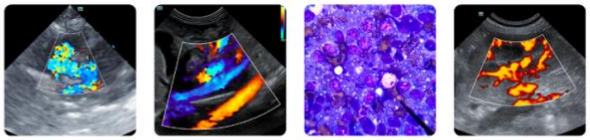

PATIENT

Maggie Gutierrez

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jeremiah Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Jeremiah Gabriel

INVOICE

35942

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: struggling to urinate

Abnormal PE/Chem/CBC/UA Results: BUN 37 14-36 mg/dL HIGH CREATININE 3.1 0.6-2.4 mg/dL HIGH SDMA 31.6 UA pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an apical ventral wall thickening, with wall thickness measuring up to 0.78 cm, with a ventral wall infiltrative pattern and thickness, measuring 2.8 cm in length. Dorsal apical wall thickening measured 0.48 cm x 1.3 cm. the urine itself was anechoic. Periserosal inflammatory pattern was noted around the bladder.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 this age patient. Medullary structure differed distinctly from that of the cortex. Pyelectasia was noted in the kidneys. Mineralization was present in the kidneys. The right kidney measured 3.0 cm. The left kidney measured 2.9 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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 heterogenous microcystic nodular changes, consistent with likely cystadenoma. Age-related changes were noted in the liver otherwise. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related

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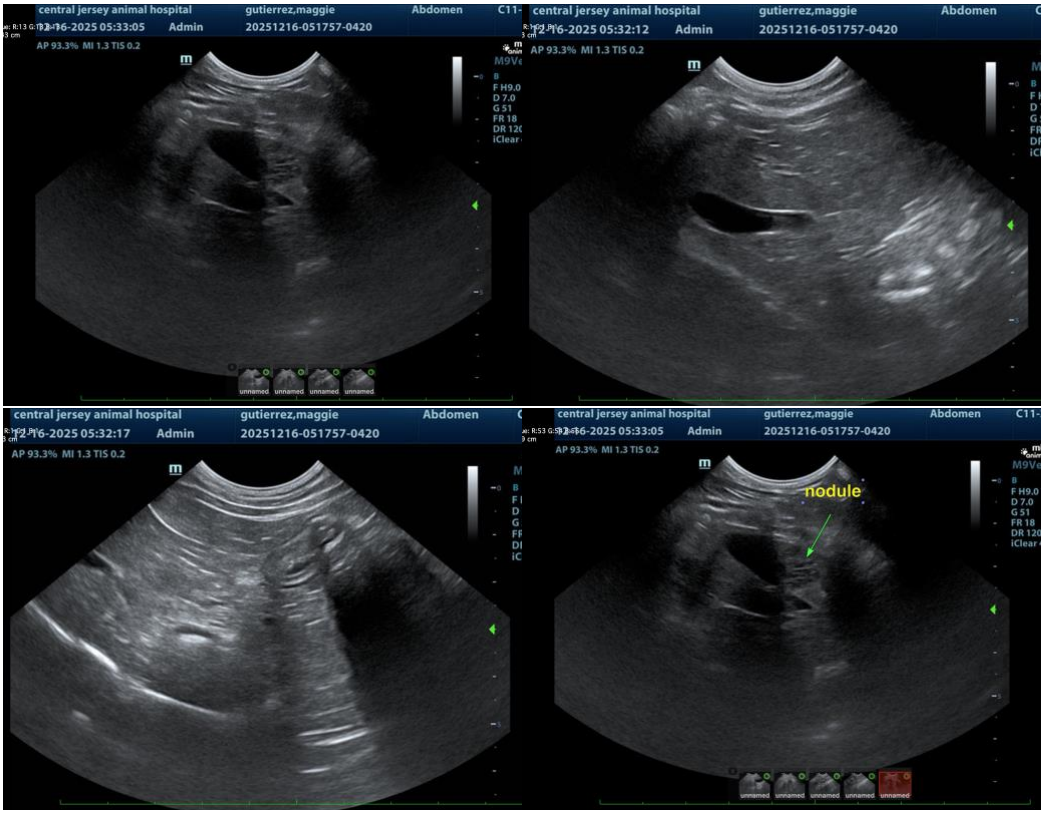
changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Ventral apical and dorsal bladder wall thickening, strong concern for bladder carcinoma. Interstitial cystitis is also possible.
- Moderate degenerative renal changes with calculi and slight pyelectasia.
- Heterogenous microcystic nodular changes in the liver.
- Age-related GI tract and pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend surgical exploratory with potential resection of the bladder, approximately 70% of the ventral wall, and 30% of the dorsal wall, as well as the apex, would necessitate removal. Cannot rule out potential urethral metastasis. Urine culture and bladder wall biopsy are indicated.



