



**PATIENT**

Scooter Lori

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

14.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Dr. Kurapati

**REFERRING VET**

Tranquility VC

**INVOICE**

13552

**DATE**

10/5/21

**PRESENTING CLINICAL SIGNS**

History: PU/PD for a few weeks; overweight. alb 4.4, Ca10.9, trig 1204, amylase 1285,; UA: USPG 1.062, pH 8, protein 3+, RBCs 11-20

Abnormal PE/Chem/CBC/UA Results:

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was present in the kidneys. The left kidney measured 4.15 cm. The right kidney measured 4.31 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 0.33 cm. The left adrenal gland measured 0.47 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.

**Liver**

The **liver** revealed minor increased portal markings. The gallbladder wall was hyperechoic and fibrosed, a minor amount of hyperechoic sand was noted. Sand accumulation measured approximately 1.0 cm, non-obstructive at the time of the sonogram. The common bile duct was normal.

**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**



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The pancreas revealed mild heterogeneous changes at the right base. The level of inflammation is unclear.

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**ULTRASONOGRAPHIC FINDINGS**

- Age-related renal changes
- Liver, minor increased portal markings
- Fibrosed and hyperechoic gallbladder with hyperechoic sand

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DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of PU/PD is unclear. Hypercalcemia likely idiopathic. No evidence of neoplasia. Ursodiol therapy could be considered as medica management for the gallbladder presentation, however, is highly variable in effectiveness patient to patient.

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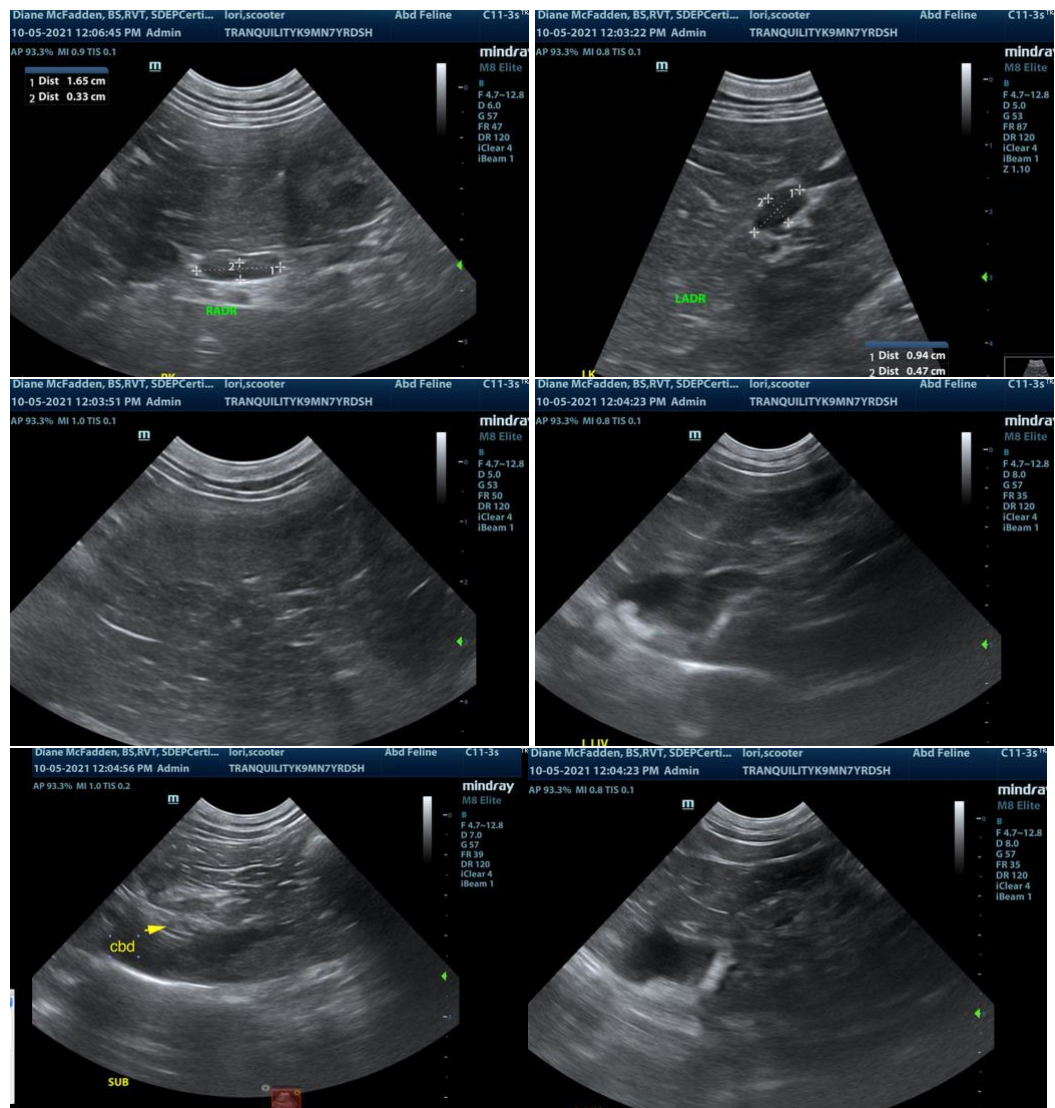
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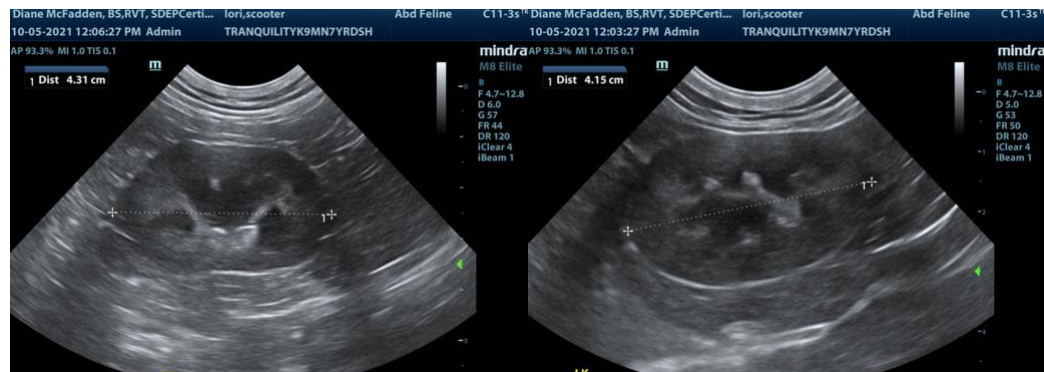
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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