

PATIENT PRESENTING CLINICAL SIGNS

Cali Waite Urinating blood since 2/1/22. Has been on Convenia, Gabapentin and Buprenorphine. Abnormal PE/Chem/CBC/UA Results: .Rads- Distended urinary bladder with no radiopaque calculi. 2. Cholelithiasis. 3. Subjectively small kidneys. 4. Equivocal interstitial nodule and probable pulmonary osteoma. Metastatic neoplasia is a differential. 5. Degenerative disc disease L7-S1. 6. Subcutaneous lipomata, ventral abdomen.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The **urinary bladder** revealed a large amount of suspended debris. Apical wall thickening noted (2.7 cm x 1.5 cm), occupying the cranial half of the bladder. The urethra was unremarkable.

SEX

Spayed Female

The **right kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. A cortical infarct was noted at the cranial pole of the right kidney with slight pinpoint mineralization. The right kidney measured 4.05 cm.

AGE

14 Years

The **left kidney** was subnormal in size at 2.42 cm with cortical infarcts and minor areas of cortical collapse.

WEIGHT

4.4 kg

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 0.35 cm.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Stoney Creek

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. Multifocal lobar biliary calculi noted as well as a 1.0 cm gallbladder calculus, non-obstructive at the time of the sonogram.

REFERRING VET

Dr. Mellish

Gastrointestinal

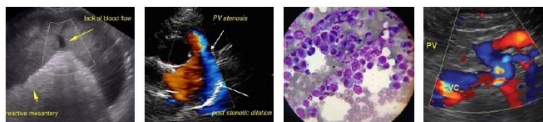
INVOICE

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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.

DATE

2/4/22



PATIENT *Pancreas*

Cali Waite 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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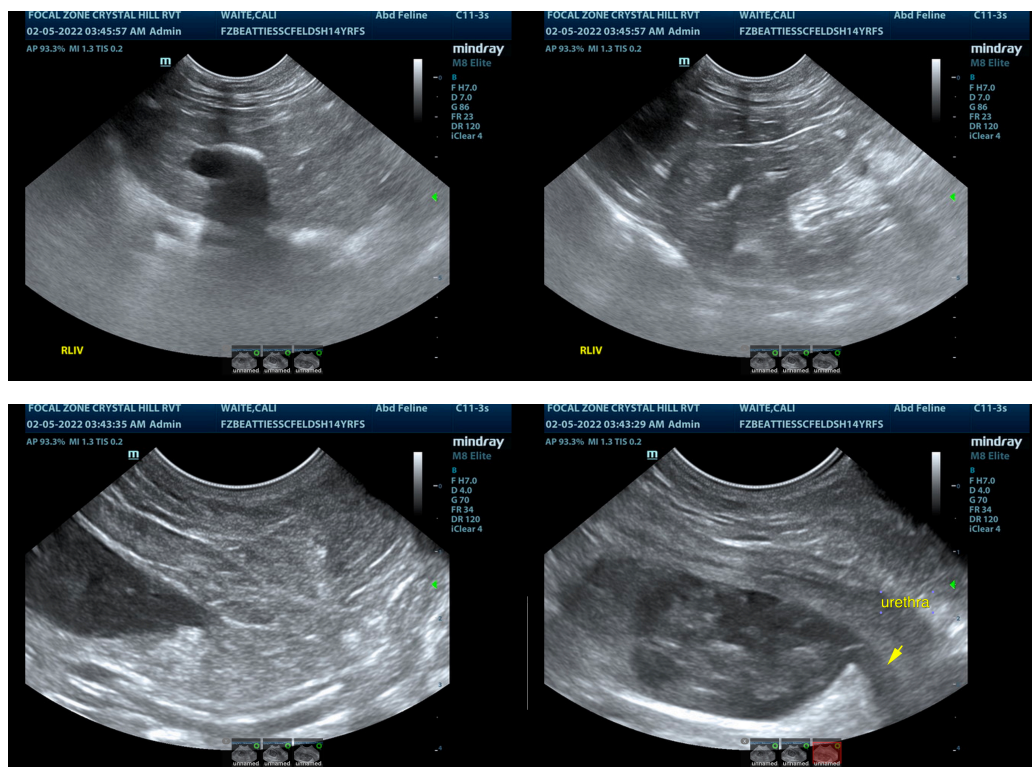
2/4/22

