



PATIENT

Jaz Mueller

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

17 years

WEIGHT

3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Harasimowicz

INVOICE

31050

DATE

6/15/22

PRESENTING CLINICAL SIGNS

8-10 week history of random episodes of stranguria, pollakuria. Has had 4-5 episodes where cat seems extremely uncomfortable, anxious, and goes in and out of litter box. Owner also reports chronic vomiting of food ~ 2x weekly. Owner reports that cat had another episode this am and was vocalizing in pain. Owner is very concerned about cat's comfort and quality of life. Prior work up includes abd rads, bw, serial U/A and multiple urine cultures. Abd xrays done 4/22 revealed normal GI tract, liver and spleen. Both kidneys small, no radio-opaque uroliths. Rec abd U/S for evaluation of urinary and GI tract today.

Abnormal PE/Chem/CBC/UA Results: Results: Repeated urine samples in April and May revealed hematuria, pyuria, low USG, no bacteria. The most recent U/A done 6/2: hematuria rbc 75-100/hpf, culture no growth. Isosthenuria USG 1.022 Chem 5/10/22: SDMA 25, creat 2.9, BUN 52, Phos 6.8 Alb low 2.1-has been eating well and no renal loss, secondary to GI dz? CBC-chronic anemia, has fluctuated between HCT 27-31, suspect anemia of chronic disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented concentric mural thickening. A minimal amount of urine was present at the time of the sonogram. Polypoid interstitial cystitis pattern continued into the proximal urethra. Some striating debris was noted in the bladder.

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. Slight pyelectasia was noted in both kidneys. Corticomedullary mineralization was also noted. The right kidney measured 3.5 cm. The left kidney measured 3.0 cm.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable dilation. The mesenteric lymph nodes were enlarged, a cluster of which measured 2.0 cm. No overt masses were present. The lymph nodes are likely reactive; however, underlying lymphoma cannot be completely ruled out.

Pancreas

The visible pancreas was unremarkable with minor age related changes. There was no evidence of significant disease.

ULTRASONOGRAPHIC FINDINGS

Interstitial cystitis pattern, non-resectable.

Age related renal changes.

Mesenteric lymphadenopathy, chronic GI changes.



