



PATIENT PRESENTING CLINICAL SIGNS

Boots Schwartz

History: Boots is here for urinary workup; Hematuria and stranguria seen at ER 3/31/23. They treated with clavamox/gabapentin/onsior. Recurrent symptoms. Boots was fractious in her carrier, so we administered 0.2ml dexdom/0.2ml torb IM, still very reactive/hissing after 15 min so added alfaxan 1.7ml total used IM. 3 view abdomen shows suspicious solitary urolith in bladder. A urinary US was performed and sending for review. Urine collected by express into sterile container, as bladder mostly empty and was too thick to get cysto. Very bloody, sending to idexx for culture. Reversal with 0.2ml atipemazole IM.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

6 years

WEIGHT

13 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. Bladder wall thickness at minor repletion measured 0.6 cm. This continued concentrically throughout the urinary bladder into the proximal cystourethral junction. The ureters were not visible which is normal. Sand accumulation or an 0.8 cm calculus was noted with concentric mural thickening.

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 4.74 cm. The right kidney measured 4.48 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC FINDINGS

Interstitial cystitis bladder pattern with sand.

IMAGING PERFORMED BY

Dr. Lincoski

HOSPITAL NAME

University Drive VH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, sand analysis and bladder wall biopsy is all indicated. There is a minor potential for bladder lymphoma. Environmental factors should also be considered as well as infectious agents. A limited sonogram should be performed prior to cystotomy to ensure that the sand does not dissolve. The inflammatory cell type is important from a histopathological perspective for long term management.

REFERRING VET

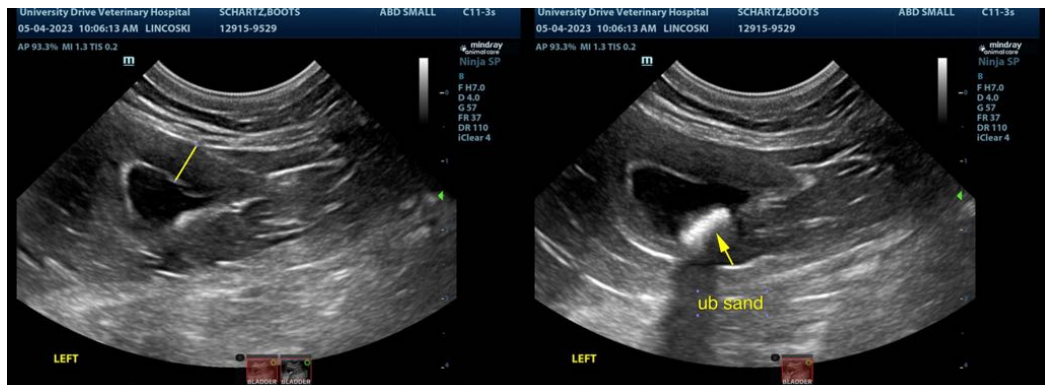
Dr. Lincoski

INVOICE

44184

DATE

5/4/23





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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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