



**PATIENT**

Bella Curtin

**PRESENTING CLINICAL SIGNS**

Vomiting.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a 0.9 cm calculus. A minimal amount of urine was present at the time of the sonogram. There was minor concentric thickening of the bladder. This is consistent with chronic cystitis. Small granular sand was noted in the pelvic urethra.

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

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 4.22 cm.

**AGE**

5 years

**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. The right adrenal gland measured 0.45 cm. The left adrenal gland measured 0.6 cm.

**WEIGHT**

N/A

**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**

North Warren AH

**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.

**INVOICE**

Dr. Corrado

**DATE**

4/19/22

**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. The mesenteric root revealed slight lymph node enlargement at 0.4 cm with reactive mesentery.



**PATIENT**

**Pancreas**

Bella Curtin

The **pancreas** revealed minor, irregular contour to the right limb.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

Chronic cystitis bladder pattern. Calculus and sand.

**BREED**

Domestic Shorthair

Lymphadenitis presentation.

Minor pancreatitis.

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cystotomy, stone analysis and culture are recommended as well as bladder wall biopsy to assess inflammatory cell type.

**AGE**

5 years

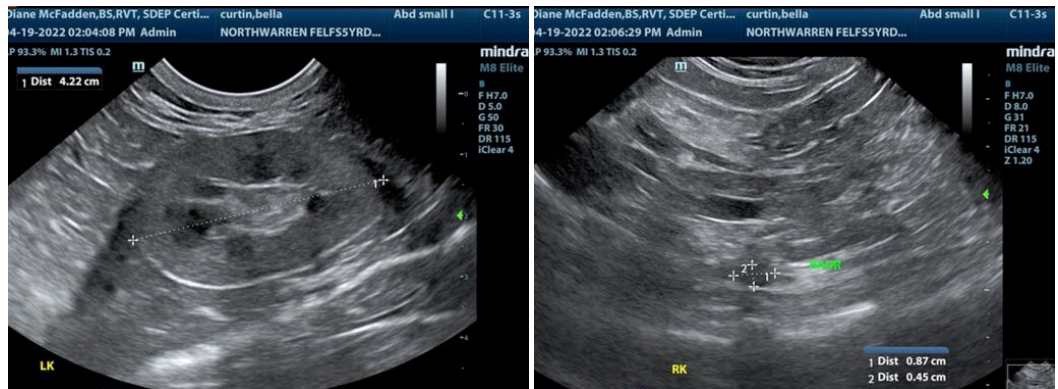
Stabilization of the pancreas and GI upset is recommended followed by cystotomy, stone analysis, culture and bladder wall biopsy.

**WEIGHT**

N/A

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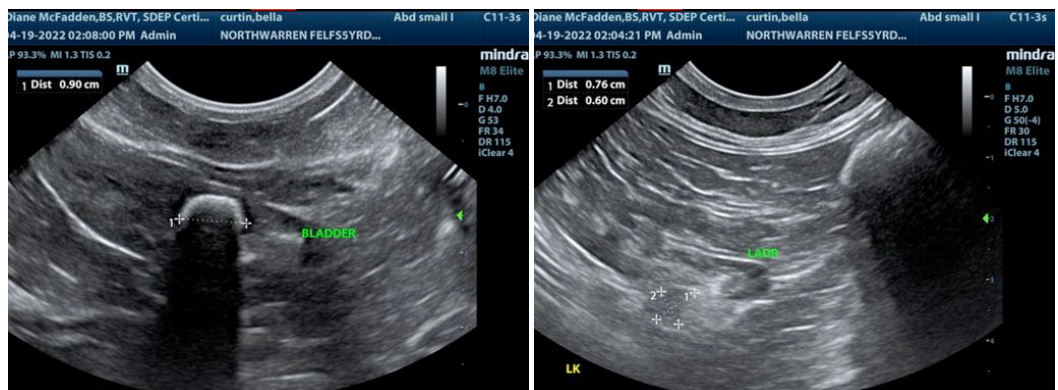


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**PATIENT**

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**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

5 years

**WEIGHT**

N/A

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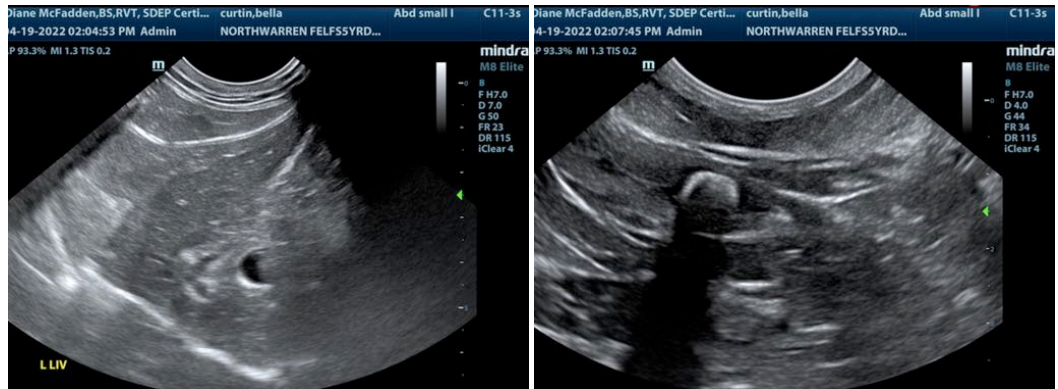
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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