

**DATE**

3/25/22

**PRESENTING CLINICAL SIGNS****PATIENT**

Persephone Griffin

History: 2019- vasovagal response to cystocentesis and hx of not doing well under anesthesia same time , UO with stones, renoliths and azotemia-- did not have surgery, was on diet for a while oct of 2021-- mild azotemia-- , hyperthyroid and had radiocat, at the time an US showed some triaditis and had some elevations in LE She was brought in to Homeward bound --decrease appetite and straining was blocked-- pass u.cath can see sand/calcification in bladder, but no overt stone and renoliths LE elevated ALT 403, ALKP 188, GGT 18 and bili 3.2-- not anemic BUN 67, Creat 2.1 lytes K is 6.0

**SPECIES**

Feline

Current Medications: Prazosin, Buprenorphine, Denamarin, Protonix, Cerenia, Mirtazapine, Vitamin B.  
 Lab Results: See attached.

**BREED**

Domestic Shorthair

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

1/16/08

**Urinary System**

The **urinary bladder** revealed a 3.0 cm ventral caudal mass, impinging upon and invading the cystourethral junction. Slight free fluid was noted around the urinary bladder, potential leakage or secondary inflammation suspected.

**WEIGHT**

10.3 lbs

The **left kidney** was subnormal in size and presented significant dystrophic changes, measuring 2.39 cm. Calculi were noted in the left kidney, measuring up to 0.48 cm. Chronic hydronephrosis noted in the left kidney.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **right kidney** revealed chronic interstitial nephrosis pattern with irregular contour and cortical medullary calculi. Pyelectasia was present in the right kidney, measuring 0.56 cm. Multiple nephroliths noted in the right kidney, partially obstructive. The right kidney measured 4.53 cm.

**Adrenal Glands**The regions of the **adrenal glands** revealed no evident pathology.**HOSPITAL NAME**Animal Emergency  
Hospital**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.

**REFERRING VET**

Dr. King

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**INVOICE**

14526

## 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

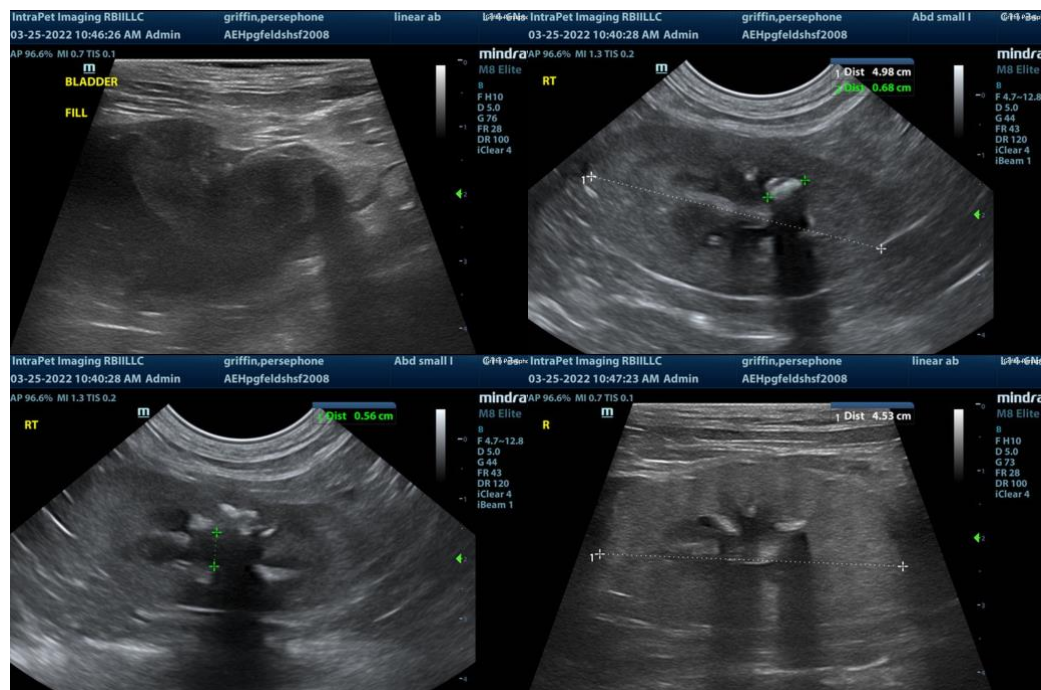
The **pancreas** revealed undulating contour and coarse architecture. Dilated duct noted at 0.69 cm.

