



## PATIENT

Boom Boom Lewczyk

## SPECIES

Feline

## BREED

Siberian

## SEX

Intact Male

## AGE

1 Year

## WEIGHT

9

## INTERPRETED BY

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

## IMAGING PERFORMED BY

JK

## HOSPITAL NAME

Hamburg Veterinary  
Clinic

## REFERRING VET

Dr. Branning

## INVOICE

72359

## DATE

12/5/25

## PRESENTING CLINICAL SIGNS

Urinary accident around house, no improvement with antibiotics  
Abnormal PE/Chem/CBC/UA Results: Urine 2+ protein and ammonium phosphate crystals

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** revealed dependent sand and debris, a grouping of which measured 1.0 cm. The bladder wall itself was unremarkable other than minor ventral apical wall thickening. Sand was also present in the urethra, extending for approximately 1.5 cm from 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.92 cm. The left kidney measured 3.58 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*

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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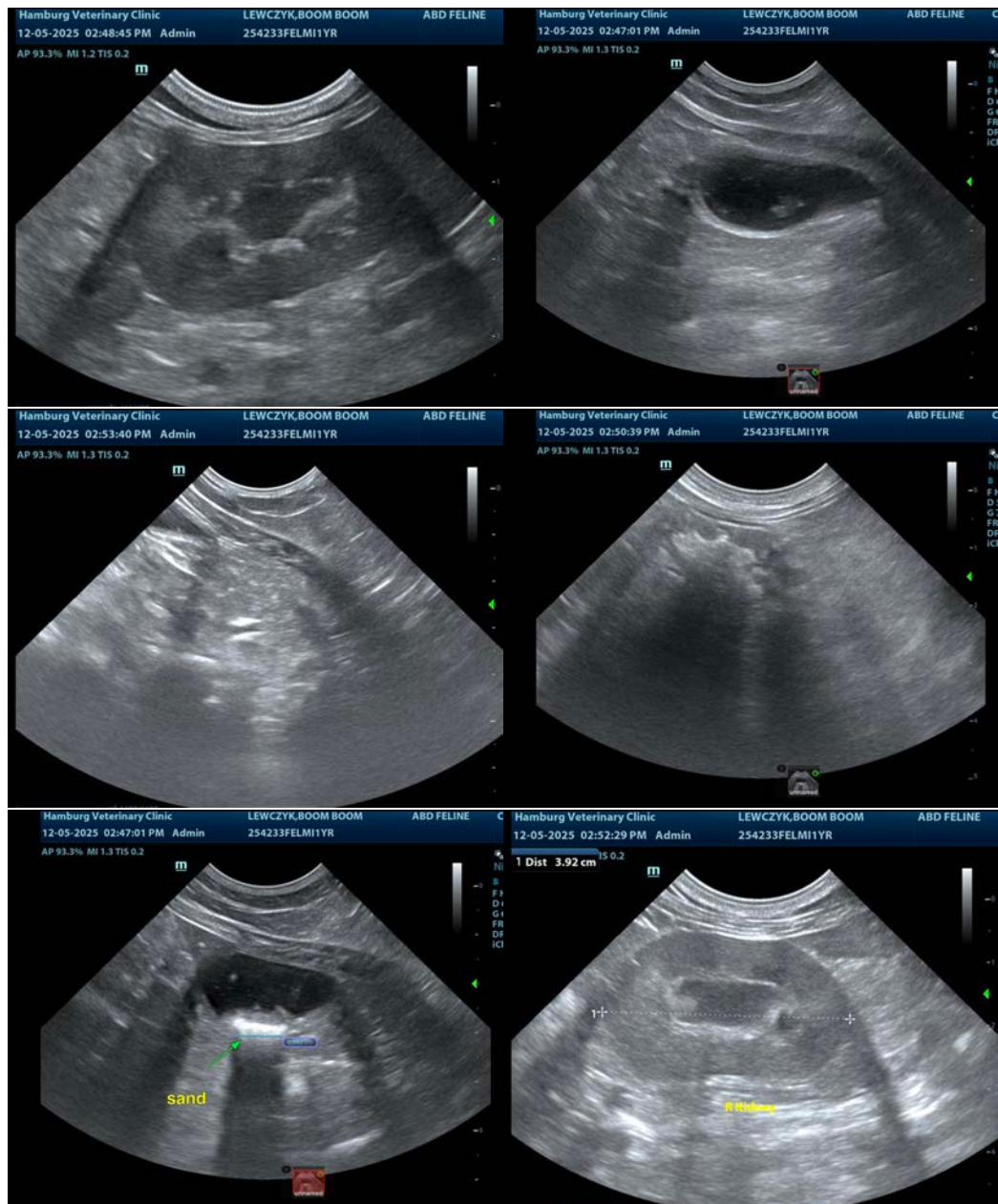
12/5/25

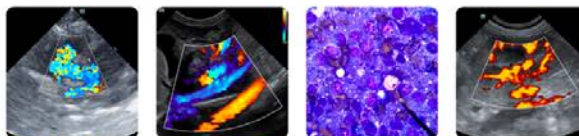
## ULTRASONOGRAPHIC FINDINGS

- Bladder and urethral sand – the patient is likely obstructing periodically.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy with normo- and retrograde flushing, sand analysis and culture all indicated. Recommend imaging the bladder just prior to surgery to ensure the sand is persistently present.





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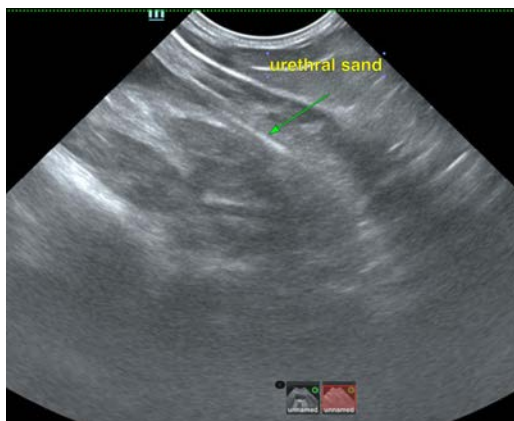
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)