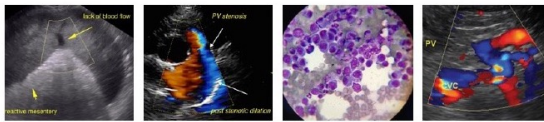
ULTRASONOGRAPHIC FINDINGS

- Apical wall thickening with bladder debris and suspended sand – Differentials include chronic cystitis or possible transitional cell carcinoma.
- Moderate degenerative renal changes
- Biliary calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The apical wall thickening appears resectable. Removal of the cranial third of the urinary bladder as well as bladder lavage indicated. Bladder wall biopsy, culture and sensitivity indicated. No evidence of metastatic disease. Ursodiol therapy could be considered to attempt to dissolve the biliary calculi. However, this is highly variable in effectiveness patient to patient.





PATIENT

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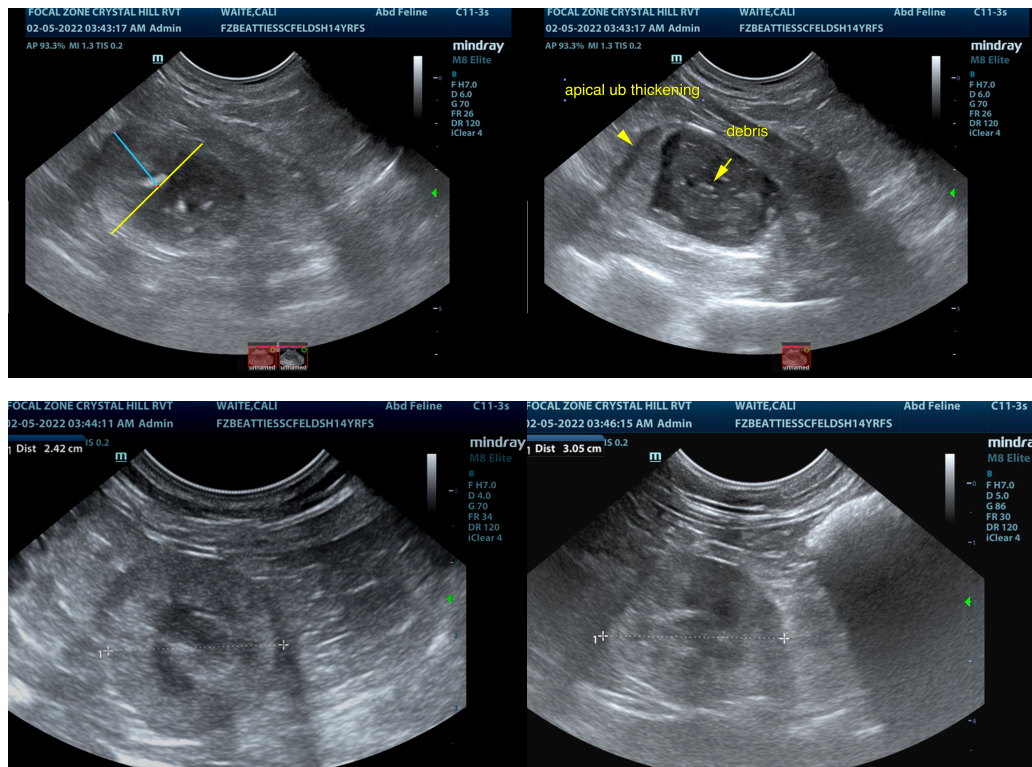
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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