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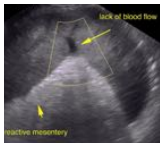

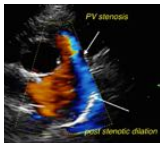

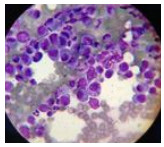
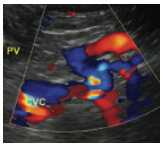

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1-800-838-4268 info@sonopath.com

PATIENT

Cornelius Sarte

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

8.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gramazio

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. Demeo

INVOICE

45040

DATE

6/28/23

PRESENTING CLINICAL SIGNS

History: Persistent Hematuria with no response to Clavamox
Abnormal PE/Chem/CBC/UA Results: pH 9.0 2+ struvites 20-30 RBC SG 1033

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a small calculus at the cystourethral junction and measured 0.2 cm. The calculus was non-obstructive. The bladder itself was unremarkable. A minor amount of suspended debris was noted. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. A cortical infarct was noted in the right kidney causing subnormal size. Pelvic mineralization was also noted in the right kidney. The right kidney measured 2.8 cm and the left kidney measured 4.3 cm with a pelvic calculus.

Adrenal Glands

The **adrenal glands** were unremarkable.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.2 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 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.

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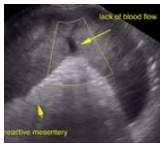
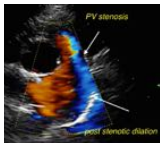
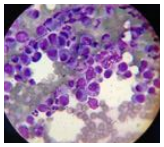
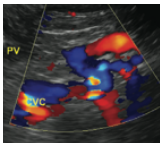

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Gastrointestinal

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.

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

Mildly enlarged spleen with micronodular changes.

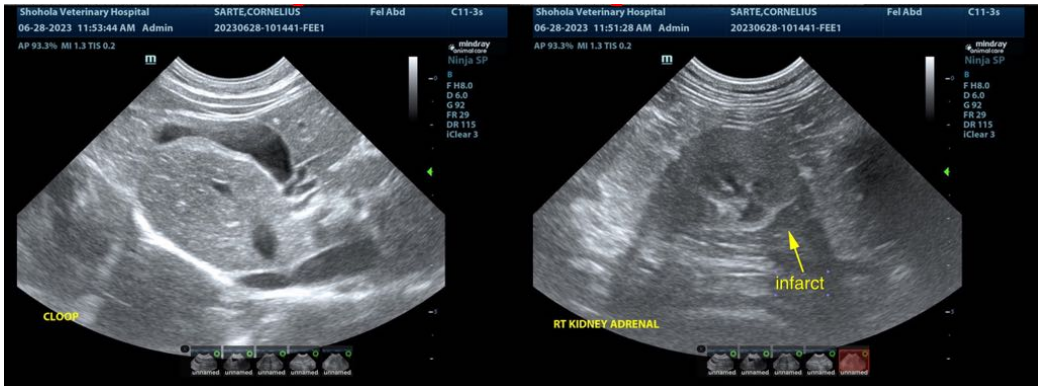
Right renal infarct and subnormal size. Moderate degenerative changes/dystrophy.

Pelvic calculus.

Small sand and calculi in the lower urinary tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is warranted if weight loss is an issue. The patient is likely passing calculi periodically from the kidneys to the bladder. No obstructive disease was noted at the time of the sonogram. Medical management should prove effective in this patient. However, the sand and small calculi are extremely small and poorly shadowing. Therefore, they should be dissolvable. Medical management and follow-up sonogram is recommended in 6 weeks unless the patient has overt clinical signs.



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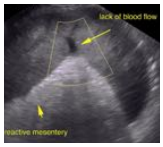
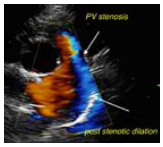
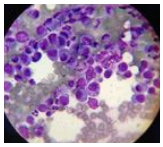
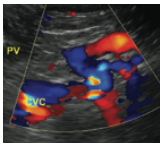

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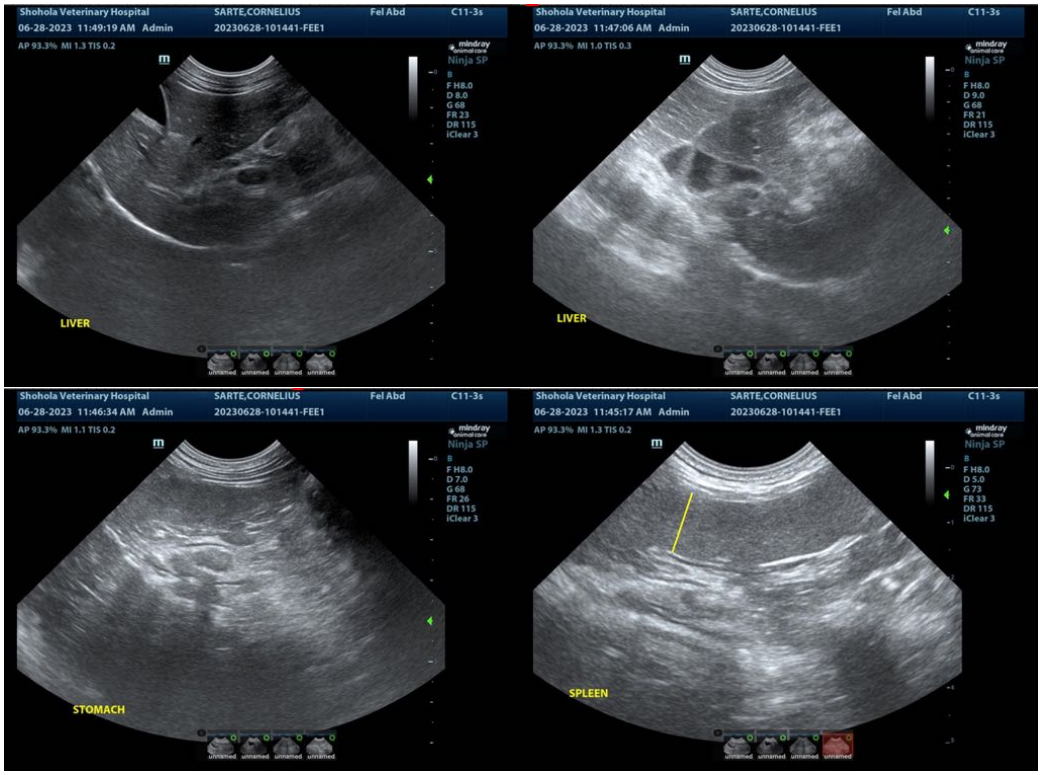

