



PATIENT

Jiang Jiang Hu

SPECIES

Feline

BREED

Persian

SEX

Neutered Male

AGE

5 Years

WEIGHT

10.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

37719

DATE

5/18/22

PRESENTING CLINICAL SIGNS

THE PET HAS A HISTORY OF URINARY BLOCKAGE -HARD BLADDER, SQUIZING THE BLADDER PRODUCES URINE

Abnormal PE/Chem/CBC/UA Results: BLOOD WORK - WNL, NO AZOTEMIA UA- STRUVITE CRYSTALS, NORMAL PH RADIOGRAPHS - NO BLADDER STONES

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a large amount of sand and suspended debris. Edematous wall noted measuring up to 4.0 mm. The sand accumulation measured up to 2.0 cm. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. No evidence of sand present in the urethra at the time of the sonogram.

The **kidneys** were mildly swollen with pelvic mineralization present. The kidneys measured 4.0 cm each. Mild increased cortical echogenicity noted. Interstitial nephrosis pattern. Minor pyelectasia noted in the left kidney.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

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.

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.



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ULTRASONOGRAPHIC FINDINGS

- Bladder sand, cystitis pattern
- Interstitial nephrosis with minor mineralization

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy with sand analysis and culture recommended with normo- and retrograde flushing. Bladder wall biopsy warranted to rule out underlying mural disease that may be playing a role.

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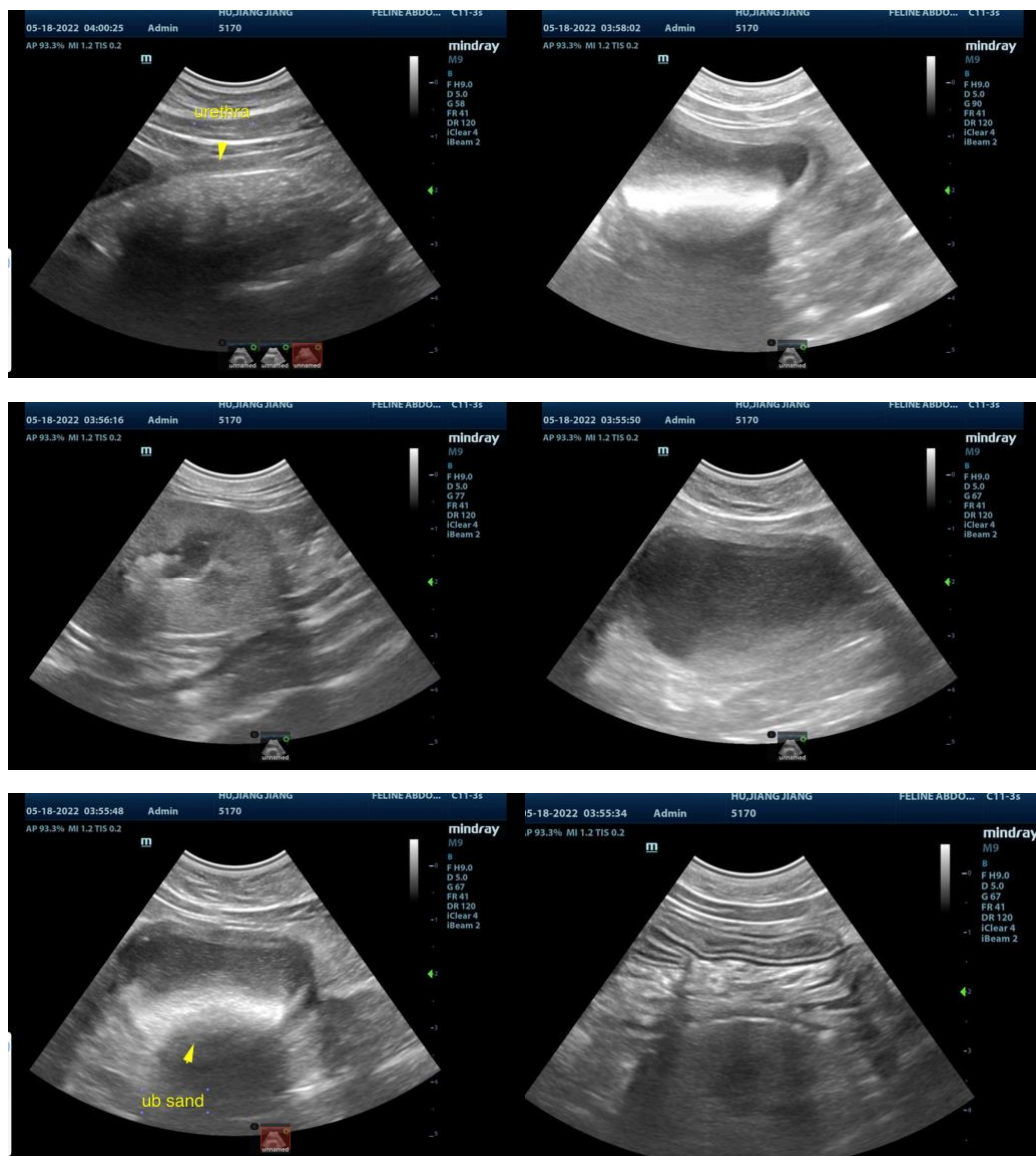
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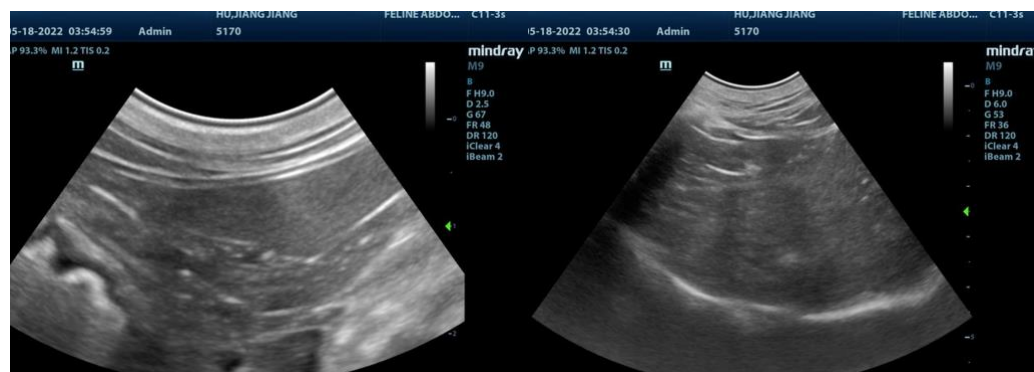
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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