

**PATIENT PRESENTING CLINICAL SIGNS**

Sammi Stack History: Chronic URI, cough, kidney, bladder stones. Medication: c/d

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

The **urinary bladder** wall was thickened and measured up to 0.4 cm at mild repletion. Bladder sand and calculi were non-obstructive at the time of the sonogram. This patient is likely passing calculi periodically from the bladder to the lower urinary tract.

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

The **kidneys** are irregular and subnormal in size with corticomedullary calculi and infarcts. Non-obstructive mineralization was noted in the left kidney. The left kidney measured 3.29 cm. The right kidney measured 2.24 cm.

**AGE**

2016

**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.

**WEIGHT**

11 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**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.

**HOSPITAL NAME**

Rush VC

**REFERRING VET**

Dr. Milot

**INVOICE**

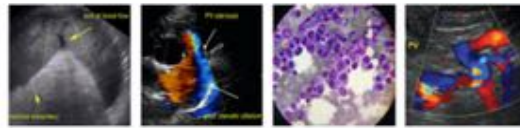
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**Gastrointestinal**

The stomach was mildly thickened in this patient with a fluid filled lumen. The pylorus measured 0.54 cm. There was no overt loss of mural detail. The small intestines and colon were unremarkable.

**DATE**

6/27/23



**PATIENT** *Pancreas*

Sammi Stack

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 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SPECIES**

Feline

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Domestic Shorthair

Bladder calculi.

Minor bladder thickening. Interstitial cystitis pattern.

**SEX**

Spayed Female

Moderate degenerative renal changes.

**AGE**

2016

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinary work-up, cystotomy, bladder wall biopsy, sand analysis with culture, normal and retrograde urinary flushing is recommended. If the patient has any history of GI signs then pyloric biopsies are warranted at the time of surgery. Blood pressure measurements and urine culture are indicated. Bladder wall biopsy is warranted to rule out underlying disease at the time of surgery.

**WEIGHT**

11 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
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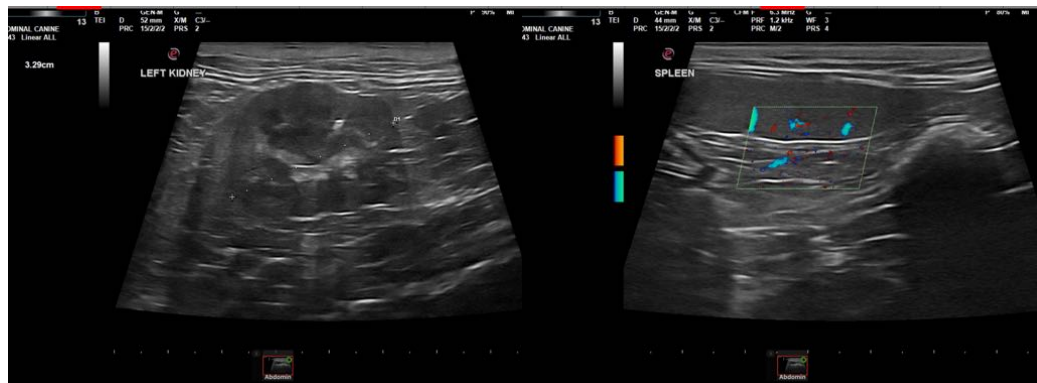
Dr. Milot

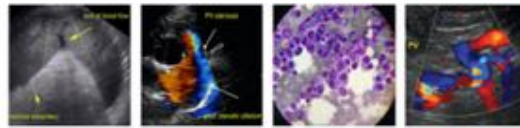
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**DATE**

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**PATIENT**

Sammi Stack

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

2016

**WEIGHT**

11 lbs

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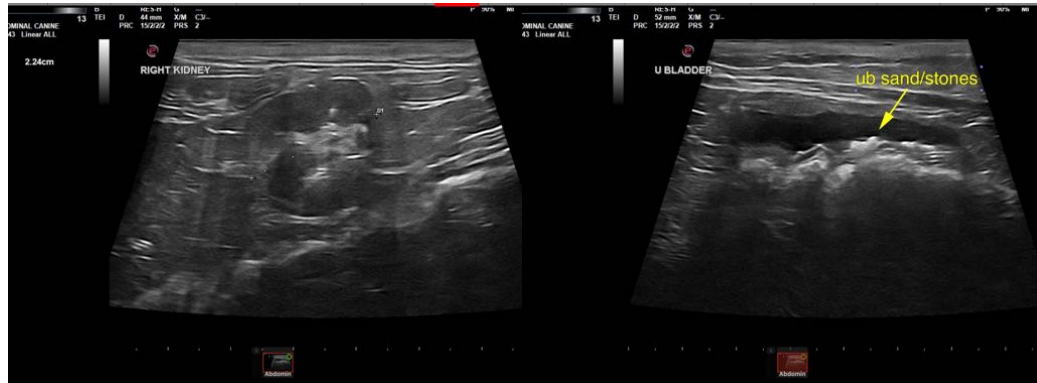
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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