



**PATIENT**

Nikko Quant

**PRESENTING CLINICAL SIGNS**

re check previous u/s on 5/4

**SPECIES**

Feline

**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.

**BREED**

DSH

The **left kidney** was persistently dystrophic at 2.24 cm with fibrosis and remodeling, likely non-functional. The **right kidney** presented compensatory hypertrophy at 4.8 cm with interstitial nephrosis pattern. Cortical infarcts noted in the right renal cortex.

**SEX**

Neutered Male

**Adrenal Glands**

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

**AGE**

12 Years

**Spleen**

The **spleen** was slightly enlarged with minor scalloping contour, measuring approximately 1.0 cm. No progression from prior sonogram.

**WEIGHT**

13 Pounds

**Liver**

The **liver** revealed persistent cystadenoma type mass measuring 5.1 cm at maximum width, appear stable. The gallbladder was unremarkable.

**INTERPRETED BY**

Eric Lindquist, DMV

**Gastrointestinal**

DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Jenn

**Pancreas**

**HOSPITAL NAME**

Rockaway AH

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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**REFERRING VET**

Dr. Maniar

**ULTRASONOGRAPHIC FINDINGS**

- Stabilized abdomen right cranial liver cystic mass – consistent with cystadenoma
- Chronic renal changes

**INVOICE**

37542

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Renal values are most important in this patient The remainder of the abdomen appears to have stabilized.

**DATE**

5/9/22



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**HOSPITAL NAME**

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**REFERRING VET**

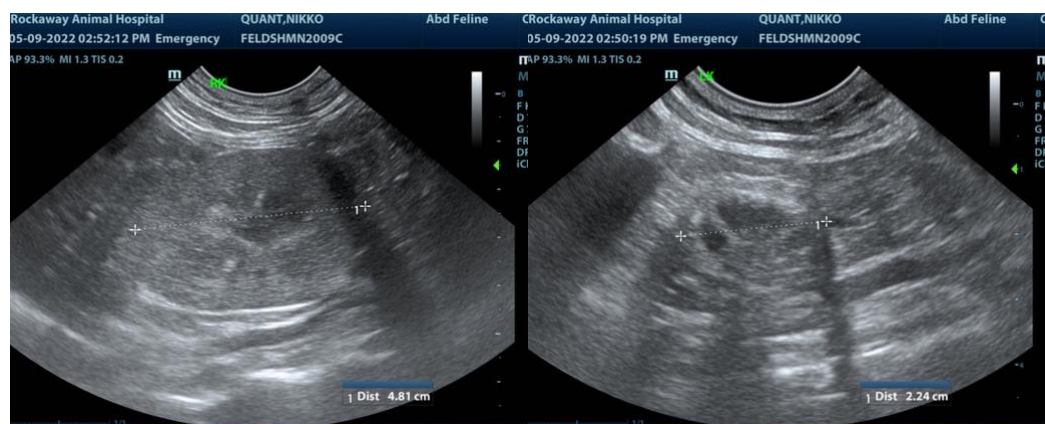
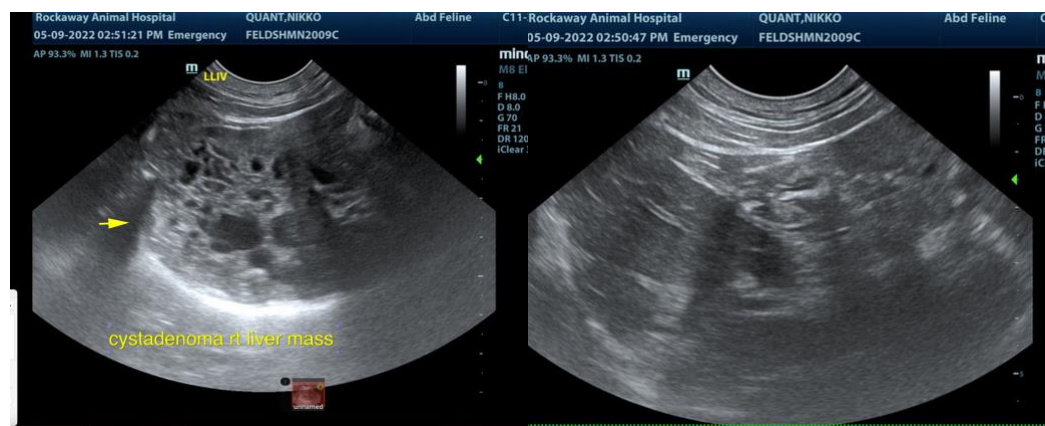
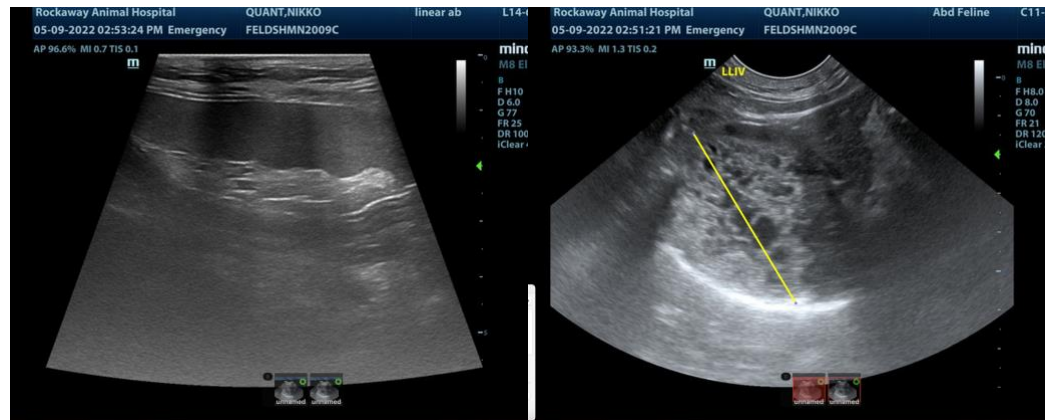
Dr. Maniar

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**DATE**

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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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