



PATIENT

Percy Cooley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

7.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lincoski

HOSPITAL NAME

University Drive VH

REFERRING VET

Dr. Lincoski

INVOICE

42054

DATE

10/21/22

PRESENTING CLINICAL SIGNS

History: Patient presents for not wanting to eat in the past few days. Still urinating, but less than usual and going to litterbox more frequently. Patient is crying out more. Hx of chronic cystitis and kidney dx. PE: Pink mm, crt < 2 seconds. Dilated bilateral eyes. H/L auscult normally. Abdomen - soft / non painful. Urinary bladder small, but flaccid and non painful. PL: Last bloodwork was done 10/5/22 and showed elevated kidney values, historically have been higher last year but still >4. Cat is on gabapentin and prazosin, not seeming to help. He gets SQ fluids at home by owner, started this 2 weeks ago, about 100mg 2 times weekly. US to obtain urine revealed very thick bladder, proceeded to full scan and did not attempt cysto due to thickening, rule out neoplasia.
Abnormal PE/Chem/CBC/UA Results: Weight loss since 10/5, see below for 10/1 lab results.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed polypoid cystitis pattern. The bladder wall measured up to 0.7 cm with loss of structural detail. Regional inflammation was noted.

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. Cortical infarcts and mineralization were noted. The right kidney was subnormal in size and measured 2.84 cm. The left kidney revealed moderate to severe chronic hydronephrosis with pelvic calculi. The left kidney was subnormal in size and measured 2.79 cm. The left kidney revealed infarcts and degenerative changes. Power Doppler assessment was subnormal.

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 0.46 cm. The left adrenal gland measured 0.32 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 was noted.

Liver

The **liver** revealed a cystic right medial mass and a separate left lateral cyst that measured 3.0 cm. The gallbladder and common bile duct were unremarkable.



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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.

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Pancreas

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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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Neutered male

ULTRASONOGRAPHIC FINDINGS

Cystadenoma and hepatic cyst.

AGE

14 years

Subjectively end stage degenerative renal changes with chronic hydronephrosis pattern, calculi and infarcts.

WEIGHT

7.7 lbs

Chronic cystitis bladder pattern. Cystitis/urethritis is likely, interstitial cystitis. Mild **potential** for underlying bladder lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

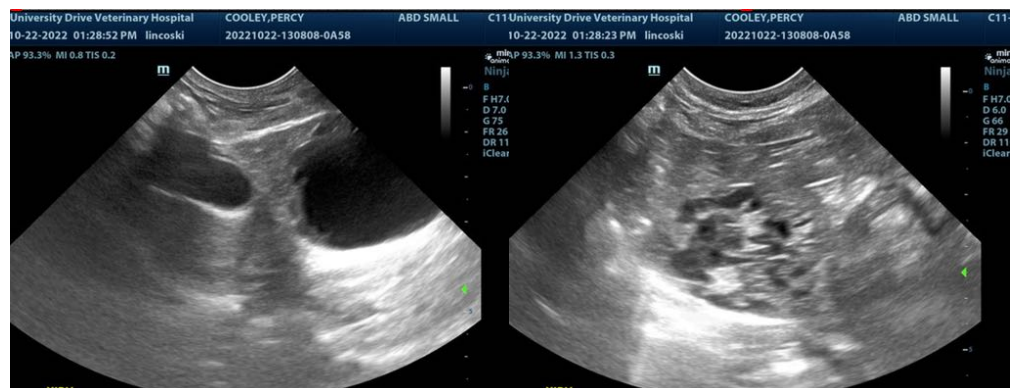
The prognosis is poor long term. The hepatic changes are likely benign from a subjective standpoint.

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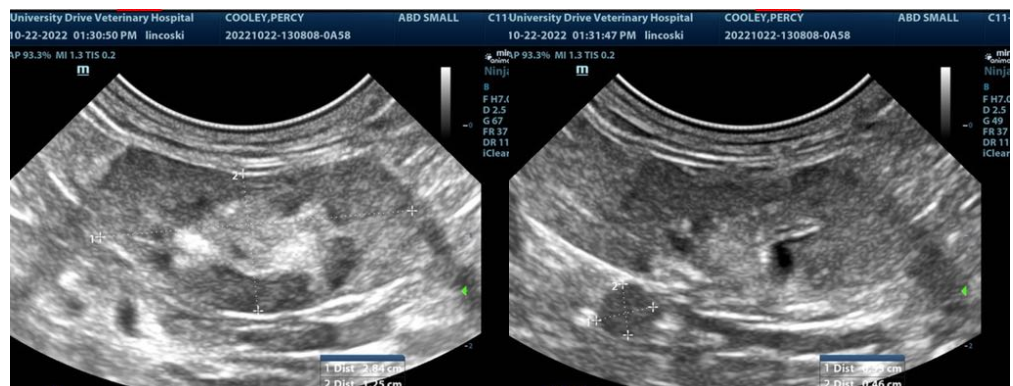
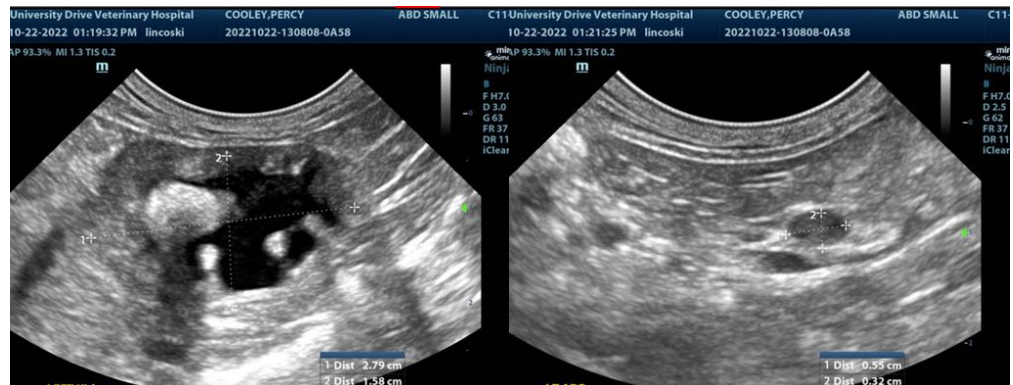
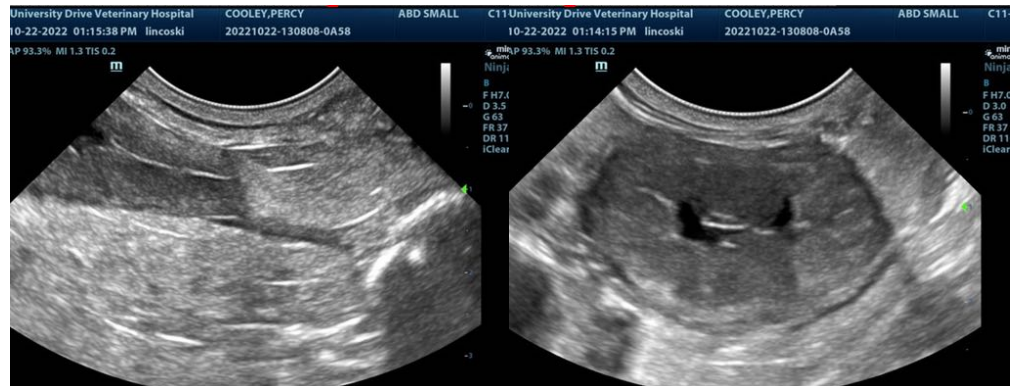
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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