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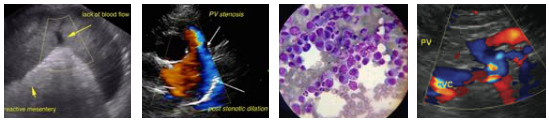


imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Jemina Goldberg

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

10 years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Forest Hills PC

REFERRING VET

Dr. Nachamie

INVOICE

31008

DATE

6/14/22

RESENTING CLINICAL SIGNS

History: Recurrent, chronic hematuria; occasional crystalluria Owner states urine has a much stronger smell lately. Previous AUS attached.
Abnormal PE/Chem/CBC/UA Results: UA 5/15/2022 RBC 21-50 (0-3), Blood ++

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. Slight mineralization and minor infarcts were noted. The left kidney measured 3.35 cm. The right kidney measured 4.2 cm with slight mineralization and areas of infarcts.

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 0.35 cm.

Spleen

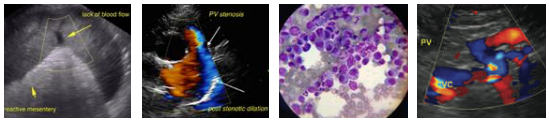
The **spleen** was persistently and progressively enlarged measuring 1.42 cm.

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 was duplicated. This is a normal variant.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. Wall thickness measured up to 0.29 cm. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as



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lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. The mesenteric lymph nodes were reactive and measured 1.26 x 0.47 cm.

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.

ULTRASONOGRAPHIC FINDINGS

Splenic enlargement.

Renal infarcts and mineralization.

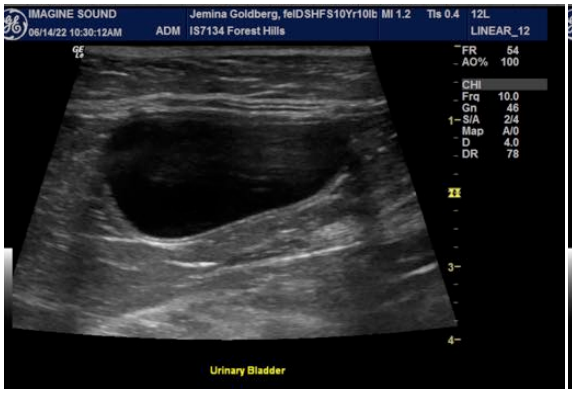
Minor mesenteric lymphadenopathy.

Intestinal thickening.

Duplicated gallbladder, normal variant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hematuria may be deriving from infection or passage of calculi or possibly a recent infarct. However, the abdomen appears stable. Culture and sensitivity would be warranted if any inflammatory sediment is present. Otherwise, if the hematuria this may be deriving from periodic small passage of calculi. No obstructive urolithiasis is noted at this time.



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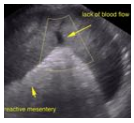
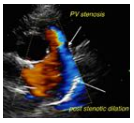
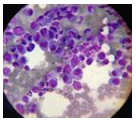
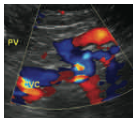

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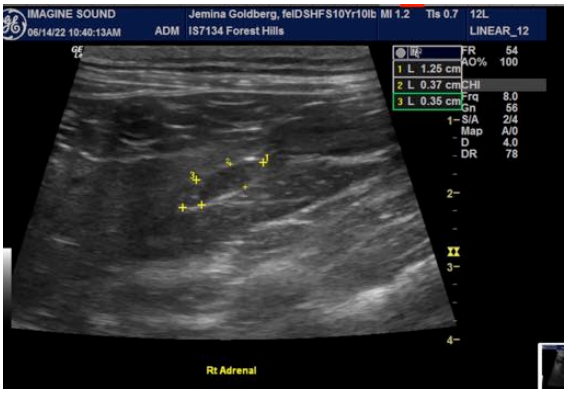

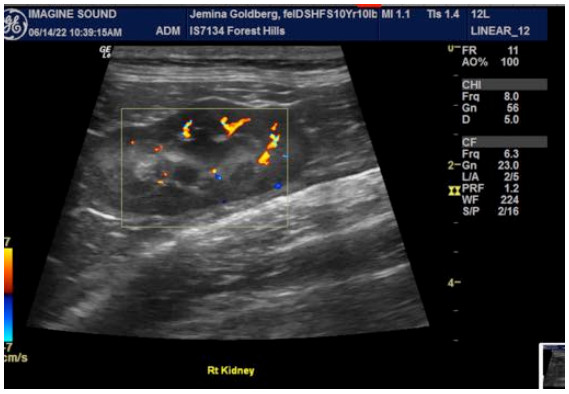

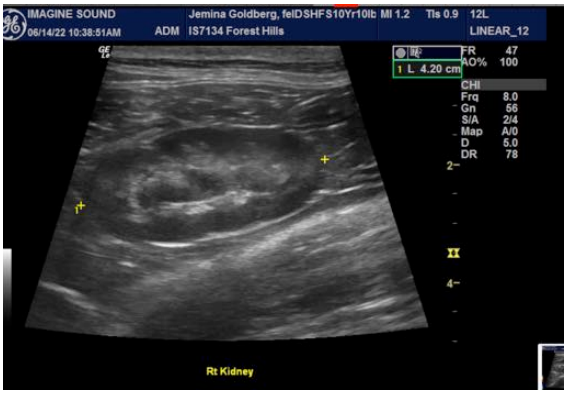

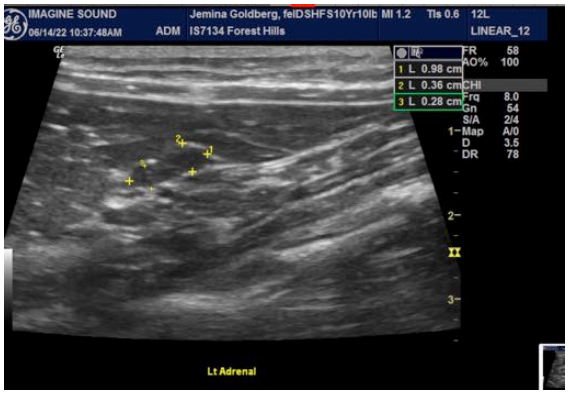

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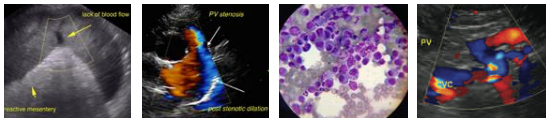

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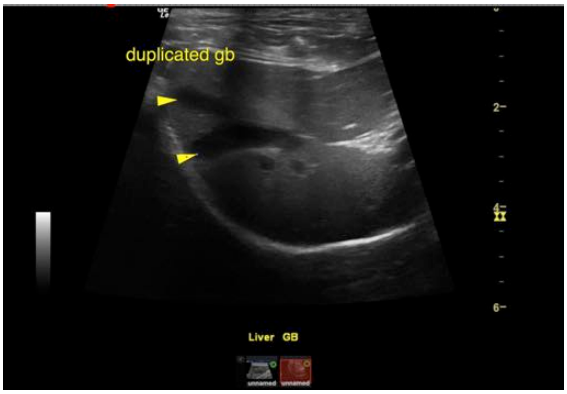

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com