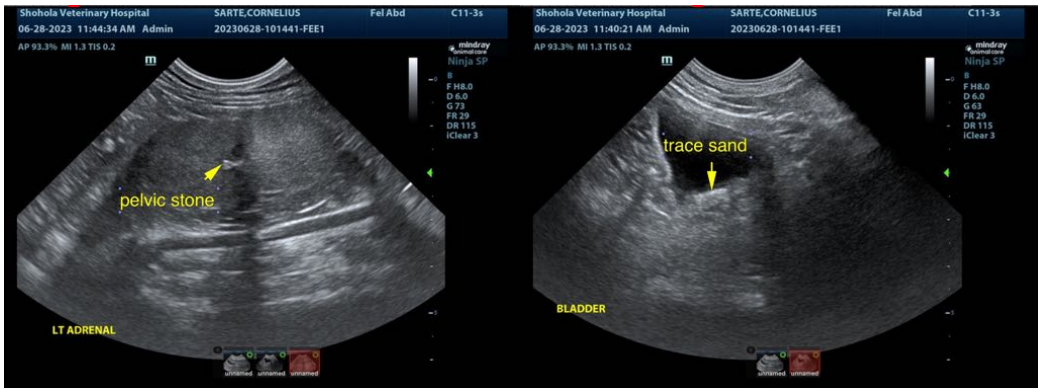

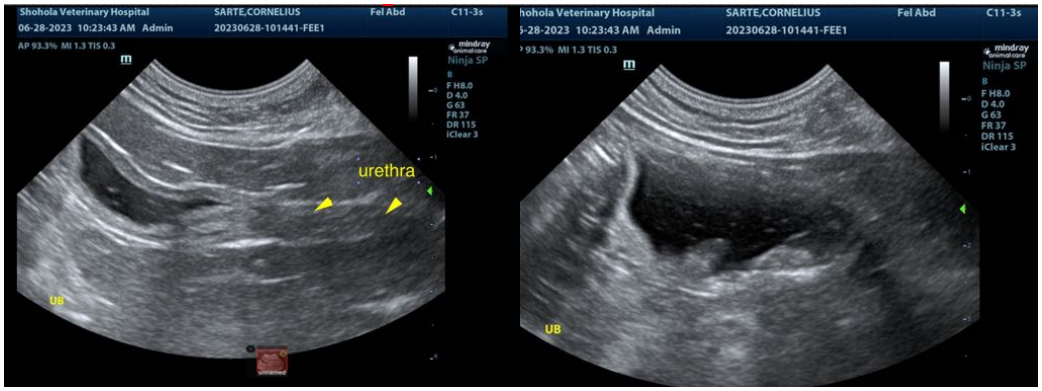

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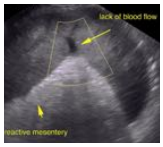
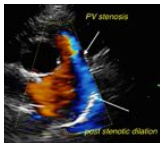
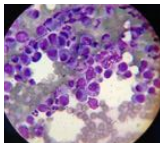
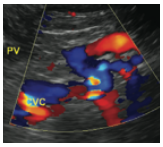

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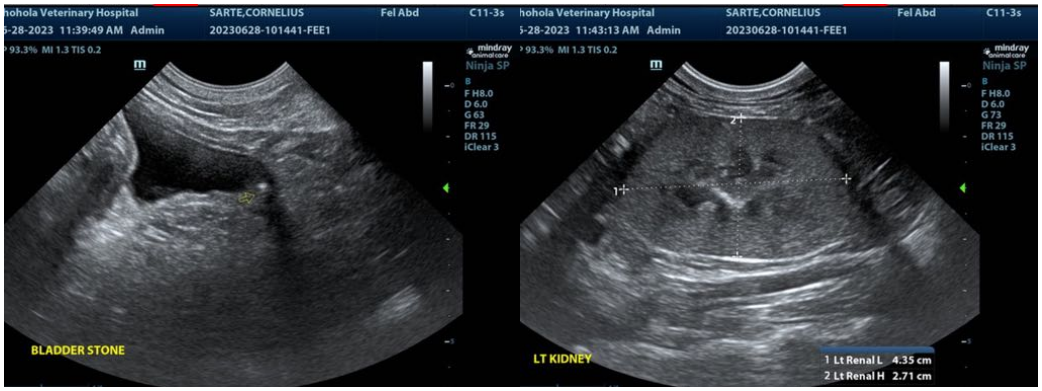

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com