



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Simon Falls
SPECIES Feline
History: Chronic history of vomiting, depomedrol injection helped reduce the frequency; off and on urinary issues with inappropriate urination
Abnormal PE/Chem/CBC/UA Results: unknown results- got today; last year bloodwork (4/2022) glucose 218, calcium 11.9; bladder bright on radiograph, megaesophagus, suspect kidney stone, one kidney looked larger on x-ray.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair

Urinary System

SEX

Neutered male

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. There was a minor amount of sand/adhered debris noted in the bladder. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

AGE

12 years

WEIGHT

9.7 lbs

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Blood flow appeared to be adequate on power Doppler assessment. Slight mineralization and pyelectasia was noted in both kidneys. The left kidney measured 3.5 cm. The right kidney revealed a minor hydroureter.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

IMAGING PERFORMED BY

Ashley Whitesell

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.

HOSPITAL NAME

Dickson AC

Spleen

REFERRING VET

Dr. Levine

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.

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Liver

DATE

4/3/23

The **liver** was diffusely hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable.



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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 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 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.

Free Abdomen

A large amount of falciform fat was noted.

ULTRASONOGRAPHIC FINDINGS

Hepatic lipidosis pattern.

Slight renal pyelectasia and mineralization.

Bladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Depo Medrol may be suppressing a more significant presentation. However, all in all the abdomen appears fairly benign with mild lipidosis pattern. If ALKP elevations occur then FNA is indicated. Structurally the GI tract appears unremarkable. Dietary intolerance and occult parasitism are the primary concerns.





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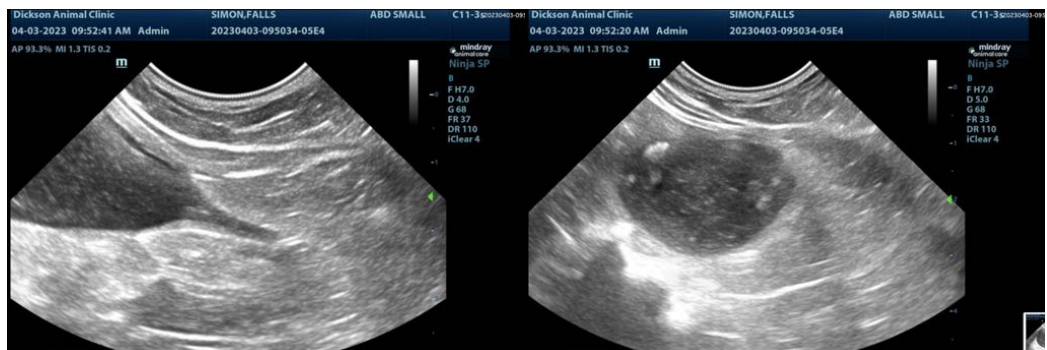
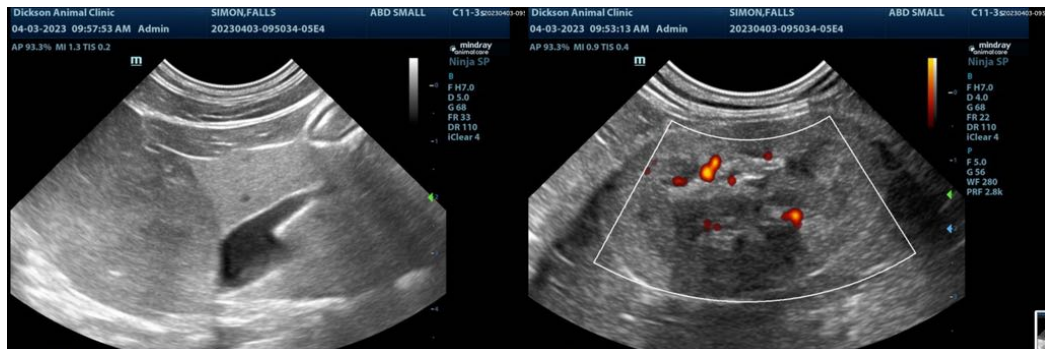
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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