



PATIENT

Norton Tsuei

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

9.54 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Dr. Budden

INVOICE

30960

DATE

6/13/22

PRESENTING CLINICAL SIGNS

History: Seen on 6/11 for lethargy and hyporexia of 1 weeks duration. The night before had also vomited multiple times and was urinating small amounts frequently. Patient has a history of FLUTD and urine retention (suspect due to fluoxetine). Started on GI support and Onsior. The next day returned for a recheck because had urinated blood many times overnight. Did eat and drink a little. Was given a Convenia injection, rads taken (no abnormalities seen), and blood work collected. On ultrasound there was suspicion for a bladder tumor so no urine was collected. Returned today for urinary catheterization for urine collection and traumatic catheterization. Ultrasound to further assess bladder for possible neoplasia. Overnight seemed to be more lethargic. Was in and out of the box and did not seem to be producing anything. Did want to eat still.

Abnormal PE/Chem/CBC/UA Results: PE: grade 1-2/6 parasternal HM, growling during exam but QAR due to gabapentin administration, bladder feels soft and moderately sized cbc/chem 6/13 Hematocrit low 31.73 BUN high 40 Creatinine normal 1.2 Glucose high 165 remainder cbc/chem wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed concentric, polypoid, transmural changes with suspended and dependent debris. The bladder wall thickness measured up to 0.5 cm. Some areas of the bladder wall appeared to be cystic or cavitated.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.1 cm. The left kidney measured 4.1 cm.

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 left adrenal gland measured 0.4 cm.

Spleen

The **spleen** was mildly enlarged and measured 1.3 cm with scalloping contour.

