



PATIENT

Nikko Quant

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13

WEIGHT

13.2

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

47118

DATE

5/3/23

PRESENTING CLINICAL SIGNS

Decreased appetite hyper thyroidism comparing liver mass to last scan on 9/8/22.

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 were noted. Ureteral papillae were normal.

The **left kidney** was severely dystrophic, measuring 2.22 cm with pelvic mineralization and echogenic cortical thinning. The left kidney was non-vascular on power doppler.

The **right kidney** presented infarct and cortical collapse at the caudal pole with pelvic calculus of 5.0 mm. Moderate degenerative changes. The right kidney measured 4.68 cm.

Adrenal Glands

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

Spleen

The **spleen** presented hyperechoic lipogranulomatous change with slight irregular splenic contour.

Liver

The cystic **liver** mass measured 6.7 cm, mildly increased in size from prior sonogram, with a 4.0 cm cavitation. The mass was in the right medial liver, deviating the gallbladder, and does not appear resectable. Increased portal markings noted in the liver. The gallbladder and common bile duct were unremarkable.

Pleural effusion noted through the diaphragm.

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.

ULTRASONOGRAPHIC FINDINGS

- Dystrophic left kidney, likely non-functional
- Right renal infarct, cortical collapse and mineralization, nephrolithiasis
- Cystic liver mass – consistent with cystadenoma
- Slight irregular splenic contour
- Pleural effusion noted through the diaphragm



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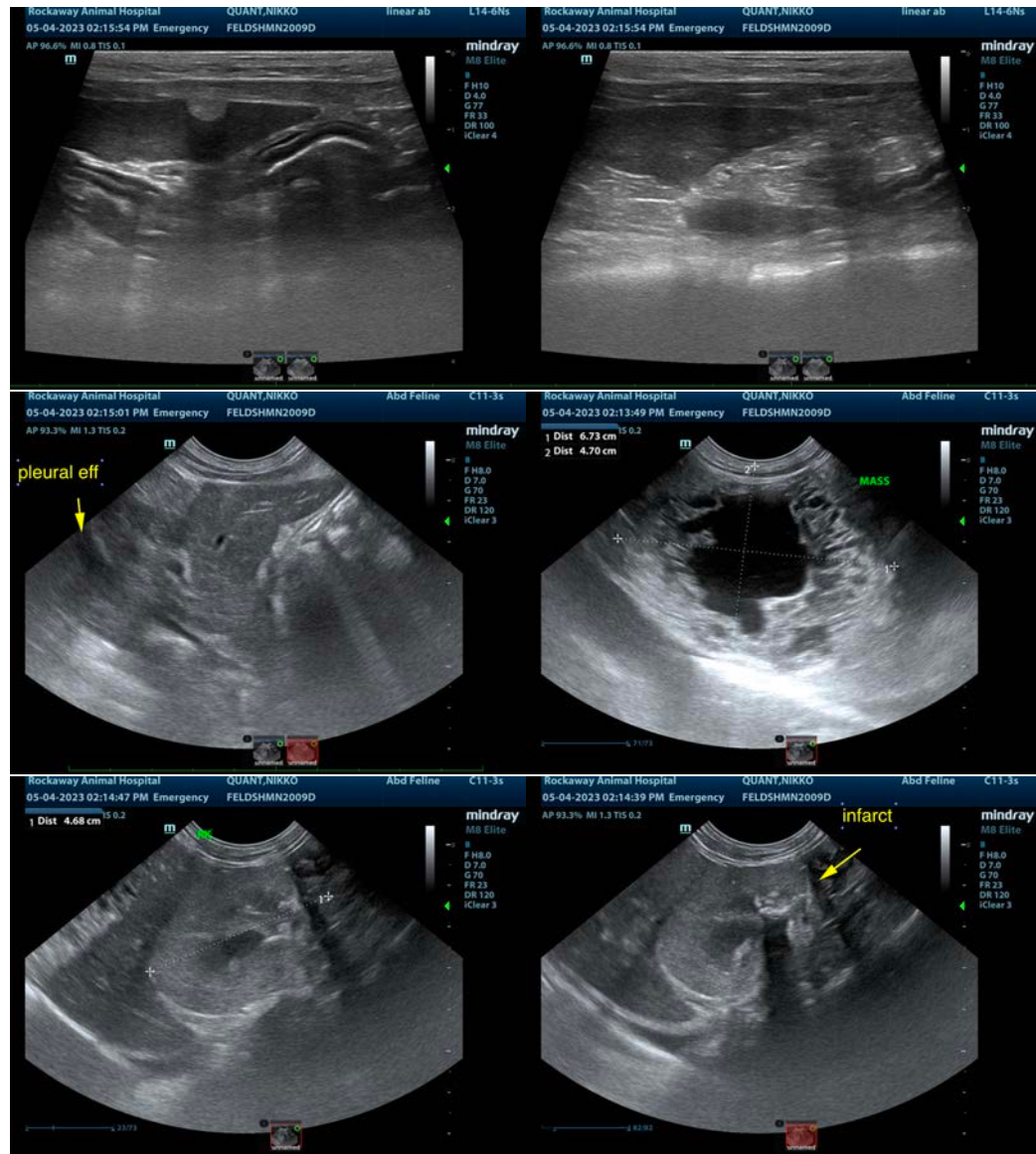
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend chest workup in this patient with thoracic radiographs and chest radiographs +/- chest CT +/- pleurocentesis. Prognosis is guarded. Even though there is abdominal pathology, I do not feel that it is likely contributing to the clinical status of the patient.





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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, Cert. IVUSS, CEO of SonoPath.com

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