



**PATIENT**

Sookie Anne Thomas

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

10.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Velasco

**HOSPITAL NAME**

Bethany Family PC

**REFERRING VET**

Dr. Velasco

**INVOICE**

34106

**DATE**

1/7/22

**PRESENTING CLINICAL SIGNS**

Sookie Anne started having hematuria and stranguria in March 2021. She had radiographs with no stones, UA and culture at that time. All NSF except hematuria and crystalluria. Unresponsive to abx. Started prozac, which seemed to help. US today for continued hematuria. After US, single rad reveals urinary bladder stones.

Abnormal PE/Chem/CBC/UA Results: pending Chem/CBC/UA/Culture, and clotting times. Pet bruises easily and has friable blood vessels.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed apical bladder wall thickening measuring up to 1.0 cm with minimal bladder repletion. Two larger calculi noted measuring approximately 5.0 mm each with other smaller calculi. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The kidneys measured 3.0 cm each.

**Adrenal Glands**

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

**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.

**Liver**

The visible **liver** was unremarkable.

**Gastrointestinal**

Some retention of ingesta or hair accumulation noted in the **stomach**. The small intestine and colon were unremarkable.

**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.

**ULTRASONOGRAPHIC FINDINGS**

- Cystitis pattern with bladder calculi



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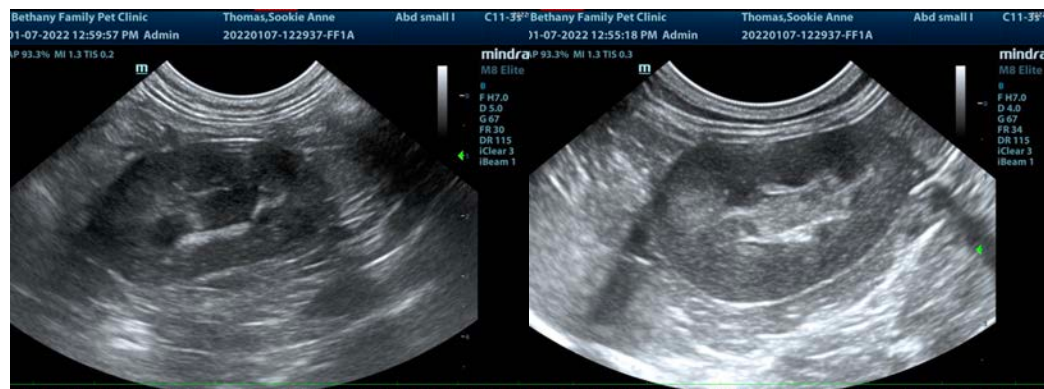
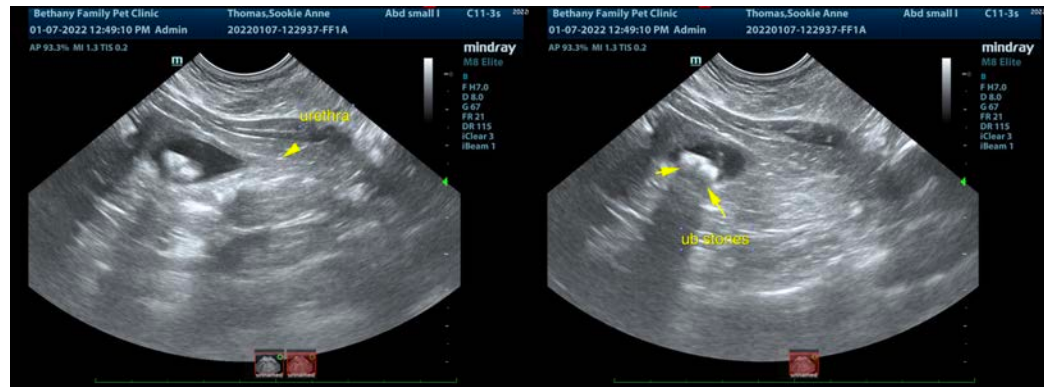
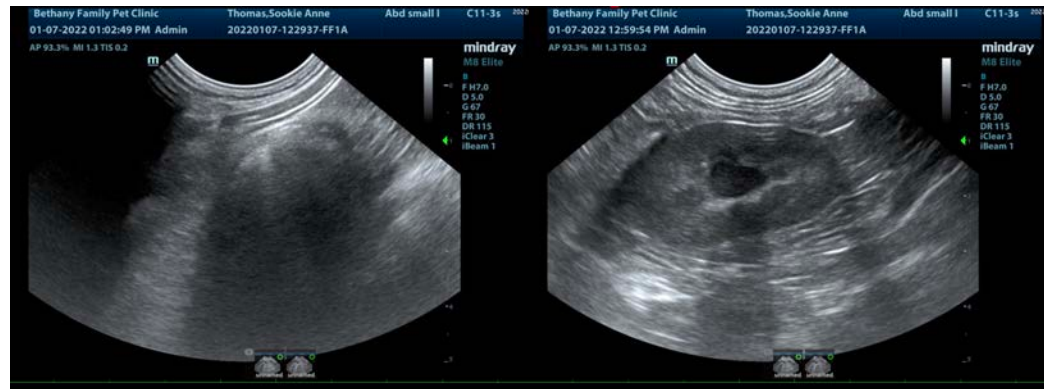
Bethany Family PC

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cystotomy and bladder wall biopsy and culture of the calculi recommended. Given the young age of this patient and the presence of calculi, bile acid profile warranted. If elevated, then further imaging of the portal hilus would be warranted to assess for portosystemic shunting.



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

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)