



**PATIENT**

Tessa Zych

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

5.5 Years

**WEIGHT**

22 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Lake Hopatcong AH

**REFERRING VET**

Dr. Batta

**INVOICE**

33698

**DATE**

12/23/21

**PRESENTING CLINICAL SIGNS**

repeated blood in urine  
Abnormal PE/Chem/CBC/UA Results: USPG 1.051; Turbid urine, color red, WBC 0-2, RBCs > 100  
Lateral radiograph: Unremarkable.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented sand and apical ventral wall thickening and irregularity. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** presented an interstitial nephrosis pattern with pinpoint mineralizations. The left kidney measured 4.16 cm. The right kidney measured 4.03 cm. Mild pericapsular inflammatory pattern noted around the left kidney. The patient may have passed calculi recently.

**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. The left adrenal gland measured 0.3 cm.

**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**

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.



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**ULTRASONOGRAPHIC FINDINGS**

- Bladder sand with interstitial cystitis pattern
- Concurrent nephritis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Minimal acoustic shadowing is present. Therefore, dissolution therapy may be effective. However, direct cystotomy and bladder wall biopsy is warranted for long-term management. However, just prior to surgery, rapid sonogram should be performed to ensure the calculi are persistently present and have not resolved or been liberated.

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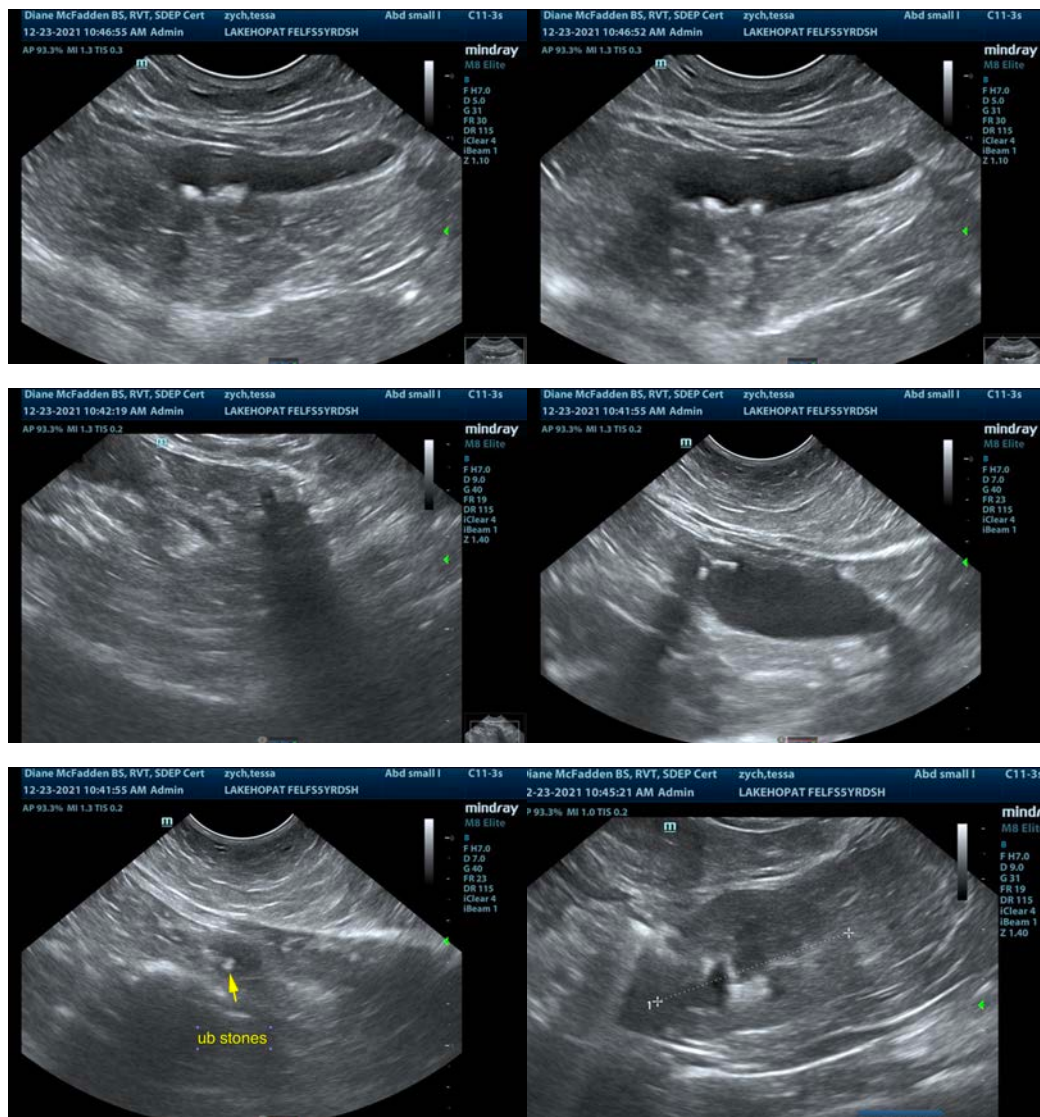
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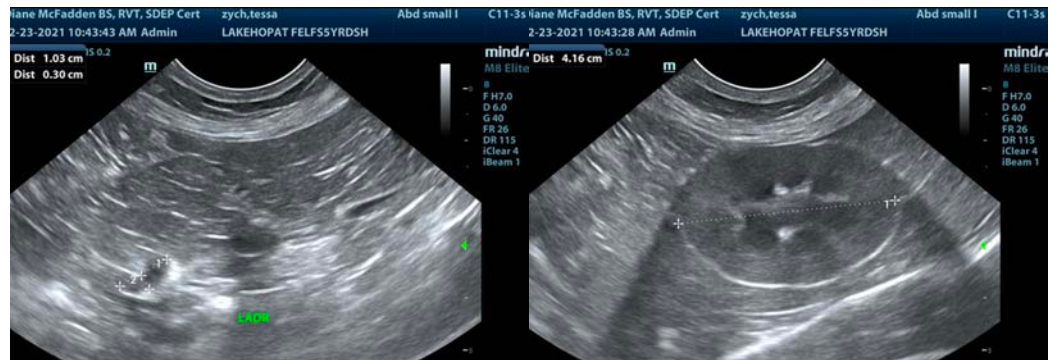
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)