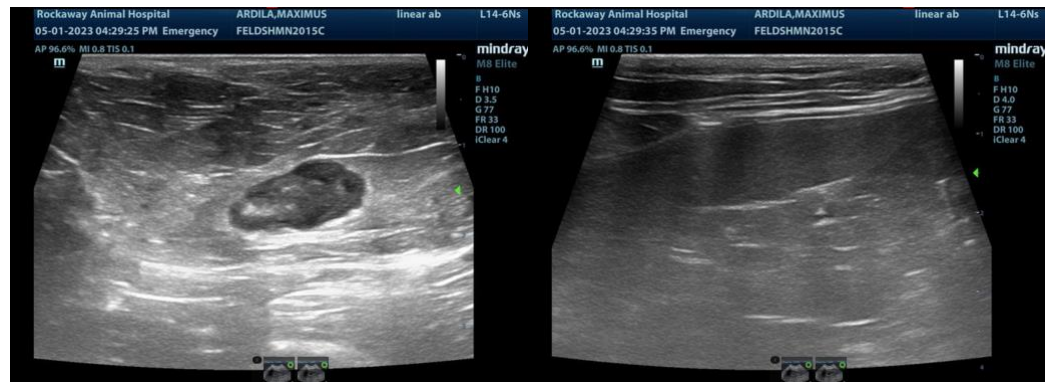
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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