



PATIENT

Harley Hudak

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

7.3 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS, CEO of
SonoPath.com

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

St George VH

REFERRING VET

Dr. Patel

INVOICE

71763

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- Grade 3/6 HM
- Recurrent UTI. Blood Clot in Urine. AXR: no bladder stone
- Medications - Miralax, Amoxicillin
- U/A: trace protein, blood 3+, WBC 4-10, USG 1.033 Urine culture E.Coli, lab: NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** itself was normal. There was no evidence of masses or calculi.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight anechoic cyst was noted in the kidneys and measured 0.5 cm. This was noted in the medial cortex of the left kidney. The left kidney measured 3.52 cm. The right kidney measured 3.77 cm with slight mineralization.

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. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.77 cm at the cranial pole and 0.37 cm caudal pole.

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

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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. The small intestine revealed a mural nodule that measured 1.5 x 1.1 cm. This appeared to be in the jejunum deriving from the muscularis.

Pancreas

The **pancreas** revealed mild irregular contour and mildly excessive hypoechoogenicity and remodeling.

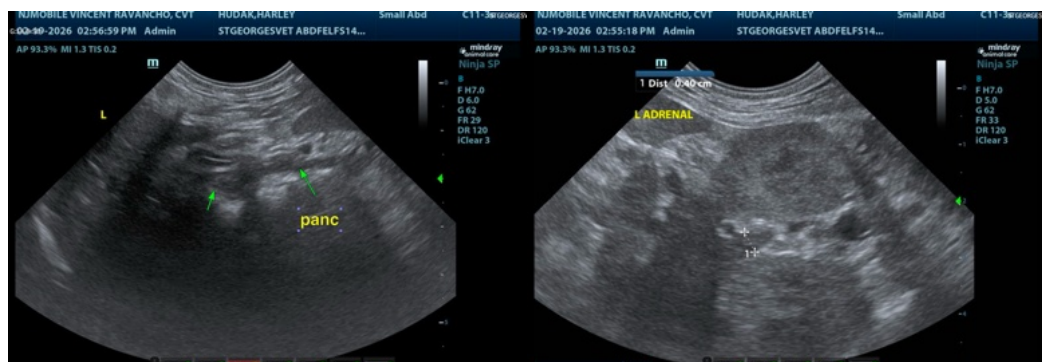
ULTRASONOGRAPHIC FINDINGS

Pancreatic remodeling. History of pancreatitis is likely in this patient.

Incidental intestinal nodule in the caudal abdomen just cranial to the urinary bladder. Leiomyoma, leiomyosarcoma, emerging round cell neoplasia and carcinoma are all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs followed by intestinal resection and anastomosis is indicated with removal of the intestinal nodule.





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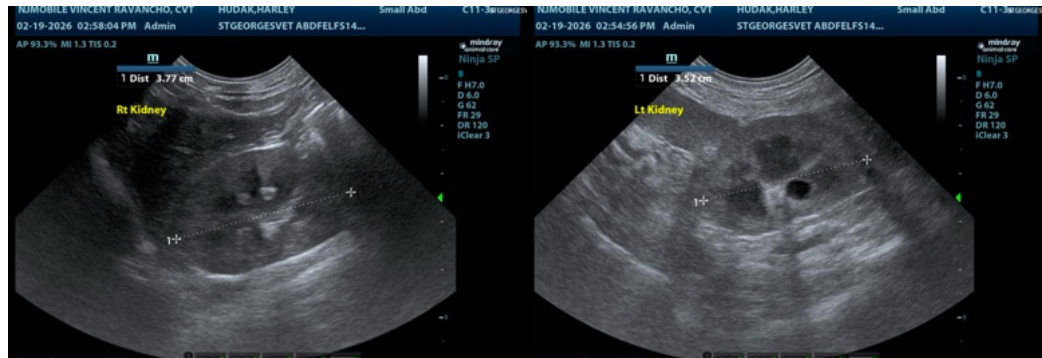
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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