



## PATIENT

Mimi Elrabie

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

11

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Dr. Scott

## HOSPITAL NAME

Wyckoff Veterinary  
Hospital

## REFERRING VET

Dr. Scott

## INVOICE

72201

## DATE

11/29/25

## PRESENTING CLINICAL SIGNS

on and off urinary signs- straining, pollakiuria, eating well had full bw and urine culture all negative and diagnosed with FLUTD but rec ultrasound and lateral rad

Abnormal PE/Chem/CBC/UA Results: PE WNL lateral rad of bladder- poss faint stone in bladder

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed a ventral wall thickening measuring 2.0 cm x 0.44 cm with adhered sand or mineralization. Dorsal wall also presented mural thickening measuring 0.30 cm x 2.0 cm. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. Mild periserosal inflammation noted.

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 left kidney measured 3.9 cm. The right kidney measured 4.3 cm.

### 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 **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.

### Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Possible hairball accumulation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.



**PATIENT**

**Pancreas**

Mimi Elrabie

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.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Pseudomembranous cystitis bladder pattern with mineralization and sand.
- Partially full stomach, possible hair accumulation.

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Recommend exploratory surgery in this patient with the objective to obtain ventral apical bladder wall biopsies and bladder lavage. Any sand analysis and culture could be considered, yet histopathology of the ventral apical wall would be ideal. The changes are multifocal, and therefore clean resection is not possible. Culture and sensitivity and histopathology is the main objective in this patient for long-term management.

Spayed Female

**AGE**

8 Years

**WEIGHT**

11

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

**IMAGING PERFORMED BY**

Dr. Scott

**HOSPITAL NAME**

Wyckoff Veterinary  
Hospital

**REFERRING VET**

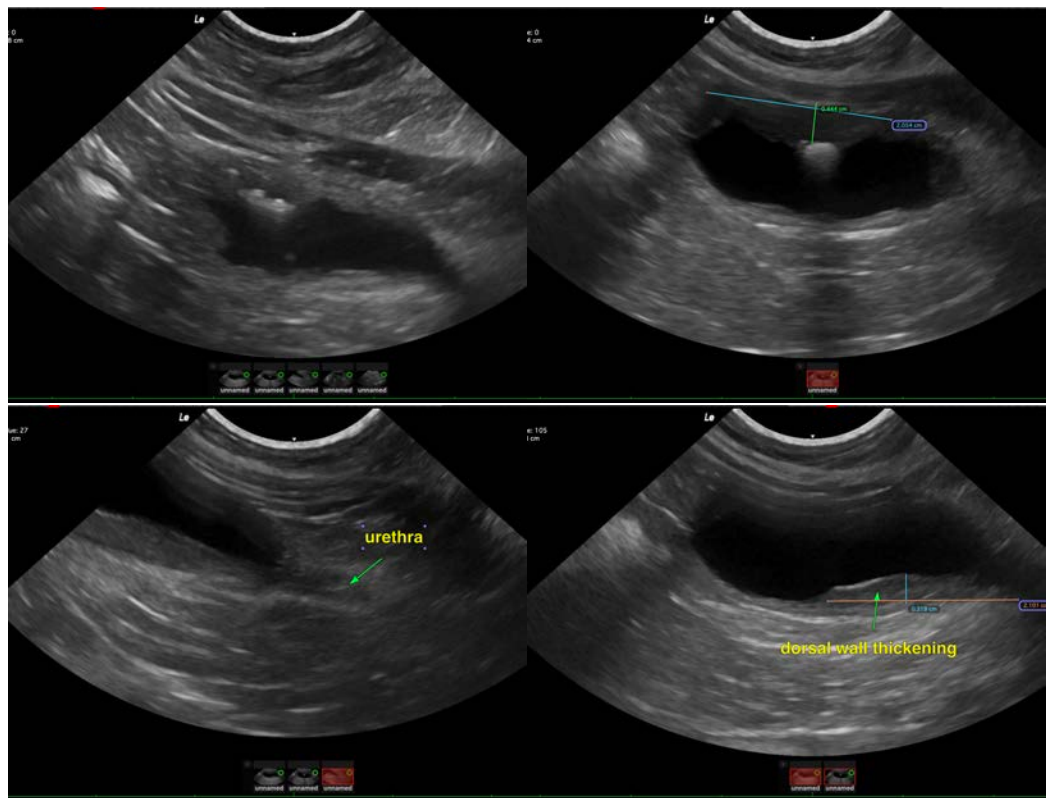
Dr. Scott

**INVOICE**

72201

**DATE**

11/29/25





## PATIENT

Mimi Elrabie

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

11

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Dr. Scott

## HOSPITAL NAME

Wyckoff Veterinary  
Hospital

## REFERRING VET

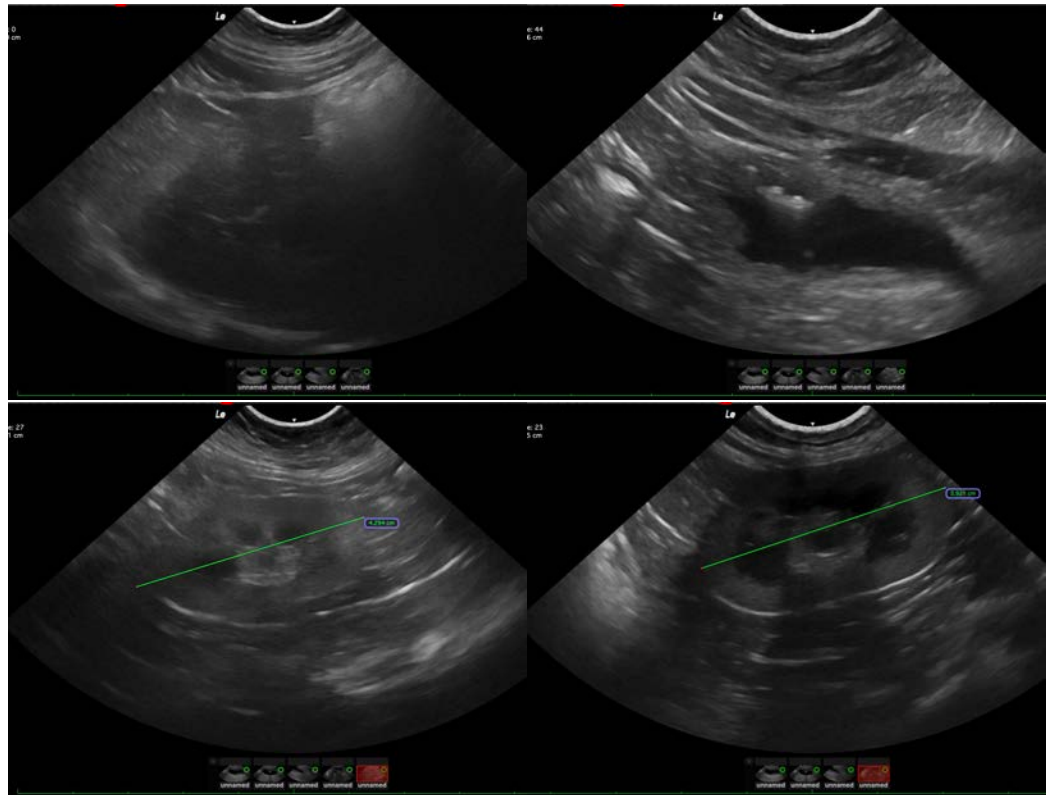
Dr. Scott

## INVOICE

72201

## DATE

11/29/25



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.

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