



PATIENT

Biji Alsamadi

SPECIES

Feline

BREED

Laura de Cordon

SEX

Neutered Male

AGE

5 Years

WEIGHT

6.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Laura de Cordon

INVOICE

43048

DATE

11/30/22

PRESENTING CLINICAL SIGNS

patient presented on 11/28/22 for straining to urinate and inappropriate urination patient has been seen by rDVM twice for UTI and treated with 2 rounds on Convenia (last dose given 11/5/22)

Abnormal PE/Chem/CBC/UA Results: 12pm: PCV/TS: 20/6 BP:150 EPOC: BUN: 70 (down from 91) CREAT: 3.56 (down from 4.1)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented multiple calculi, the largest of which measured approximately 8.0 mm. The apex revealed a urachal remnant with a calculus within the remnant. Minor variable bladder wall thickening noted as well. The pelvic urethra was imaged 2.0 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. Trace pyelectasia noted in the right kidney. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.0 cm.

Adrenal Glands

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

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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

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

- Bladder calculi with urachal remnant and mild interstitial cystitis pattern
- Trace pyelectasia right kidney
- Volume contracted spleen



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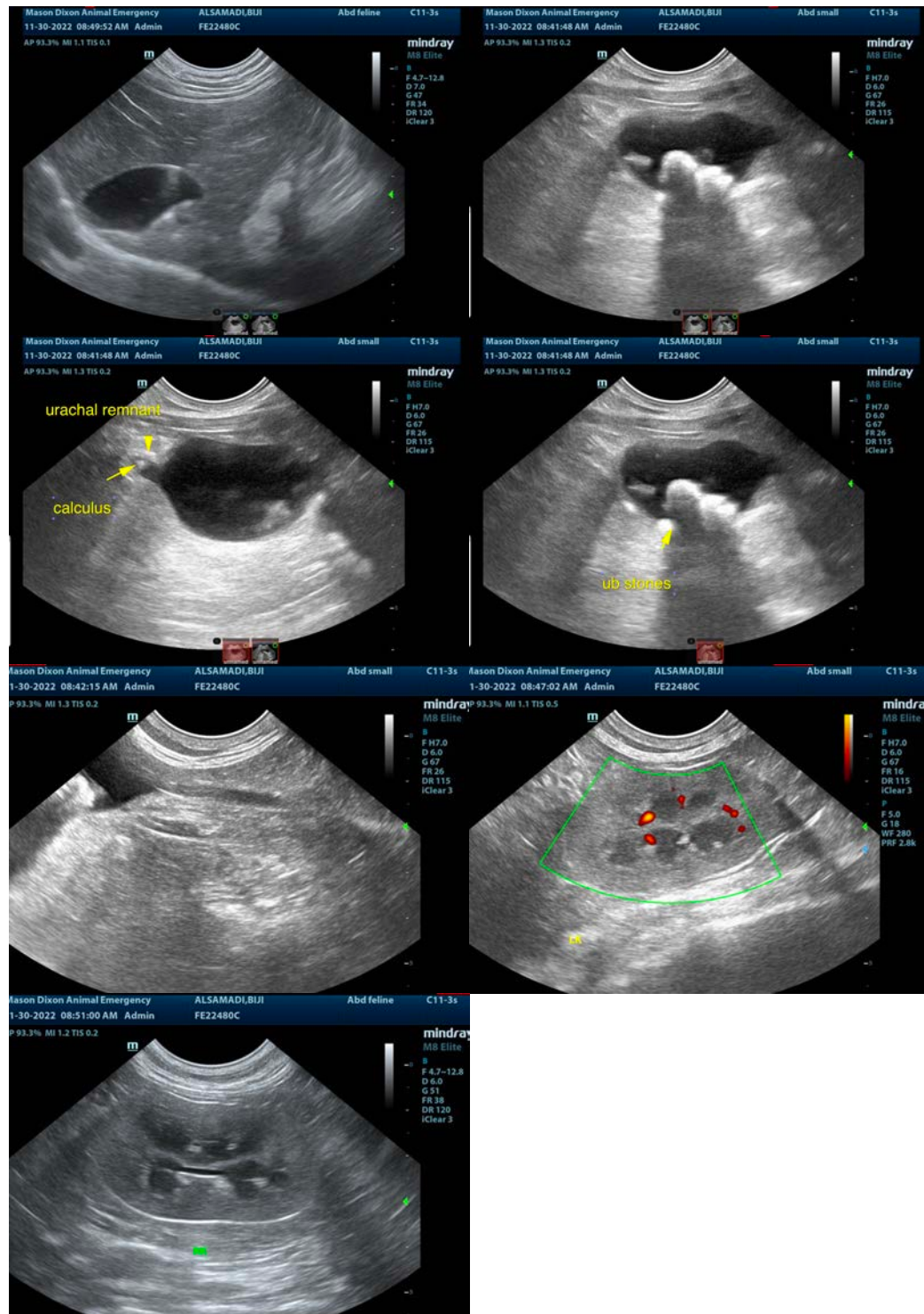
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, stone analysis, urachal remnant resection, and bladder wall histopathology indicated to assess for underlying inflammatory cell type. Both calculi remnant and intrinsic mural disease may be playing a role in this patient. Stone culture also indicated.





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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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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