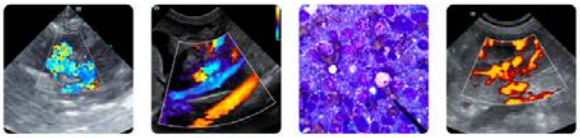

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Logan Clements

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

7.35 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Hamilton Region Emergency Vet Clinic

REFERRING VET

Dr. Vervaigne

INVOICE

72399

DATE

1/23/26

PRESENTING CLINICAL SIGNS

Presented for acute hematuria with some straining, otherwise normal self, no v/d/c/s, normal appetite and energy. No Hx of FLUTD. No env change or stressors, no diet changes. Currently on Triacta for joints, no prescription medications at this time. Indoor only, other cat in household normal self, not UTD on vaccines. The litter box had been observed to have been normal the previous day. Today there were multiple bloody urine clumps. Logan has lost 1kg weight.

Hx of polydipsia during the winter season, has always had large urine clumps in the litter box. He chronic vomiter.

PE: Logan urinated m3 bloody urine on floor, some straining observed, followed by large volume of dribbling bloody urine. Grade 1/6 systolic murmur. Mild abdominal discomfort, bladder m2 full, soft, non-painful.

Current Medications - Gabapentin, maropitant, convenia

Abnormal PE/Chem/CBC/UA Results: See attached rad and BW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Left kidney measured 4.6 cm. Right kidney was swollen, measuring 4.4 cm with slight pyelectasia and pericapsular hyperechoic fat, suggestive for inflammation.

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. Left measured 0.36 cm. Right measured 0.35 cm.

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 were noted.

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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 was bifid, not pathological.

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. 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.

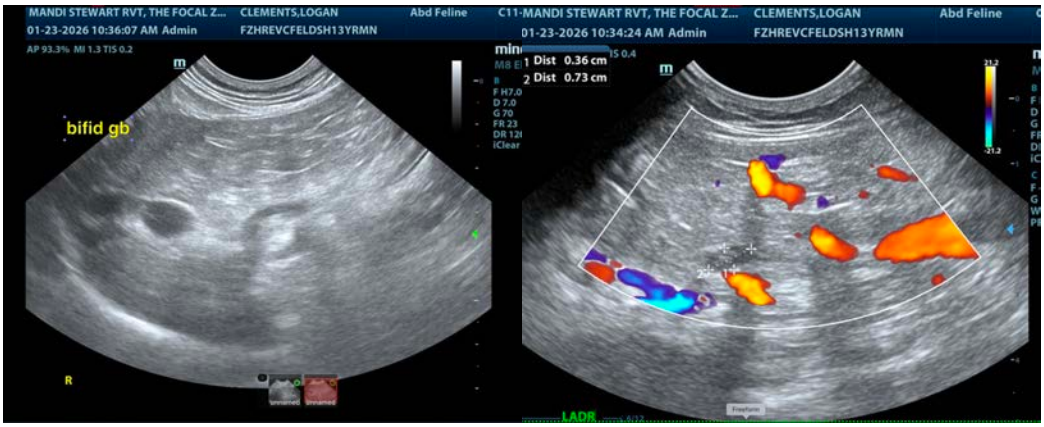
ULTRASONOGRAPHIC FINDINGS

- Nephritis pattern.
- Urinary bladder debris.
- Age related hepatic changes.
- Bifid gallbladder, not pathological.
- Age related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary workup warranted if not already performed to assess for any evidence of UTI, as the sonogram suggests nephritis or pyelonephritis, particularly in the right kidney. No evidence of neoplasia. The abdominal discomfort may be related to inflammation associated with the right kidney. Urine culture and sensitivity indicated.

Lateral Radiograph: Unremarkable.