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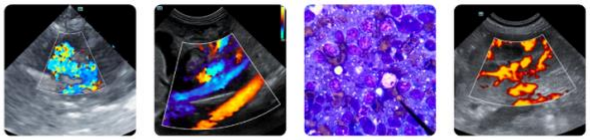

Clinical Sonography & Telecytology
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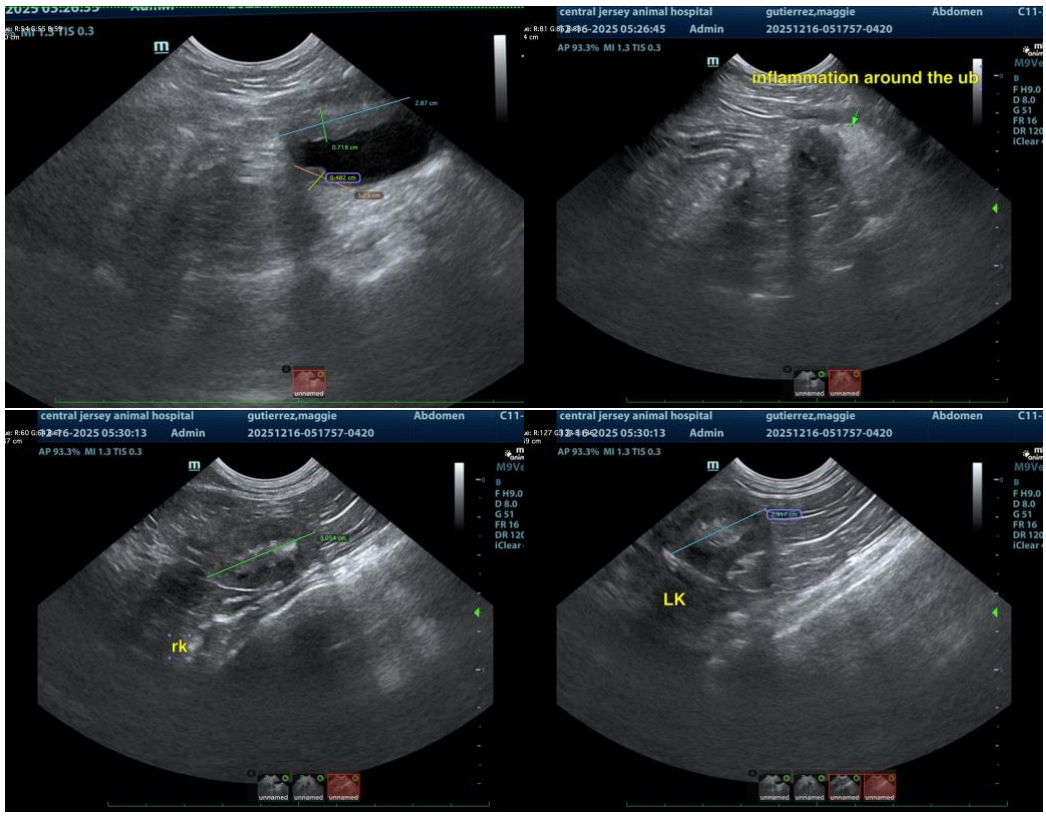

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com