

**PATIENT**

Connor Matulevich

**PRESENTING CLINICAL SIGNS**

History: bladder mass, increased drinking but normal urination

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

The urinary bladder revealed a dorsal wall mass measuring 2.0 cm x 0.9 cm.

**DSH**

The trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 1 cm.

**SEX**

The left kidney presented enlarged in size with irregular and nodular structure. Cortical infarcts noted in the left kidney with loss of corticomedullary definition. The left kidney measured 5.5 cm in length.

**MN**

The right kidney exhibited mild to moderate interstitial nephrosis pattern. The right kidney measured 3.6 cm in length.

**AGE**

16

**Adrenal Glands**

The area of the left and right adrenal glands were free of pathology.

**WEIGHT**

14.8 lb

**Spleen**

The spleen was largely smooth with subtle mild heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen measured 1.0 cm in width.

**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**

Travis Cerf

**HOSPITAL NAME**

Veterinary Center of  
Hardyston

**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.

**REFERRING VET**

Dr. Travis Cerf

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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**

05/23/2022



**PATIENT**

Connor Matulevich

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

Feline

- Dorsal bladder mass with enlarged irregular left kidney, concern for emerging left renal neoplasia

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

MN

Assuming normal clotting status and using a 25g needle, a FNA of the irregular left kidney is warranted for further definition. The dorsal bladder mass appears to be in a position of approximately 1.3 cm from the right ureteral papilla and therefore appears resectable however the left renal presentation should be defined before any surgical intervention. Carcinoma is suspected although hyperplasia or focal interstitial lesion is possible yet less likely. Three view chest radiographs are warranted to assess for metastatic disease.

