



**PATIENT PRESENTING CLINICAL SIGNS**

Chase Christensen

Presenting complain was hematuria - after exam suspect possible solidified blood uroliths. Sent out black grit pieces to Idexx for stone interpretation In the meantime rec trying to dilute his urine to less than 1.030 as concentrated urine predisposes cats to uroliths. Also rec feeding canned food only and getting a free flow fountain to help entice him to drink. Also rec setting up an ultrasound to evaluate urogenital tract. SWO about stone analysis results: SWO - stone is solidified blood. Discussed increasing water intake. Recommended adding water to his food, offering wet food, having some type of water fountain to entice him to drink more. O has been giving fluids at home as well and states his urine is the best she's ever seen it. Talked about him being at higher risk for blocking - mentioned possibility of PU surgery. Offered appt to recheck USG, O is coming in for ultrasound on 6/15 wants to do it then. O asked if I would leave a message for MMC as she would like to talk to her. Asked if there were any questions I could leave for her, O said no that she just wants to speak with her whenever she gets a chance. Did mention that MG had seen him most recently and I can leave a note for her if there was something related to his recent appt, O states MMC knows Chase's case so she would like to talk to her.

**SPECIES**

Feline

**BREED**

Maine Coon

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

17.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gallick

**HOSPITAL NAME**

Magnolia Springs VC

**REFERRING VET**

Dr. McCoy

**INVOICE**

31048

**DATE**

6/15/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed dorsal polypoid changes that extended for 1.0 x 0.4 cm in maximum thickness. The cystourethral junction and urethra appear unremarkable. The ureteral papilla appeared non-obstructed. The urethra was visualized 1.5 cm distal from the cystourethral junction.

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. The capsules were acceptably uniform without significant irregularities. Minor pyelectasia noted in the right kidney. The left kidney revealed minor pyelectasia.

**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.

**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 was 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



**PATIENT**

Chase Christensen

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.

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**Gastrointestinal**

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. No associated abnormal lymphatic activity was noted.

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**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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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

17.6 lbs

Polypoid changes in the dorsal bladder wall.

Otherwise, unremarkable abdomen.

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

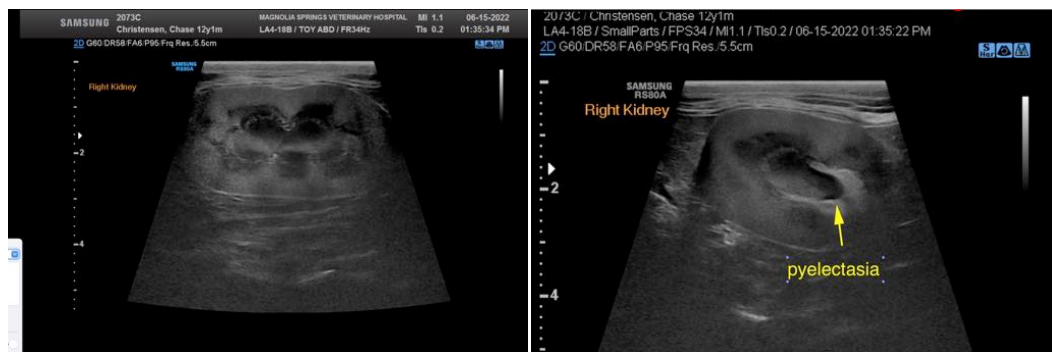
I suspect that the polypoid bladder change is true tissue formation given the echotexture. However, power Doppler assessment could be considered for further definition and/or traumatic catheterization with ultrasound guidance. If the lesions are persistent upon these evaluations then dorsal bladder resection is recommended. There is a strong concern for carcinoma. Polypoid hyperplasia is also possible. Underlying UTI may be an issue or pyelectasia owing to scarring.

**IMAGING PERFORMED BY**

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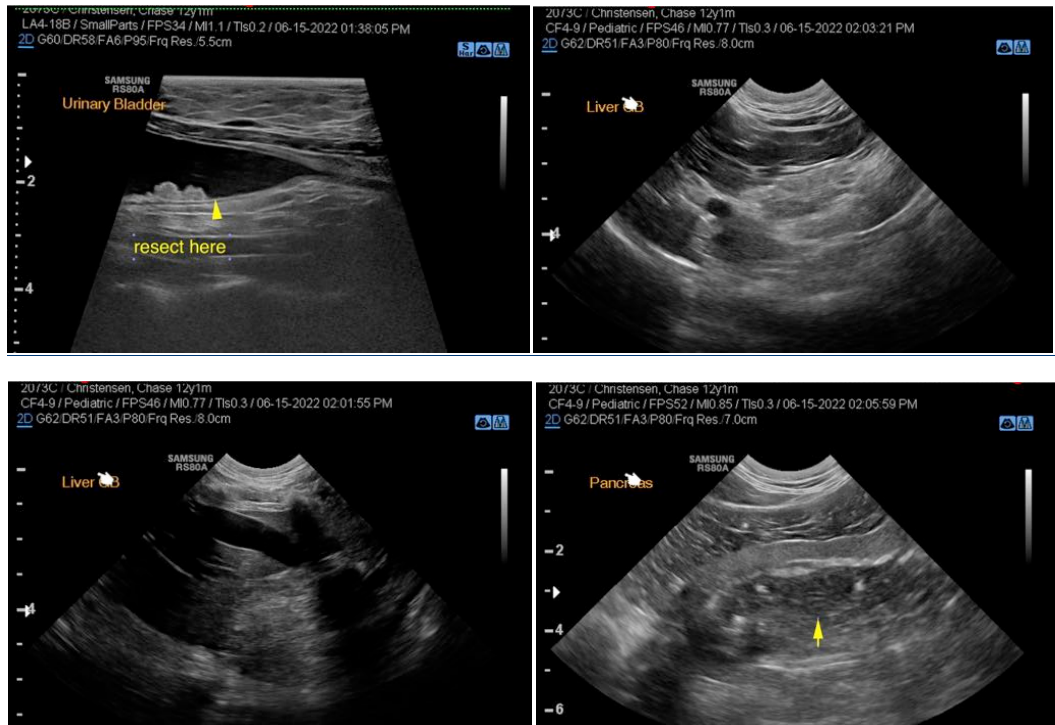
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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