



**PATIENT PRESENTING CLINICAL SIGNS**

Scotch Hoh Showing signs of CKD, hematuria. Hx of Hyperthyroidism. Current meds: Methimazole.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

The **urinary bladder** revealed a 2.0 cm x 1.0 cm mass. The mass occupied the bladder lumen and entered into the cystourethral junction and proximal urethra. A minimal amount of urine was present in the lumen. The mass is not resectable.

**BREED**

DSH

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 4.42 cm. The right kidney measured 4.6 cm. Both kidneys presented mild pyelectasia. Mild pericapsular renal inflammation noted.

**SEX**

Neutered Male

**AGE**

17 Years

**Adrenal Glands**

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

**WEIGHT**

13.94 Pounds

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 0.92 cm. 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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Gallbladder calculi were noted.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Dr. T's Vet Care

**Gastrointestinal**

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

**REFERRING VET**

Dr. Turk

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**INVOICE**

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**ULTRASONOGRAPHIC FINDINGS**

**DATE**

12/22/21

- Biliary calculi – non-obstructive at the time of the sonogram.
- Extensive bladder mass – non-resectable, suspect transitional cell carcinoma
- Moderate degenerative renal changes with mild nephritis pattern



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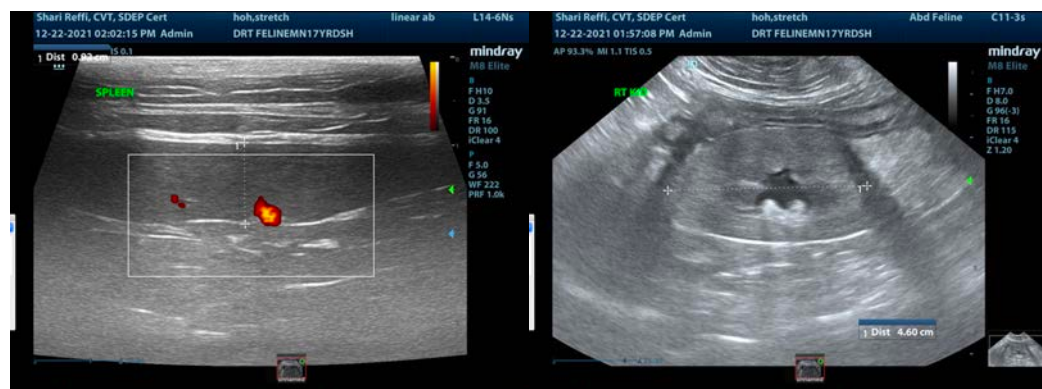
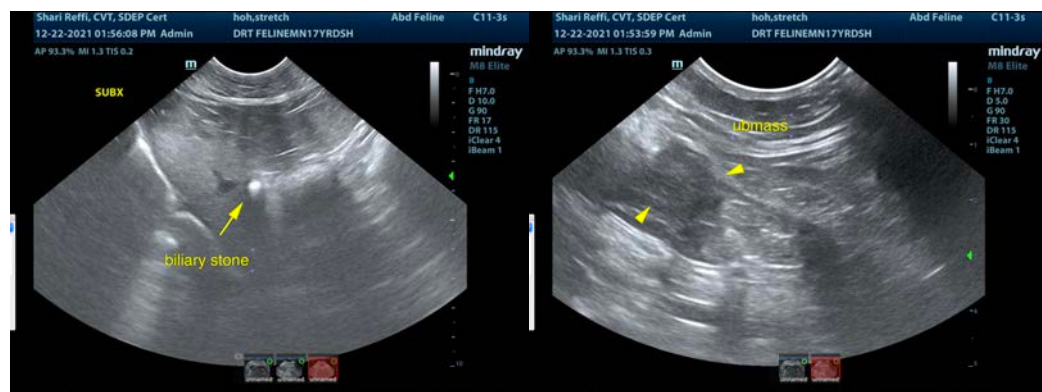
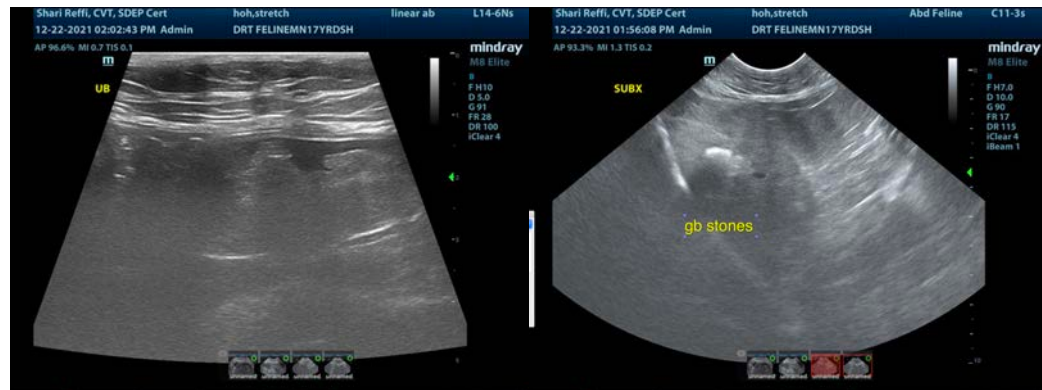
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided traumatic catheterization could be considered for further definition and to confirm suspicion of carcinoma. Referral for oncological and interventional stent placement recommended in this patient.



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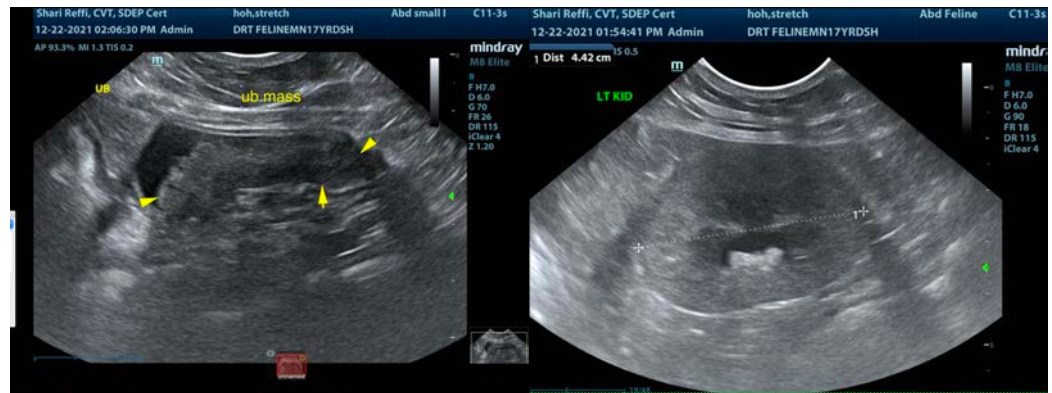
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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