**AGE**

16

**WEIGHT**

14.8 lb

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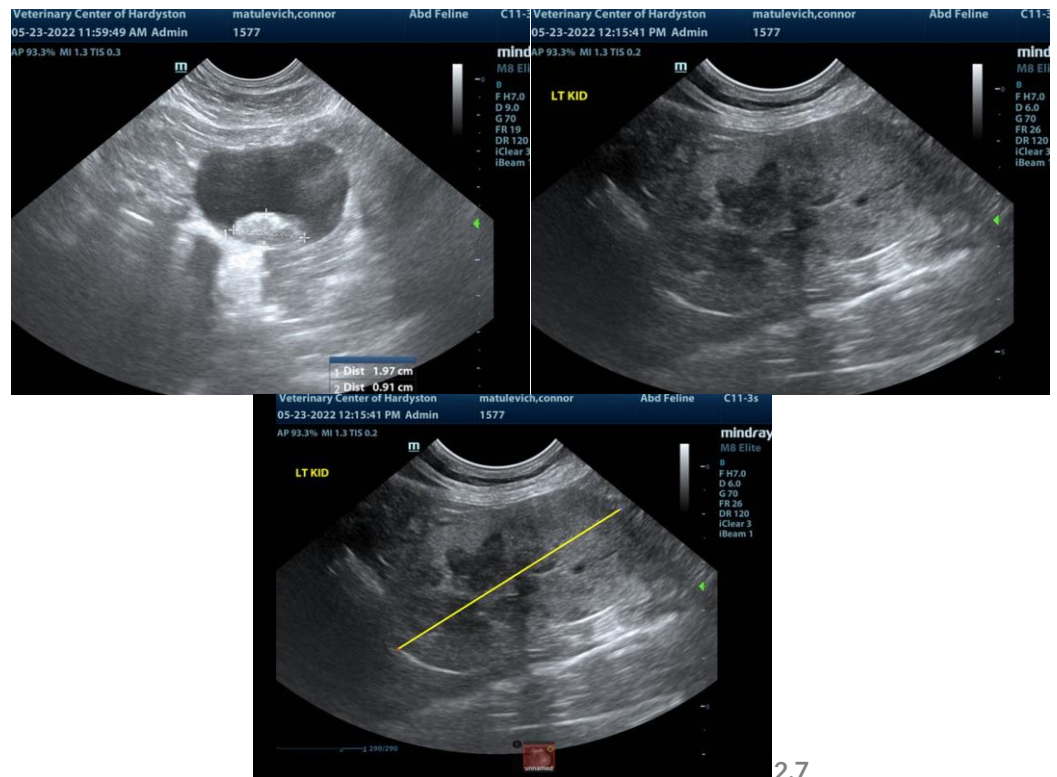
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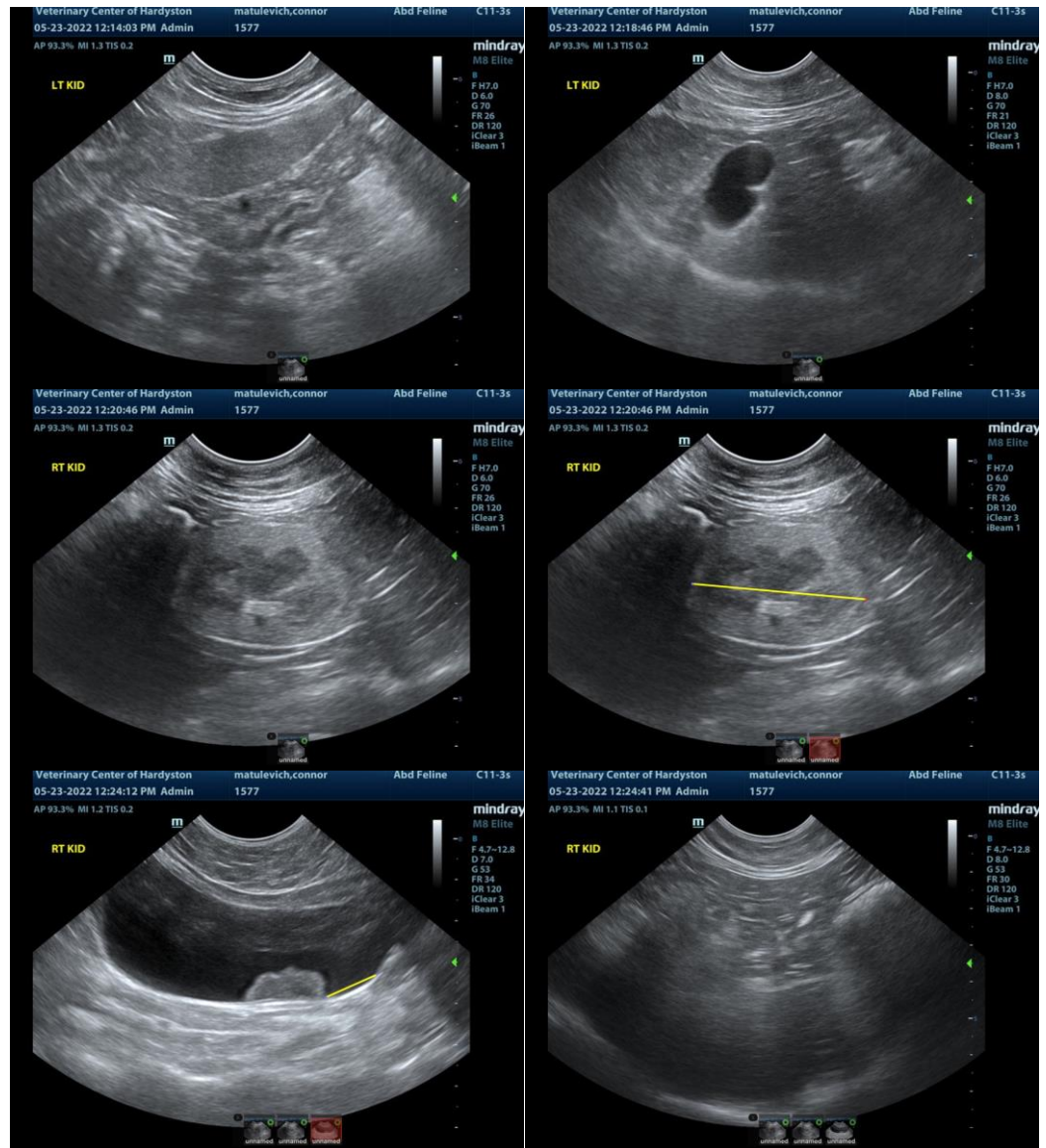
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
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