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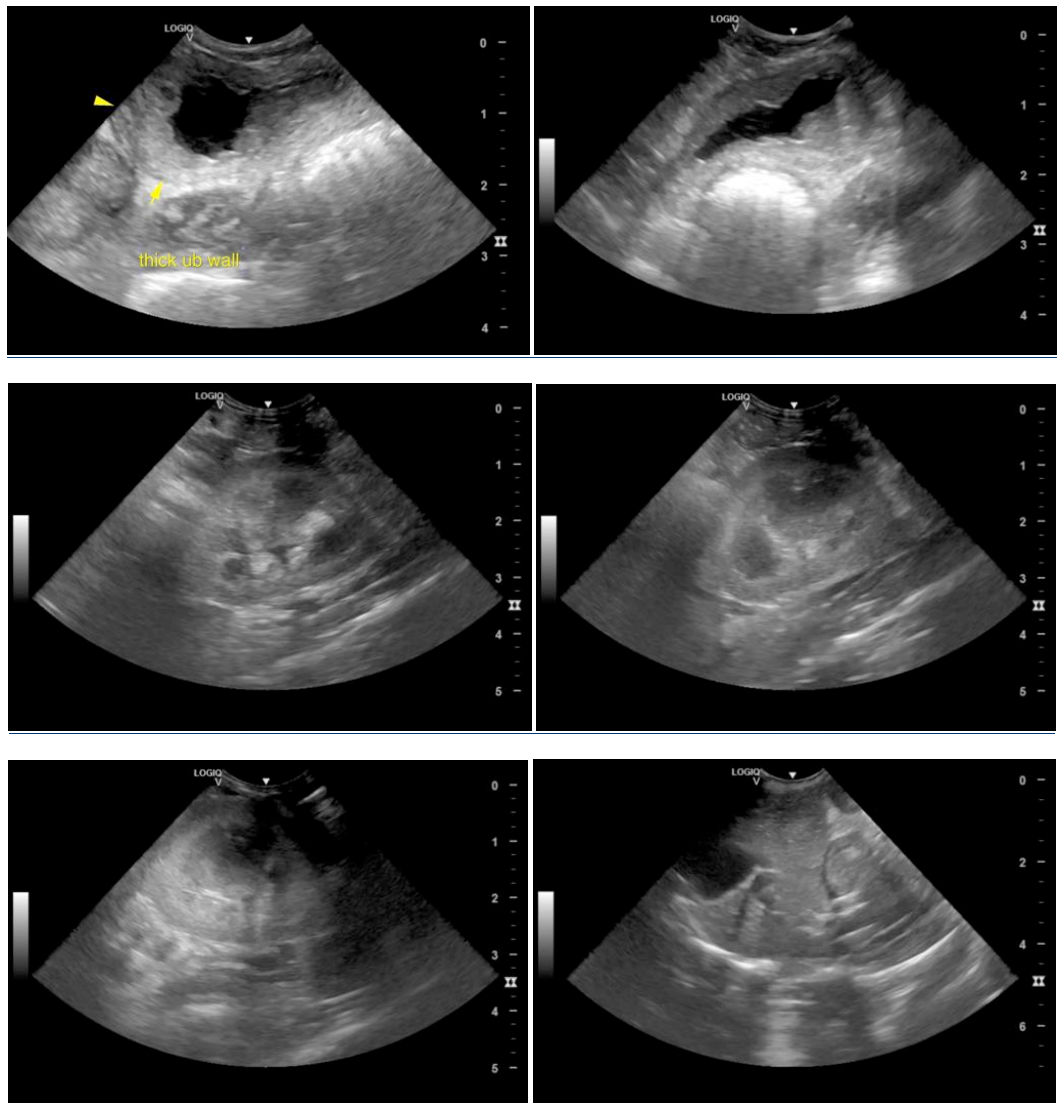
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystitis is likely; however, underlying bladder lymphoma cannot be completely ruled out. Full thickness biopsies of the mesenteric lymph nodes and bladder wall as well as GI tract would be ideal. Even though no bacteria was noted Enrofloxacin trial can be considered. A recheck sonogram is recommended in 3 weeks. Blood pressure measurements are also warranted. Given the pyelectasia in both kidneys pylonephritis is a potential.



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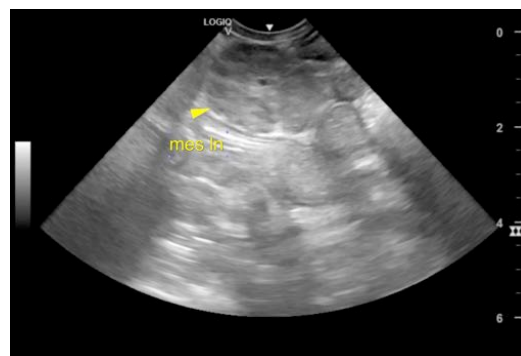
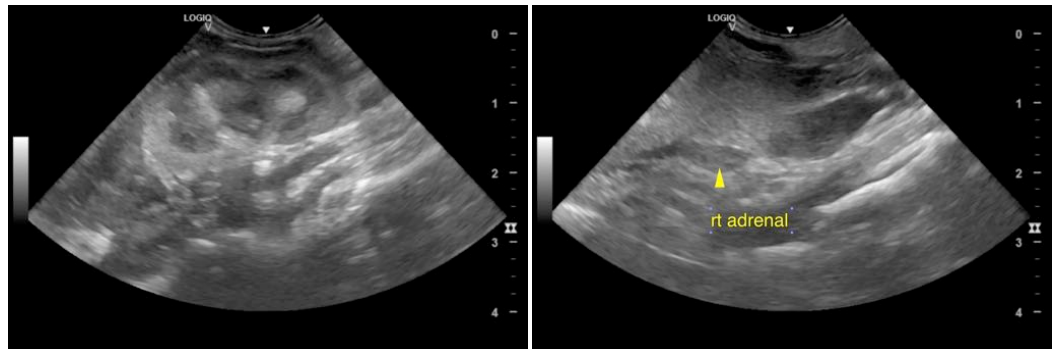
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com