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Clinical Sonography & Telecytology
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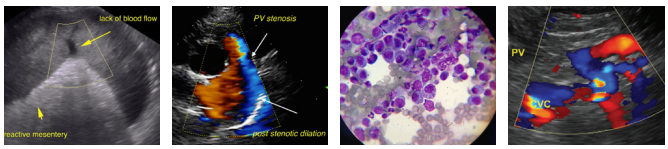

PATIENT

Jasper Dashkovitz

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

16 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bethany Coe

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Bethany Coe

INVOICE

36317

DATE

3/18/22

PRESENTING CLINICAL SIGNS

Presented initially 3/3/22 for a one-day history of lethargy and inappetence. Unusual behaviorally. No vomiting, appropriate urination habits, no straining for BM/U. Indoor-only cat. "Licker" intermittently - history of miliary dermatitis. No medications. Diet - Purina Indoor Urinary Dry. Work-up on 3/3/22. Abnormal PE/Chem/CBC/UA Results: PE: Obese BCS8/9. Heavy tartar maxillary molars with gingivitis. Miliary dermatitis entire trunk, barbered hair ventral abdomen. Temp 103.2F CBC: All WRI Chemistry: Stress hyperglycemia (mild). Low BUN/Crea/ALKP. Rest WRI TT4: WRI FELV/FIV: Negative Urinalysis: USG>1.050 2+protein, 3+Bilirubin. Bilirubin crystals presents, as well as RBC's sediment. Abdominal Radiographs: Subjectively enlarged liver with rounded margins. Gastric axis displaced caudally.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed suspended and dependent debris with approximately 2.0 cm of sand. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction, free of evident pathology.

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 left kidney measured 4.39 cm. The right kidney measured 4.73 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.

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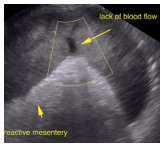

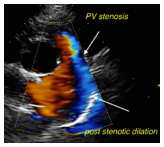

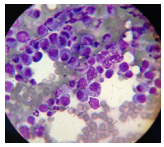
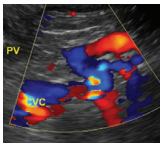

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Pancreas

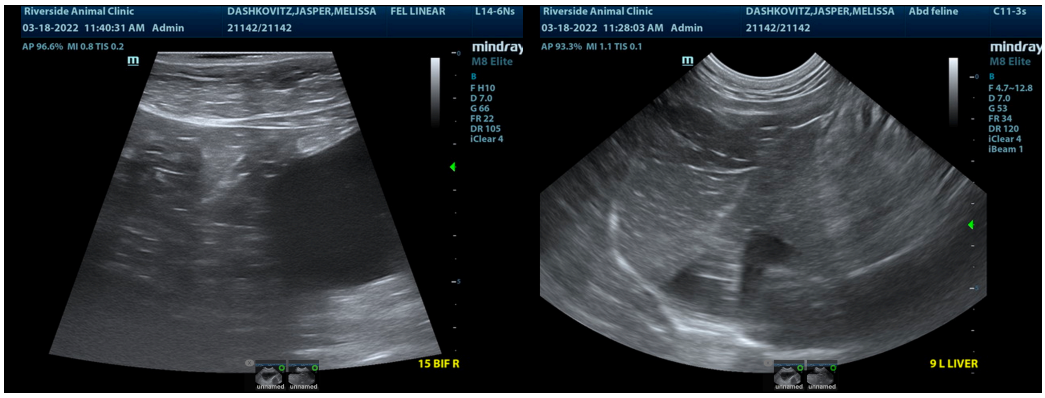
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

