



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Grayson Cunningham	Patient has been urinating outside the litterbox for 1 month. Patient has been on C/D diet.
<b>SPECIES</b>  Feline	Abnormal PE/Chem/CBC/UA Results: 1/5/22 - Radiographs revealed a thickened bladder. 1/11/22 - U/A: PRO 100 , GLU 100 , KET 15 , BLD 250 , WBC 9/HPF , RBC >50/HPF , Rods Present , Squamous <1 , Non-squamous 1-2 , CaOx 1-5 , Struvite <1. CBC/CHEM/SDMA/TT4: GLU 283 - suspect stress. 2/9/22 - U/S: Bladder appears thickened, however bladder is too small to obtain a sample
<b>BREED</b>  Domestic Shorthair	
<b>SEX</b>  Neutered male	
<b>AGE</b>  6 years	
<b>WEIGHT</b>  15.6 lbs	
<b>INTERPRETED BY</b>  Eric Lindquist, DMV DABVP, Cert. IVUSS	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>  <i>Urinary System</i>  The <b>urinary bladder</b> , trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.
<b>IMAGING PERFORMED BY</b>  Dr. Mack	The <b>kidneys</b> 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 left and right kidney measured 3.0 cm.  <i>Adrenal Glands</i>  Both <b>adrenal glands</b> 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.
<b>HOSPITAL NAME</b>  Northside VC	<i>Spleen</i>  The <b>spleen</b> 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 was noted.
<b>REFERRING VET</b>  Dr. Mack	
<b>INVOICE</b>  95962	<i>Liver</i>  The <b>liver</b> 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
<b>DATE</b>  2/9/22	



<b>PATIENT</b>	lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.
Grayson Cunningham	
<b>SPECIES</b>	<b>Gastrointestinal</b>
Feline	Examination of the <b>gastrointestinal tract</b> 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.
<b>BREED</b>	
Domestic Shorthair	
<b>SEX</b>	<b>Pancreas</b>
Neutered male	The base and limbs of the <b>pancreas</b> 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.
<b>AGE</b>	
6 years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
15.6 lbs	Structurally unremarkable abdomen. Largely age related pancreatic changes.
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	Probable cystitis. The bladder may appear thickened, yet a minimal amount of urine was present. This is normal recoil. There was no evidence of structural disease.
<b>IMAGING PERFORMED BY</b>	<b>Canine Chronic UTI Protocol</b>
Dr. Mack	I recommend <b>Enrofloxacin</b> (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat <b>culture</b> at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. <i>Note: Negative culture does not necessarily mean lack of UTI.</i> Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiafur or similar s.i.d. injectable) or Clavamox. If suspicion of occult urinary incontinence is present then <b>phenylpropanolamine (PPA)</b> (1-2 mg/kg BID) can be employed long term to enhance urethral tone.
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<b>REFERRING VET</b>	
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<b>INVOICE</b>	
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<b>DATE</b>	
2/9/22	



**PATIENT**

Grayson Cunningham

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

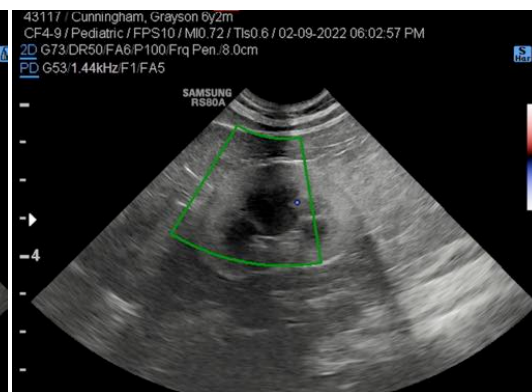
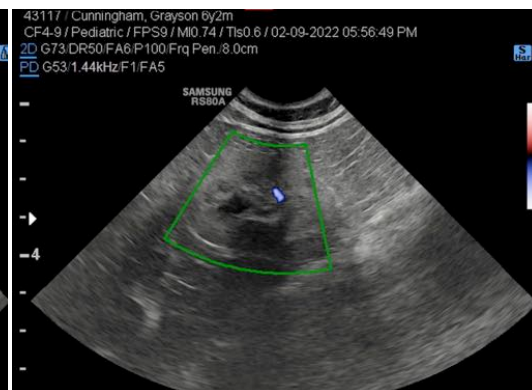
Neutered male

**AGE**

6 years

**WEIGHT**

15.6 lbs



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside VC



**REFERRING VET**

Dr. Mack

**INVOICE**

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**DATE**

2/9/22

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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