

DATE PRESENTING CLINICAL SIGNS

11/29/22

Owner was away for past week, Mom was stopping by house to check on cats. Since getting home noted her in / out of litter box only producing small amounts. Eating and otherwise acting normally.

PATIENT

Poppy Coyle

Current Medications: Convenia, Buprenorphine, Gabapentin,
Lab Results: See attached.
Radiographs: Left kidney enlarged. Right kidney small and irregular
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

BREED

Siamese

SEX

Spayed female

AGE

11/29/21

WEIGHT

10.6 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall was mildly thickened. The ureters were not visible which is normal. Trace amount of mucous and sand was noted. Grouping of sand accumulation measured 0.9 cm. A focal calculus was noted in the bladder and measured up to 0.36 cm.

The right **kidney** revealed dystrophic changes with an anechoic cyst that measured 0.4 cm. Interstitial cystitis pattern and slight mineralization was noted in the right kidney. The right kidney was subnormal in size and measured 2.39 cm with irregular contour and cortical infarcts. The left kidney was normal in size and contour. The left kidney measured 4.79 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

HOSPITAL NAME

Animal Emergency
Hospital

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

Dr. Saubier

INVOICE

42770

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

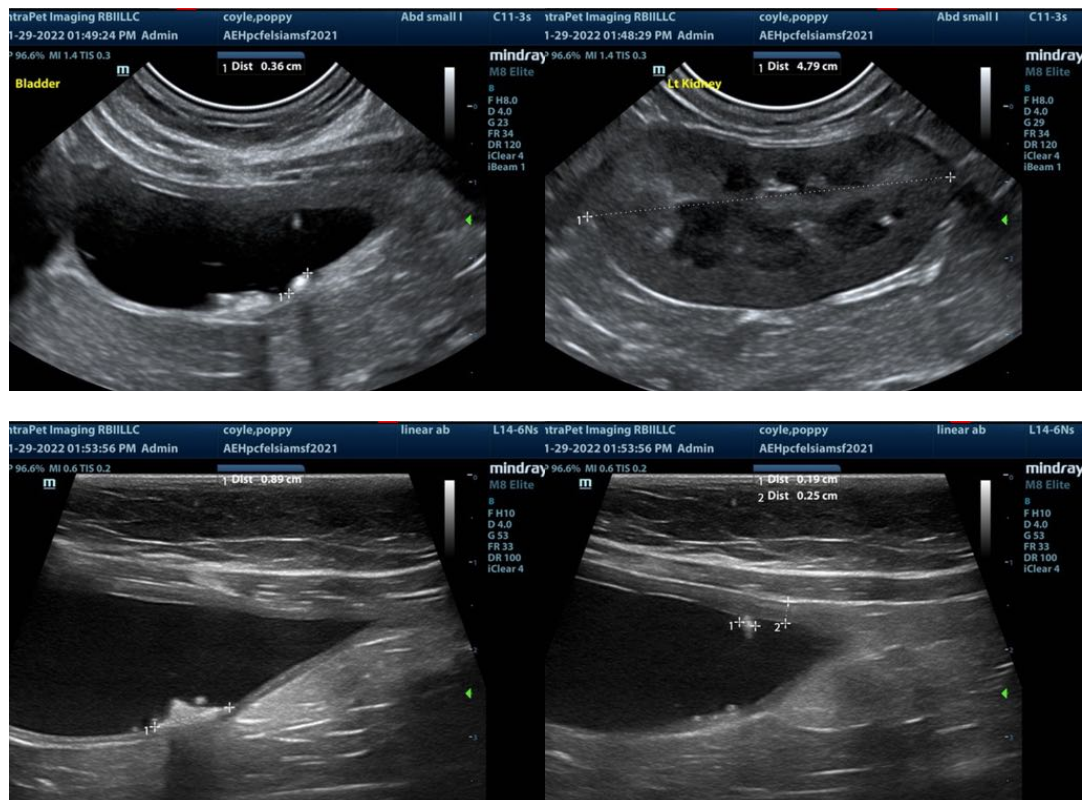
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

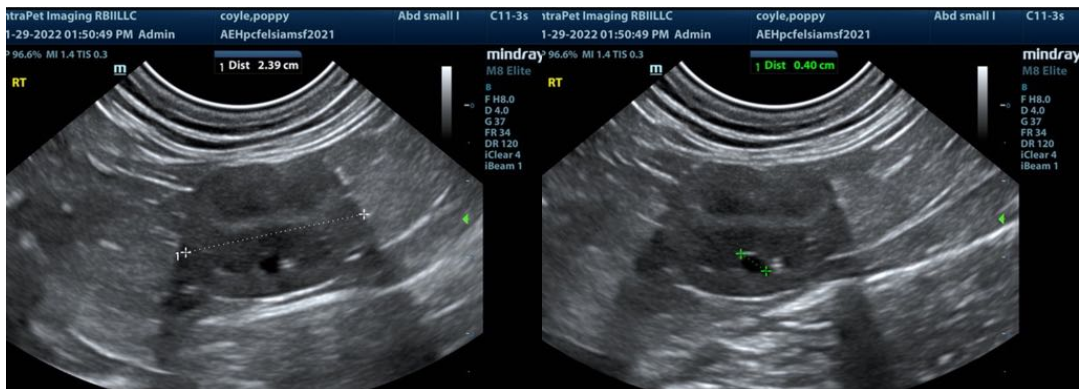
ULTRASONOGRAPHIC FINDINGS

Dystrophic right kidney with bladder sand and calculi.
Minor bladder wall thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely periodically passing calculi from the kidney to the bladder. Cystotomy, sand analysis and culture with bladder wall biopsy is indicated to rule out underlying disease.





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.

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