



PATIENT

Gandolf Welsh

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

22 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great
and Small Denville

REFERRING VET

Dr. Ashmore

INVOICE

96750

DATE

3/10/22

PRESENTING CLINICAL SIGNS

History: Urethral obstruction-continued reblocking-R/O Any internal issues before PU sx. Current meds: Baytril, Prednisolone, Prazosin, RC SO diet.
Abnormal PE/Chem/CBC/UA Results: Post renal azotemia, K+ (wnl), severe hematuria, few rods. No crystals and WBC wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and trigone presented normal thicknesses and normal tone. The deep pelvic urethra revealed a 0.4 cm wide x 0.8 cm long calculus as well as accumulation of bladder sand measuring 0.4cm. The pelvic urethra was mildly dilated owing to distal obstruction. The calculus was lodged in the deep pelvic urethra for approximately 4.5 cm distal from the cystourethral junction just prior to the pelvic flexure. The urethra and bladder appear structurally unremarkable. without evidence of mural disease.

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 right kidney measured 4.93 cm. The left kidney measured 4.55 cm.

Adrenal Glands

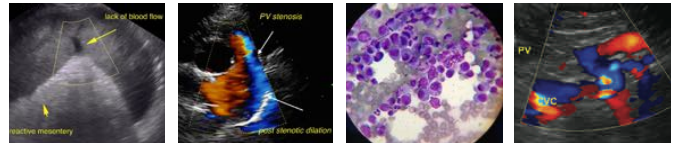
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

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 was 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.



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Gastrointestinal

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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.

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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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Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

5 years

Deep pelvic urethral stone, obstructive and measured 4.5 cm distal from the cystourethral junction.

Concurrent bladder sand.

Mild degenerative renal changes.

WEIGHT

22 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy and urethra catheterization as well as retropulsion of the calculus into the bladder is recommended as well as bladder lavage. Perineal urethrostomy may be necessary in this case depending on the ability to retropulse the urethra calculus. There was no evidence of hydronephrosis.

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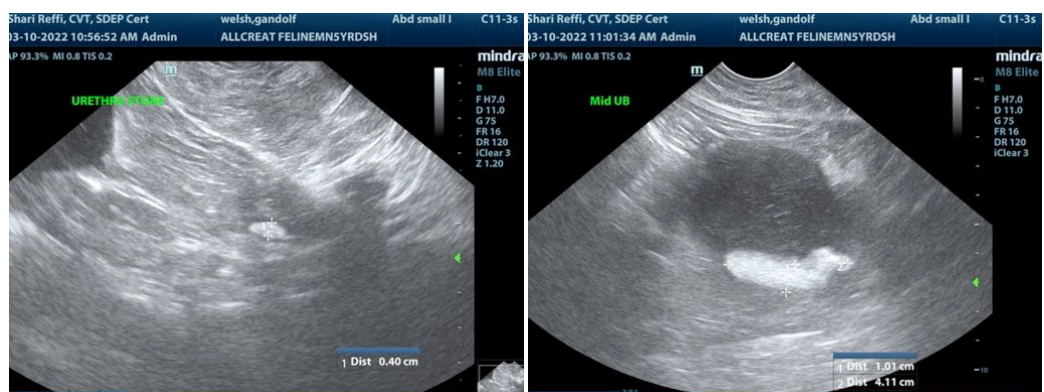
Dr. Ashmore

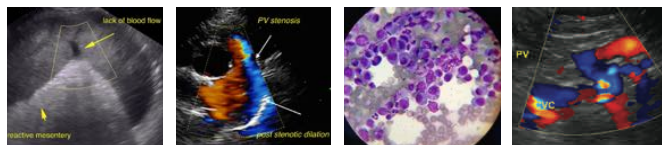
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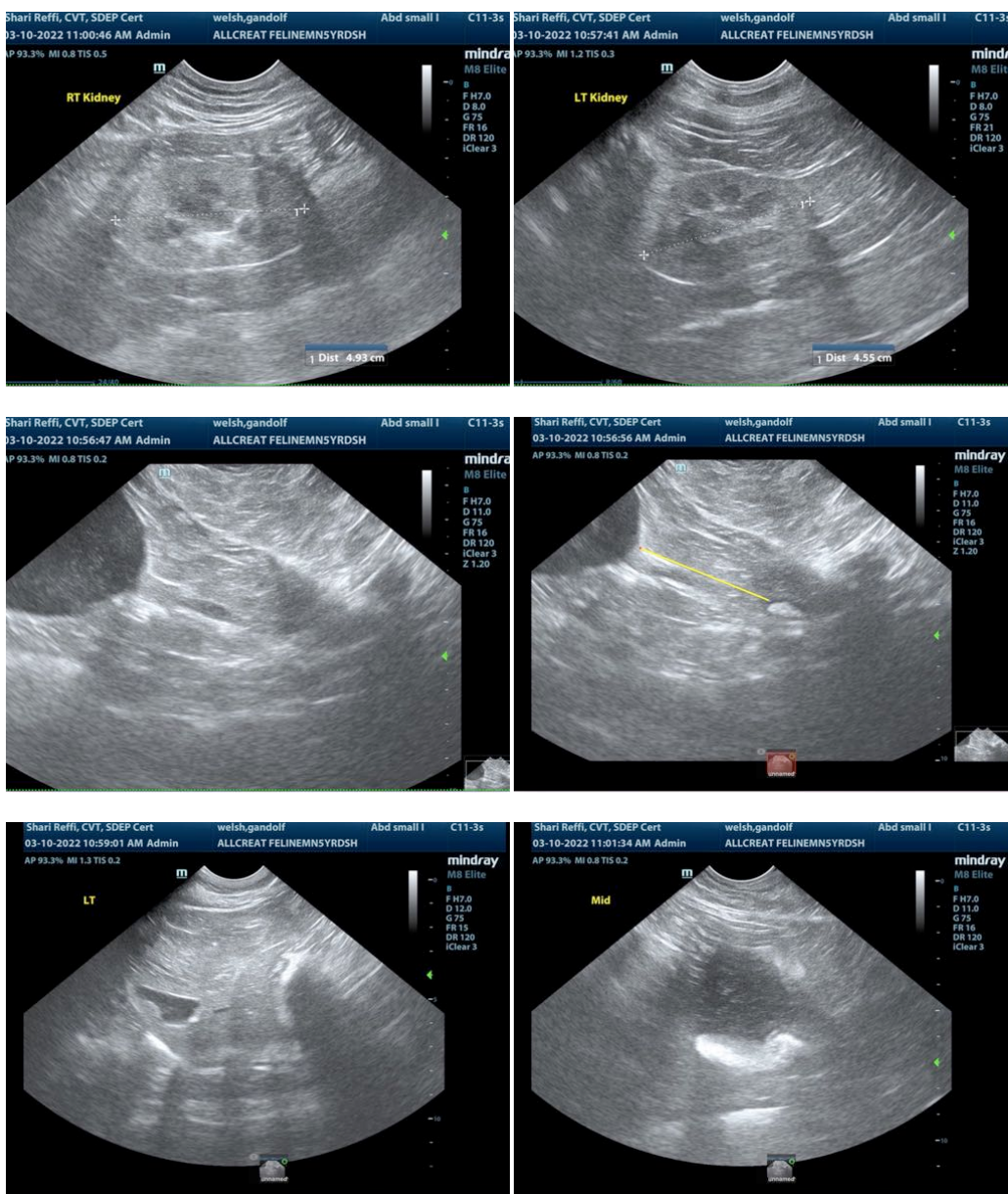
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Info@SonoPath.com