



**PATIENT**

Swyper Neilon

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

16 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

All Creatures Great &  
Small, Denville

**REFERRING VET**

Dr. Ashmore

**INVOICE**

13593

**DATE**

1/24/22

**PRESENTING CLINICAL SIGNS**

History: hematuria, right renomegaly on rads, splenomegaly. on baytril

Abnormal PE/Chem/CBC/UA Results: mild anemia, mildly elevated BUN, mild decreased WBC. UA: increased wbcs, markedly increased rbcs, few struvites , USPG 1.030

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a trace amount of sand, not pathological. Small calculi noted, the largest calculus measured approximately 3.0 mm. Minor apical ventral wall thickening was noted. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. Minor urethral thickening noted. No evidence of obstructive disease.

The **kidneys** revealed upper limits of normal size with normal 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.61 cm. The right kidney measured 5.0 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. The right adrenal gland measured 0.38 cm. The left adrenal gland measured 0.38 cm.

**Spleen**

The **spleen** was uniformly enlarged with scalloping contour. The spleen measured 1.44 cm.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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, 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**

Minor fluid filled **gastric** lumen noted. The small intestine and colon were unremarkable.

**Pancreas**

Hypoechoic, irregular **pancreatic** changes were noted in the left limb.



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**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific age-related renal changes
- Bladder sand and calculi
- Age-related hepatic changes
- Splenomegaly. Concern for underlying round cell neoplasia versus reactive spleen.
- Minor pancreatitis suspected
- Fluid filled gastric lumen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen strongly encouraged. Urinalysis work up warranted given the urinary bladder sand. The right kidney may have been swollen in the past if it was partially obstructed owing to calculus passage, however, at this time, both kidneys appear to have minor degenerative changes and normal size. I am concerned about the spleen. If the spleen, by chance, is benign on FNA, then cystotomy, stone analysis and culture as well as bladder wall biopsy all indicated.

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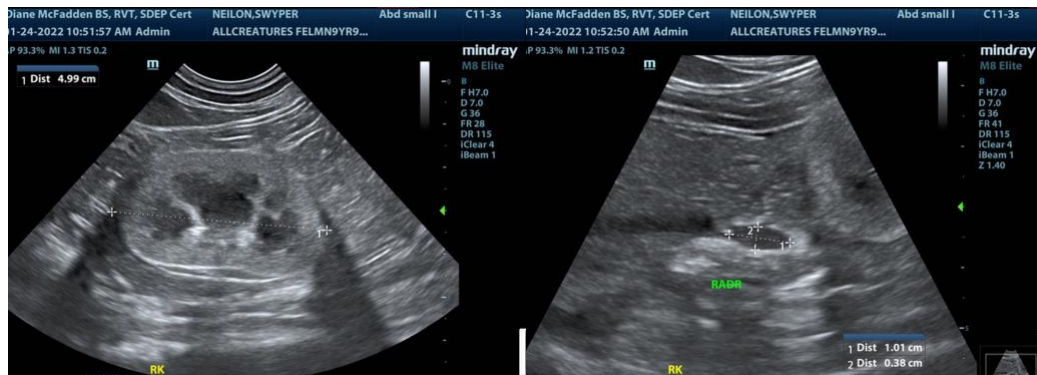
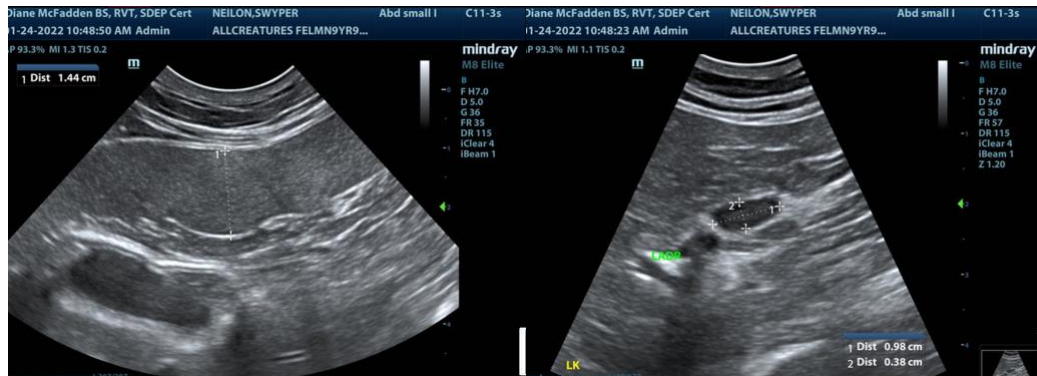
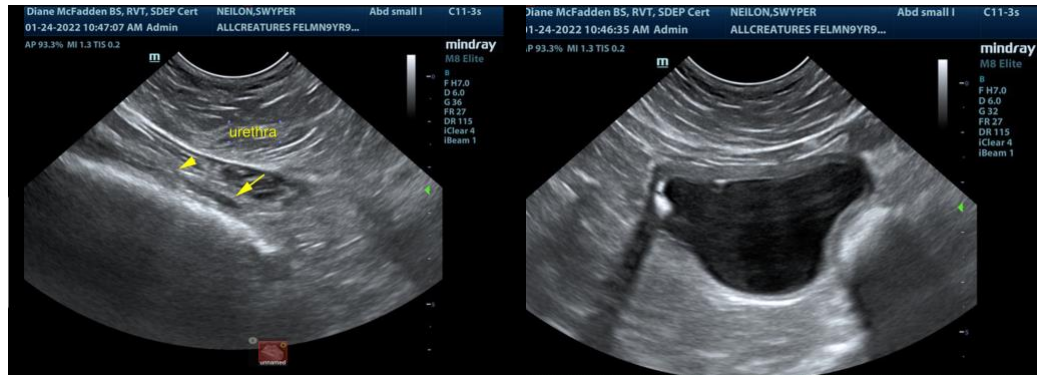
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The information and recommendations provided are based on the images presented by the



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**referring veterinarian. 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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