



**PATIENT**

Joe Anderson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

16 Years

**WEIGHT**

10.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Rosenberg

**HOSPITAL NAME**

London Cat Clinic

**REFERRING VET**

Dr. Sharon Rosenberg

**INVOICE**

22439

**DATE**

5/10/23

**PRESENTING CLINICAL SIGNS**

History: Joe in Jan/23 for routine annual and follow up on early kidney disease from year before. No further weight loss and clinically doing well, just mildly thin ongoing. Progression to early Stage 3 from mid stage 2 the year before. Hypertension dx and currently controlled with normal dose of amlodipine (re Conn's d) Routine ultrasound of bladder screen done to get urine but found unusual opacity in the cranioventral aspect (non-dependent) separate from bladder wall, although maybe attached at one end, with no twinkle or blood flow seen. Second area of possible thickened bladder wall/irregularity seen L craniodorsal (dependent) with no shadowing/twinkle or blood flow. Some irregularity to bladder wall seen central cranial bladder. \*\* photos attached as report - only used curvilinear then. Didn't do cysto. Voided urine still pending. Recheck bladder today (3 1/2 months) including kidneys and adrenals. No progression on bloodwork but tiny drop in K to lower end of N (re Conn's) Masses very similar in size but more well defined but suspect due to using linear. First area may be a tad larger (?), second a tad smaller (?). What are they and are they a concern?? Questionable medial iliac In seen?? Right adrenal larger than L and at upper end of normal (or a bit large?) No aldosterone run yet. Also noted bony protuberance mid sternum with a soft fatty feel covering - rad shows some sternal change at joint space without lysis or fuzzy ends in the area palpated, a slight break in the body wall and soft tissue density overlying. Wonder if congenital, no hx of trauma. Plan to re-examine/re-xray. (don't have digital to send for analysis).

**LIMITED ULTRASONOGRAPHIC EXAMINATION**

The **urinary bladder** revealed a very small (0.18 cm) concretion (nonobstructive). The ventral bladder wall revealed a slight focal polyp (or less likely mural cyst), measuring 0.8 cm x 0.25 cm at the ventral apical wall.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 3.03 cm. Mild pyelectasia in the left kidney measured 0.26 cm. The right kidney measured 3.3 cm. Trace pyelectasia was noted in the right kidney.

**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 0.48 cm. The left adrenal gland measured 0.3 cm.

**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder polyp or possible mural cyst (less likely) and minor concretion (nonobstructive)
- Minor renal pyelectasia and mild to moderate degenerative renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assessment for any evidence of UTI is recommended. The patient may have passed the small concretion yet the concretion is nonshadowing and likely will dissolve. No evidence of overt surgical disease. Urine culture and blood pressures are warranted. No specific treatment other than monitoring urinary signs and urine character.



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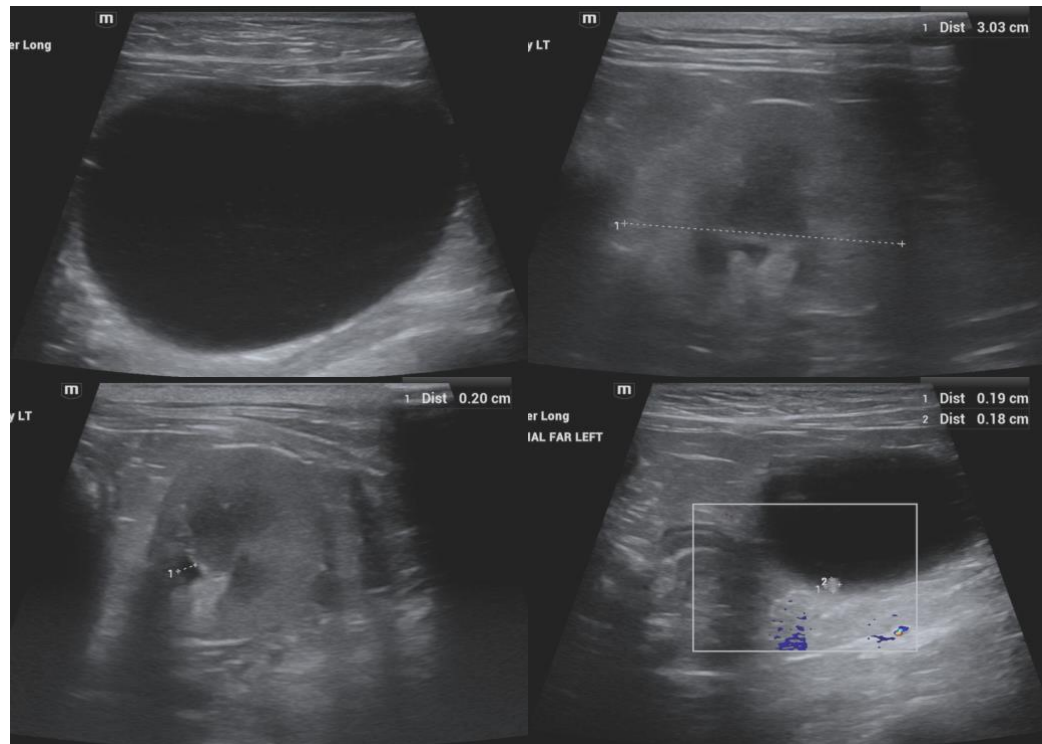
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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