



PATIENT

Darcy McCabe

PRESENTING CLINICAL SIGNS

hematuria, inappropriate elimination; hx of CKD. On clavamox 62.5mg bid
Abnormal PE/Chem/CBC/UA Results: protein 2+, RBCs 11-20, WBCs 2-3 per HPF; USPG 1.017.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The **urinary bladder** itself was unremarkable. The deep pelvic urethra presented a small amount of sand, approximately 3.0 cm distal from the cystourethral junction.

SEX

Neutered Male

The **kidneys** presented an interstitial nephrosis pattern with dystrophic changes, infarcts, and corticomedullary mineralization. The right kidney measured 3.34 cm. The left kidney measured 3.2 cm.

Adrenal Glands

AGE

17 Years

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 left adrenal gland measured 0.46 cm. The right adrenal gland measured 0.39 cm.

Spleen

WEIGHT

8 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV

Liver

DABVP, Cert. IVUSS

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. The left lateral liver revealed a hypoechoic nodule measuring 0.97 cm x 0.64 cm. A left cranial nodule measured 1.6 cm x 1.1 cm. Other smaller nodules noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Andover AH

Gastrointestinal

REFERRING VET

Dr. Vanderbogart

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. Reactive mesenteric lymph nodes noted up to 0.95 cm.

INVOICE

38013

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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5/26/22



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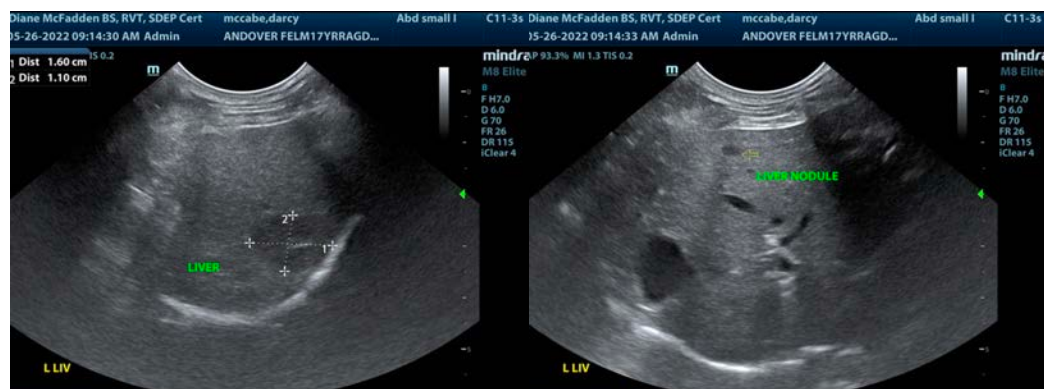
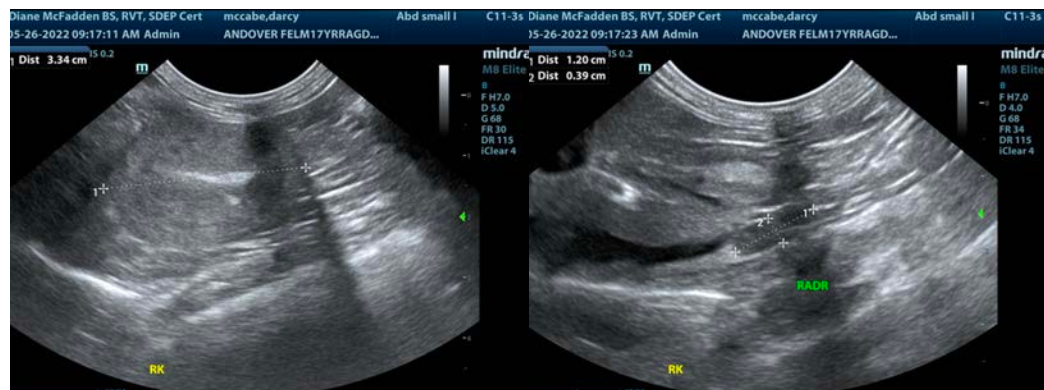
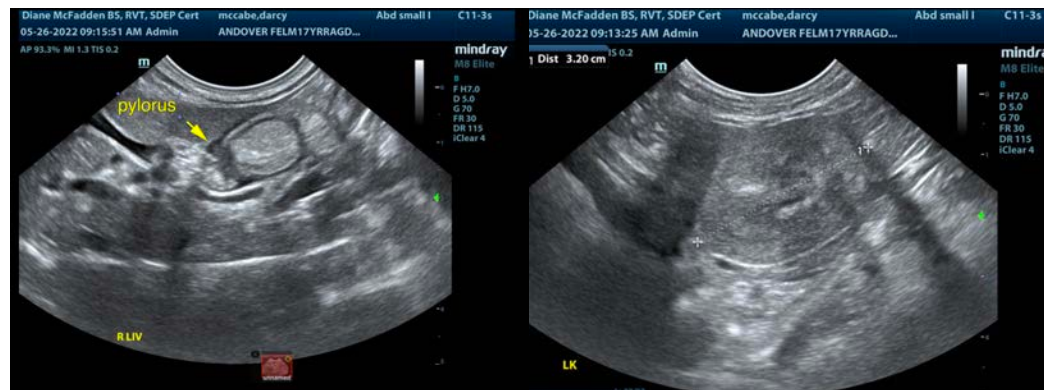
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ULTRASONOGRAPHIC FINDINGS

- Slight urethral sand granule
- Moderate to near end stage degenerative renal disease
- Undefined hepatic nodules – nodular hyperplasia possible. However, round cell neoplasia is also possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any weight loss is an issue or liver enzyme elevations are occurring, then sedation and FNA of the hepatic nodules would be indicated. The sand granule is very small and may pass in this patient. However, assessment for obstructive disease indicated. The patient is likely passing sand from the kidneys to the lower urinary tract. Urine culture and sensitivity warranted and observation for further episodes. The history is likely episodic. If any straining to urinate occurs, then catheterization would be indicated, yet the granule is small enough to likely pass without too much difficult.





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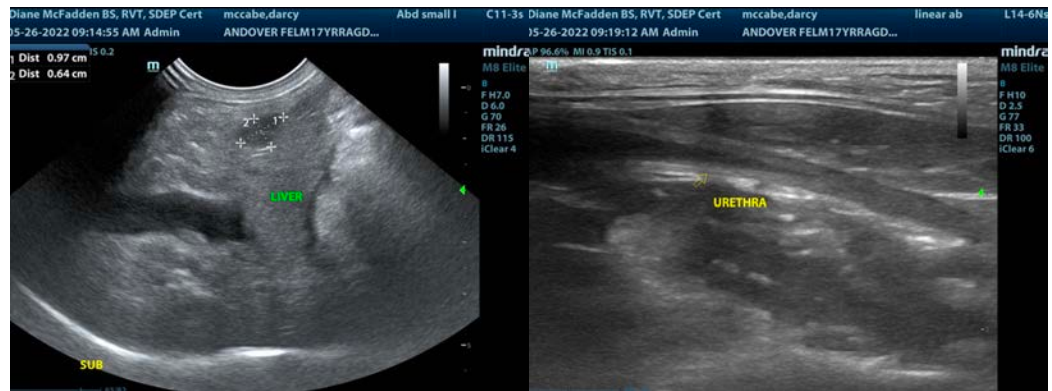
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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