



PATIENT

Shadow Lader

PRESENTING CLINICAL SIGNS

History: chronic UTI signs; vomited 3 times today.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented concentric wall thickening and polypoid changes. There was a minimal amount of urine present at the time of the sonogram. The bladder wall measured up to 0.6 cm.

BREED

Domestic Shorthair

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 left kidney measured 3.48 cm with trace pyelectasia and slight mineralization. The right kidney measured 3.73 cm.

SEX

Spayed Female

AGE

8 years

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.34 cm.

WEIGHT

11.9 lbs

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 was noted.

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Newton VH

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

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



PATIENT

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Shadow Lader

SPECIES

Pancreas

Feline

Heterogenous pancreatic changes were noted in the right base and enveloped the upper duodenum.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

Chronic interstitial nephrosis renal pattern with dystrophic changes. Kidneys appear near end stage, subjectively.

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

8 years

The renal values should be monitored carefully. Some prerenal disease may be present owing to the pancreatic presentation. Interstitial cystitis is likely the cause of the bladder presentation; however, bladder lymphoma cannot be completely ruled out. Urine culture and sensitivity, 4-6 week antibiotic therapy, renal oriented diet, BUN and creatinine, urine specific gravity, inflammatory sediment and blood pressure measurements should all be monitored carefully in this patient. The prognosis long term is guarded.

WEIGHT

11.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

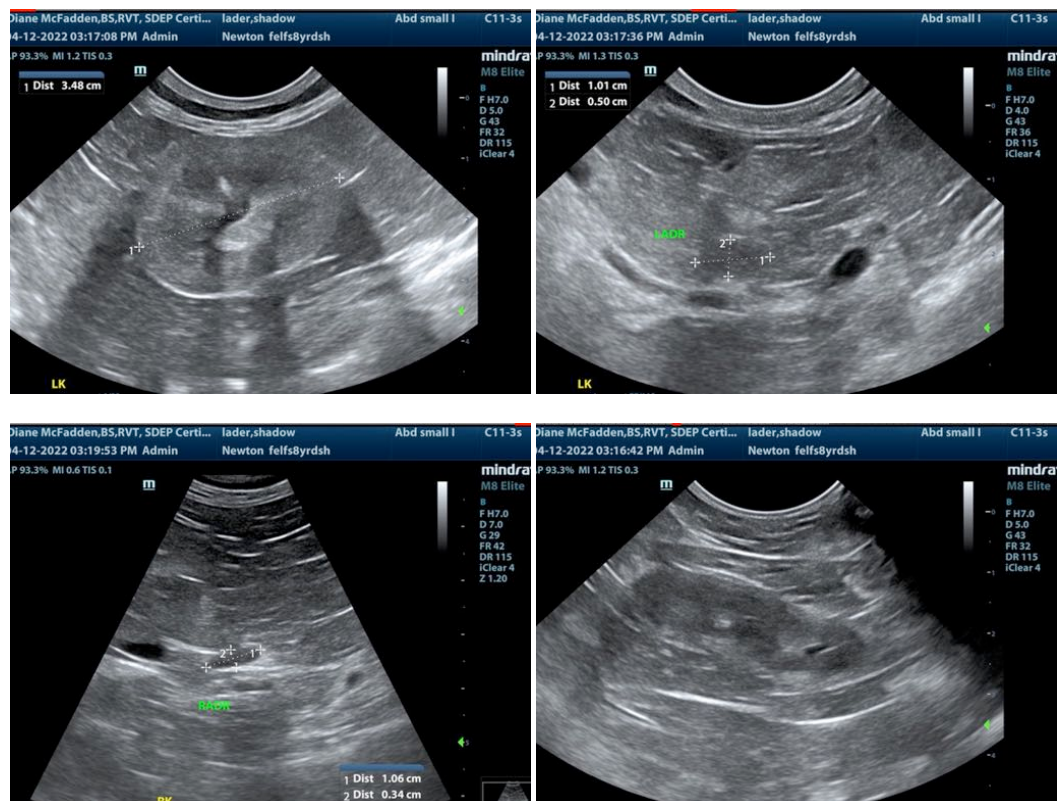
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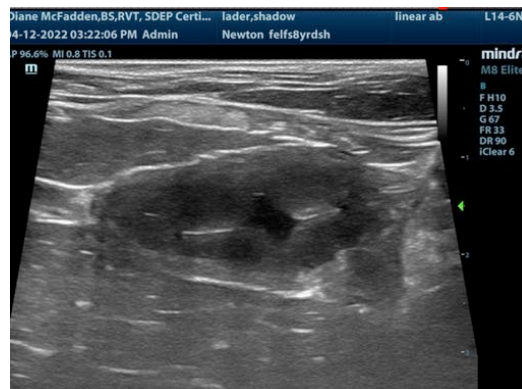
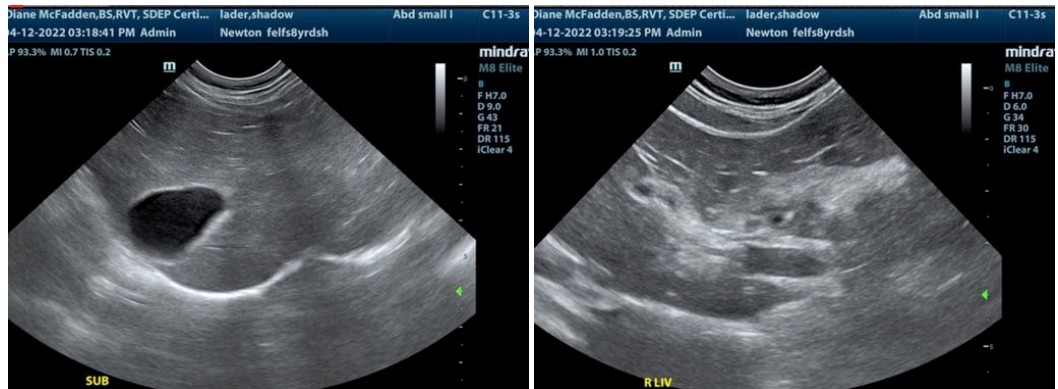
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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