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



PATIENT	lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.
Norton Tsuei	
SPECIES	Gastrointestinal
Feline	A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach . Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.
BREED	
Domestic Shorthair	
SEX	Pancreas
Neutered male	The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct was dilated and measured 0.15 cm.
AGE	
12 years	Free Abdomen
WEIGHT	Trace amounts of free fluid were noted adjacent to the bladder lesion.
9.54 lbs	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Eric Lindquist, DMV DABVP, Cert. IVUSS	PRIMARY FINDINGS: Transmural concentric bladder wall thickening with intramural cyst or necrosis. Underlying neoplasia is possible. Severe interstitial cystitis with secondary bladder wall necrosis is possible.
IMAGING PERFORMED BY	SECONDARY FINDINGS:
Dr. Budden	Age related renal changes, not end stage. Splenic enlargement.
HOSPITAL NAME	
Frontier VH	
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Budden	Ultrasound-guided traumatic catheterization would be recommended to assess cytology. Otherwise, full thickness biopsies would be necessary. The mural changes appear to be concentric and not resectable.
INVOICE	FNA of the spleen is warranted to assess splenitis versus round cell neoplasia or reactive spleen.
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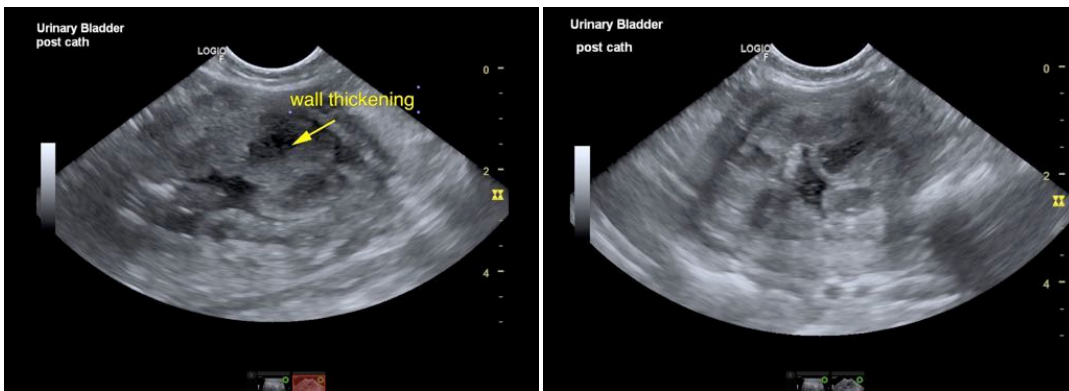
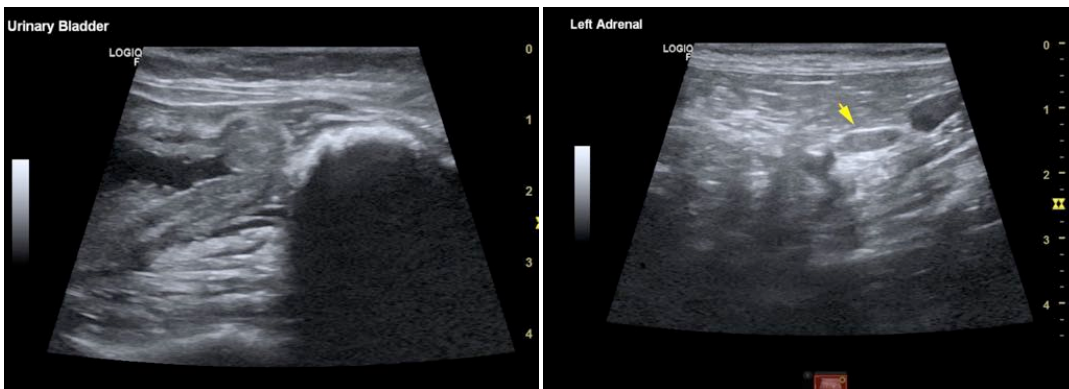
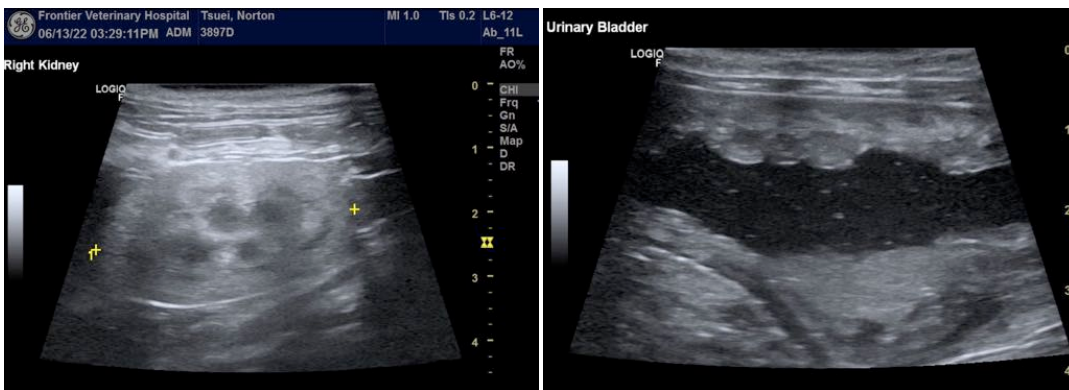
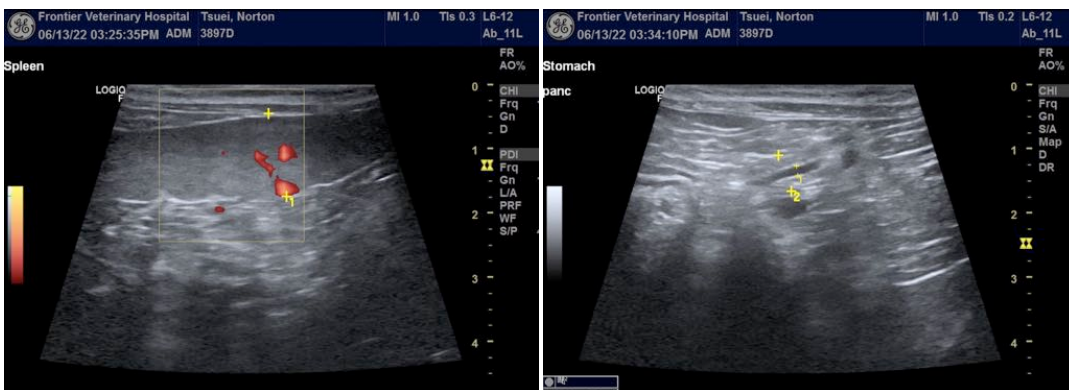
Dr. Budden

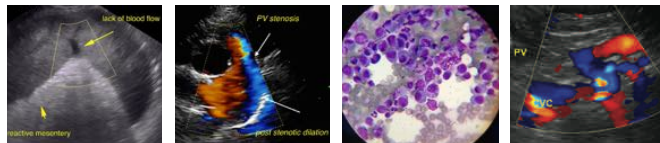
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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