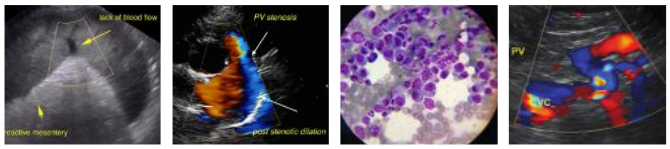

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1-800-838-4268 info@sonopath.com

PATIENT

Kurly McCready

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

18

WEIGHT

3.69 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kacie Edwards

HOSPITAL NAME

Boren VMTH

REFERRING VET

Dr. Sypniewski

INVOICE

22907

DATE

6/14/23

PRESENTING CLINICAL SIGNS

History: She is 1 month post-op ileocolic R&A and typhlectomy to remove a bleeding colonic polyp which was causing regenerative anemia. Kurly had trouble urinating after surgery. One very small blood clot was noted and some urine was slightly pink-tinged. Ordering DVM is also especially interested in the liver and the pancreas since the last ultrasound.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented multiple polypoid changes at the cystourethral junction and the apex. The apical polyp is resectable. The lesion at the cystourethral junction does not appear to be resectable. This change is most consistent with polypoid cystitis; however, early carcinoma cannot be ruled out. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex. The right ureter was dilated (0.5 cm). The right kidney measured 3.56 cm with cortical infarct at the caudal pole. The left kidney was subnormal in size, measuring 2.5 cm. Minor pyelectasia was noted in both kidneys.

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 0.3 cm. The right adrenal gland measured 0.4 cm.

Spleen

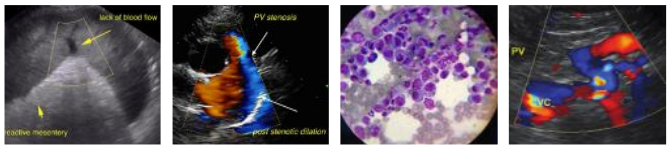
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to



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malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

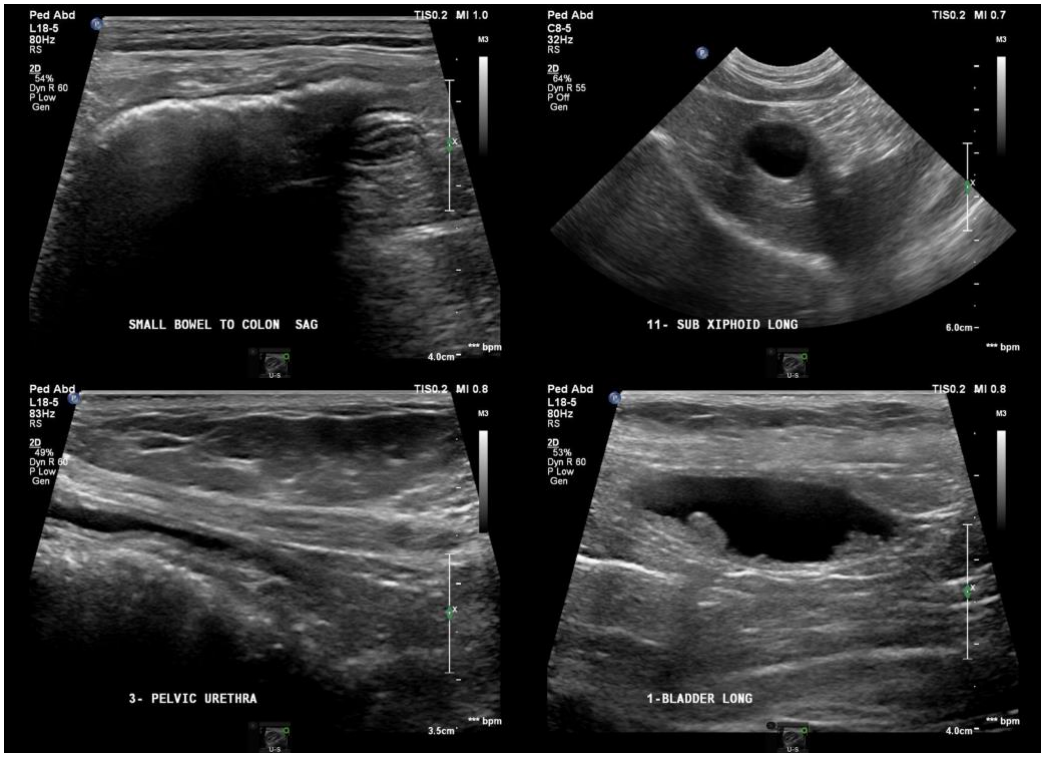
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic degenerative renal changes with infarcts and right hydroureter, likely owing to stricture. No overt calculus obstruction.
- Chronic cystitis pattern with polyps, potential emerging carcinoma
- Age-related pancreatic and GI changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up is warranted. BRAF testing would be ideal, as well as cytospin of a free catch urine sample. I recommend, if possible, to avoid cystocentesis in this patient given the possibility of carcinoma.