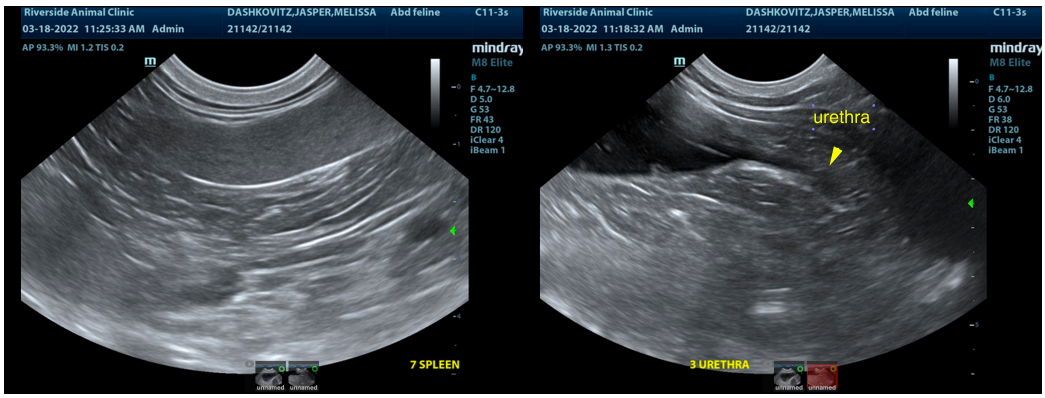
ULTRASONOGRAPHIC FINDINGS

- Bladder sand and debris, non-obstructive at the time of the sonogram – suspect UTI.
- Structurally unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup warranted. No evidence of significant pathology. The patient may be passing sand or obstructing periodically as cause of the clinical signs. Cystotomy could be considered with bladder sand analysis and culture, despite negative inflammatory sediment. Bilirubinuria may be artifactual in this patient. No other evidence of visceral disease. If cystotomy is to be performed, rapid sonogram recommended just prior to surgery to ensure the sand is still persistently present.





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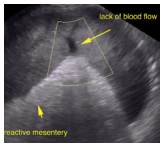

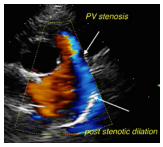

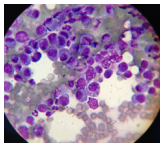
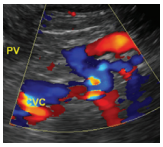

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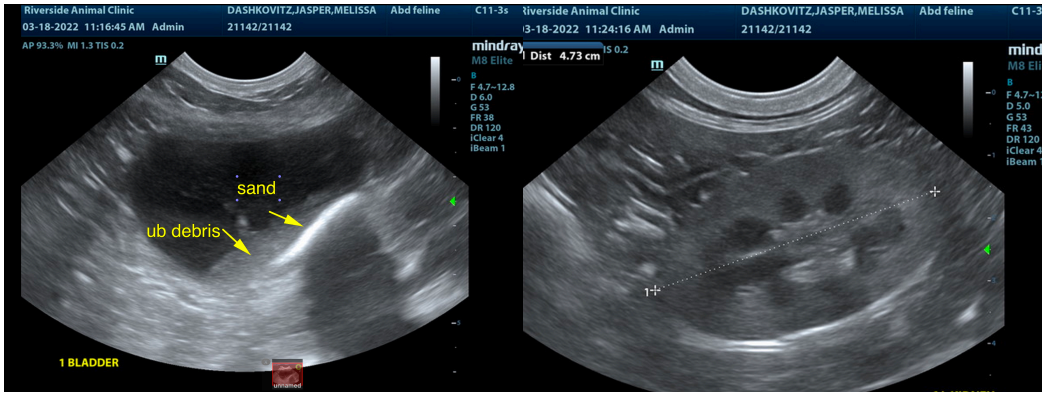

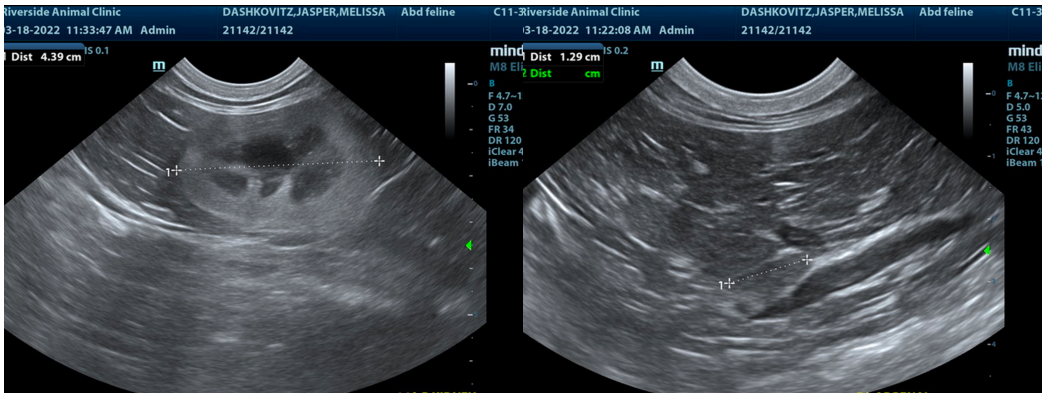

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com