



**PATIENT**

Nala Herzner

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

14.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Puthoff

**HOSPITAL NAME**

Kings VH

**REFERRING VET**

Dr. Puthoff

**INVOICE**

31188

**DATE**

6/22/22

**PRESENTING CLINICAL SIGNS**

Nala presented for crusting along the nose. Two weeks ago, Holly noted that Nala vomited several days in a row but he had just been groomed so thought maybe could be vomiting hairballs. She also noted that she may have started to fill his water fountain more frequently but no overt changes to his energy level, appetite. On physical exam, Nala was down about four pounds in a year - Holly did start to measuring his food so unsure whether all intentional. Bloodwork revealed significant azotemia, hyperphosphatemia, and non-regenerative anemia. Urinalysis revealed 1.016 USG, protein 30 mg/dL. Urine culture pending. Blood pressure elevated around 200 mm Hg.

**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 was noted. Ureteral papillae were normal.

The left **kidney** revealed active inflammation and infarct at the cranial pole with pelvic mineralization. The left kidney measured 3.0 cm. The right kidney revealed active inflammation and acute infarct at the caudal pole. Pelvic mineralization was noted. The right kidney measured 3.0 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.

**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 was noted.

**Liver**

A hyperechoic 3.16 cm nodule was noted in the left medial **liver** with microcystic changes. This is consistent with cystadenoma. Otherwise, uniform hepatic enlargement was noted. . Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable.

**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



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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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**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.

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**ULTRASONOGRAPHIC FINDINGS**

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Age related hepatic changes with cystadenoma type nodule.

Left-sided liver mass, potentially resectable. Carcinoma versus biliary cystadenoma, acute renal infarcts with cortical collapse and pelvic mineralization.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient is likely passing calculi periodically. Renal palpation is recommended to assess for discomfort. Pain management, broad spectrum antibiotics, IV fluid support and blood pressure measurements are all indicated. Given the hypertension anti-hypertensives are indicated. Prognosis long term is guarded depending on response to therapy.

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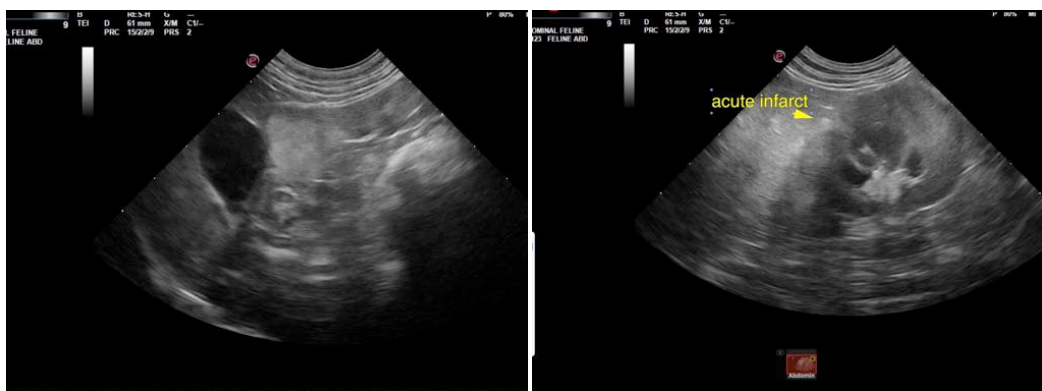
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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