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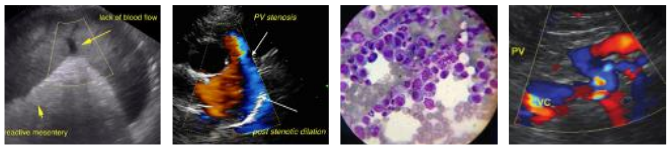

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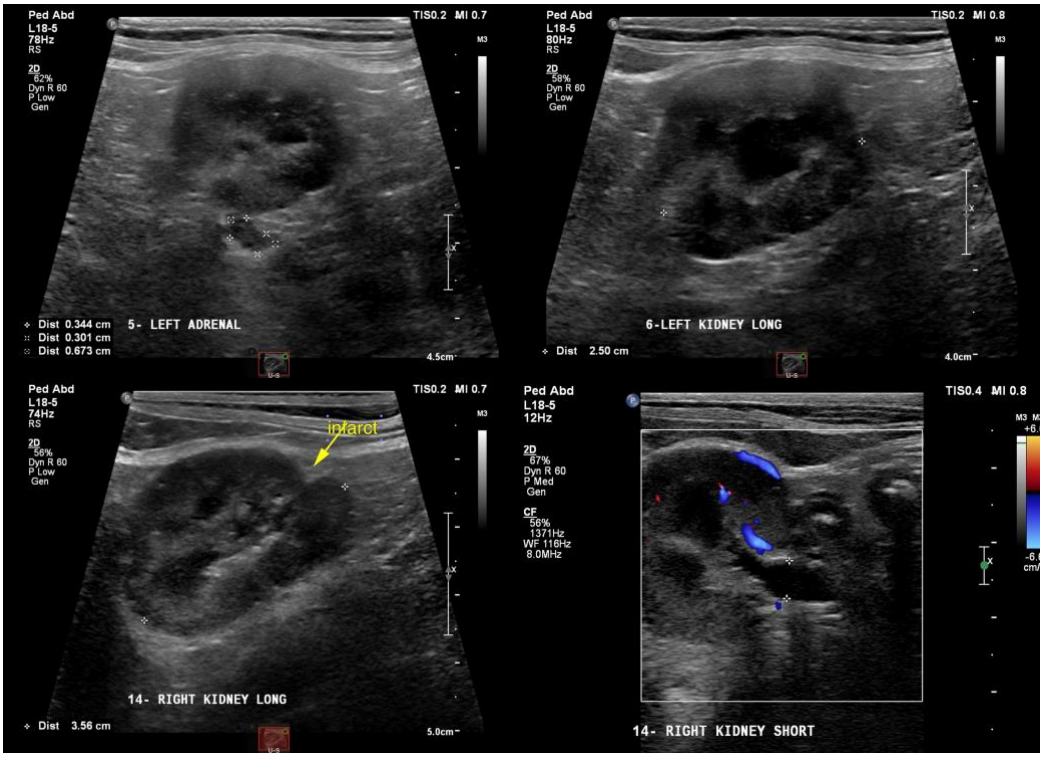

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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