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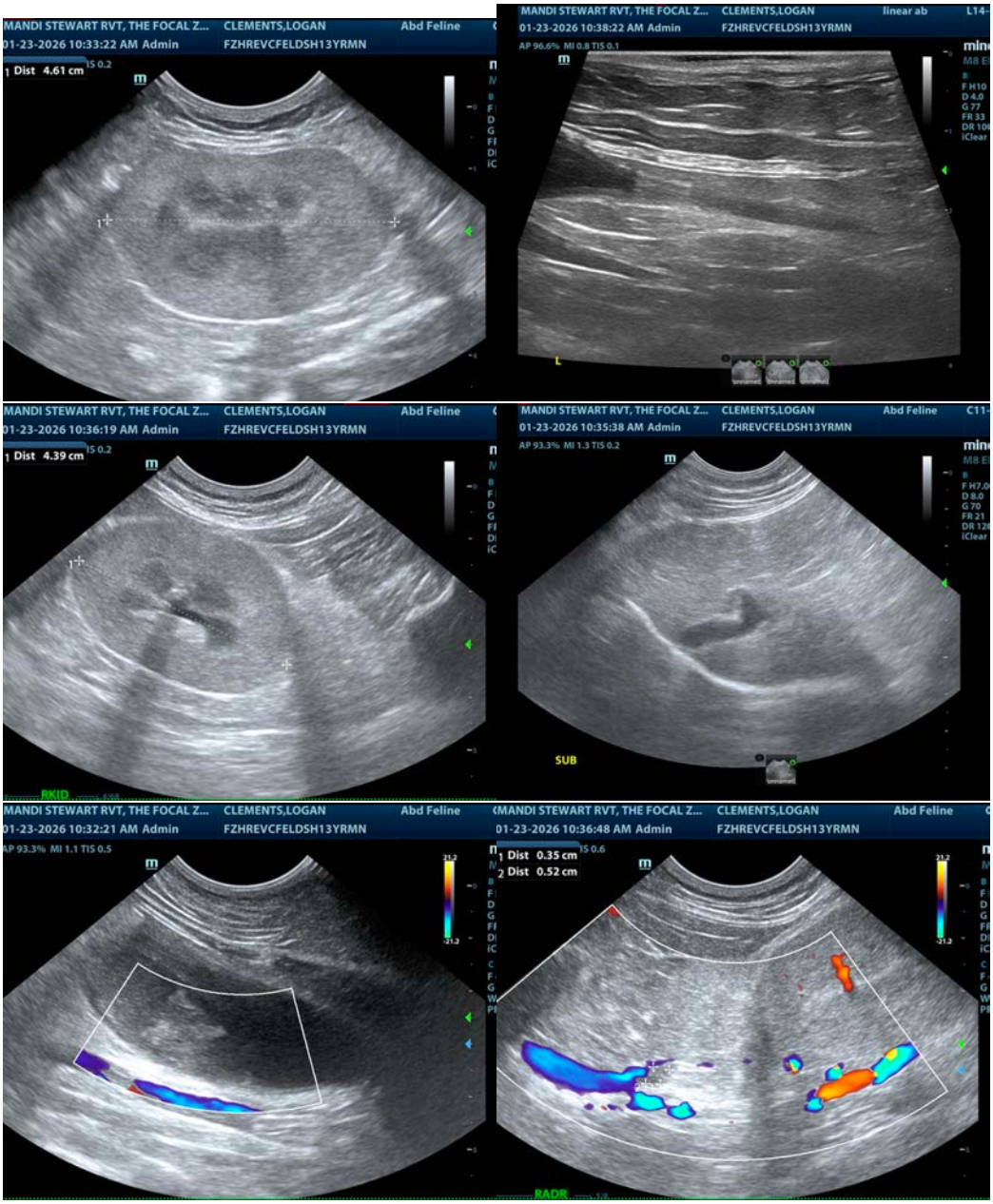

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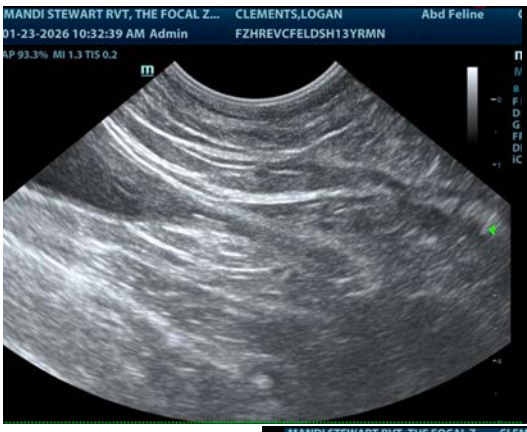

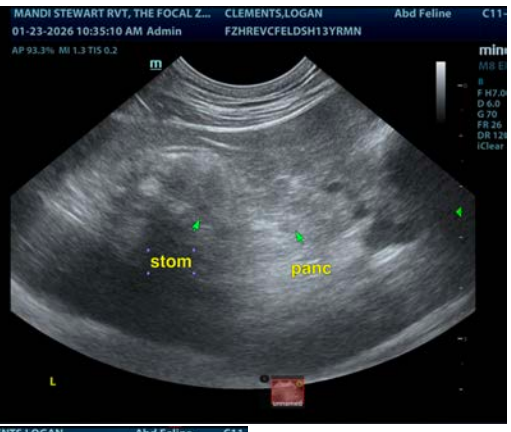

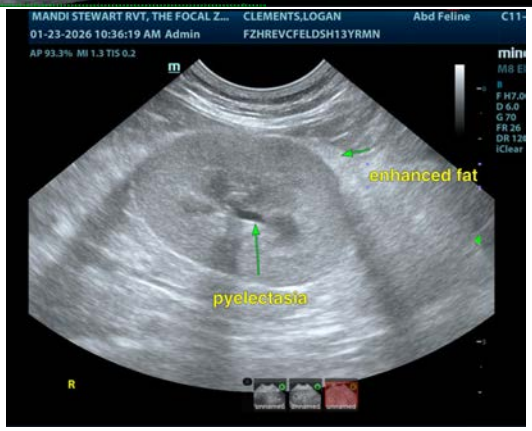

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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info@SonoPath.com