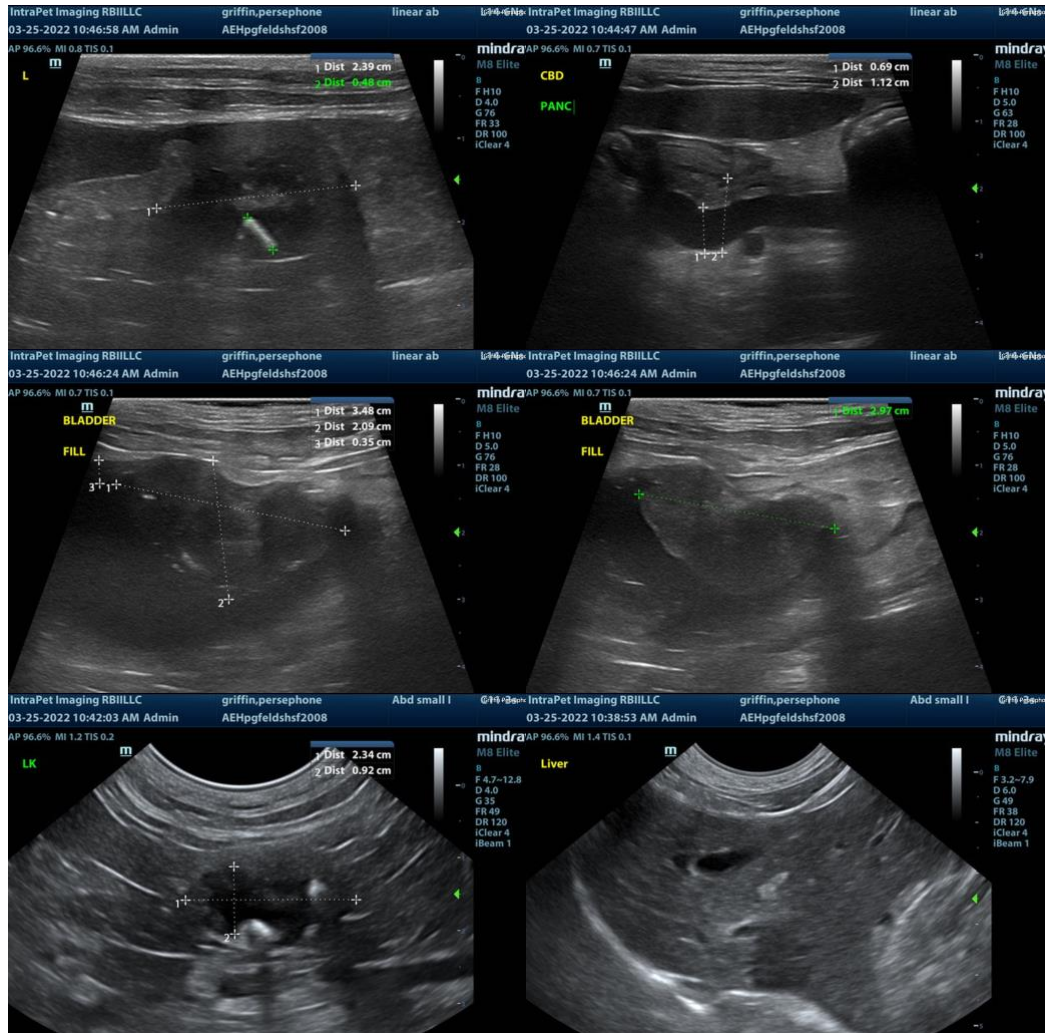
## ULTRASONOGRAPHIC FINDINGS

- Dystrophic chronic hydronephrosis of the left kidney. Moderate degenerative right renal changes with nephrolithiasis.
- Non-resectable ladder mass, likely transitional cell carcinoma
- Chronic pancreatic changes
- Age-related hepatic changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned for long term viability of the kidneys in this patient. Urethral stent placement could be considered to bypass the urinary bladder to ensure the cystourethral junction/urethral patency. However, renal function is concerning long term. Prognosis is guarded to poor.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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