



**PATIENT**

Butterscotch Falco

**PRESENTING CLINICAL SIGNS**

History: P has had a history of Hematuria and periodic vomiting.  
Abnormal PE/Chem/CBC/UA Results: UA showed Blood 2+ and struvite crystals 4-10

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Longhair

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**SEX**

Neutered male

The **kidneys** revealed increased cortical echogenicity and slight, pinpoint mineralizations that were non-obstructive. Infarcts were noted at the caudal pole of the left kidney adjacent to the mineralization. This is suggestive of cortical movement of calculi/mineralization. The left kidney measured 4.24 cm with cortical collapse at the caudal pole. The right kidney revealed an infarct at the cranial pole.

**AGE**

11 years

**Adrenal Glands**

**WEIGHT**

16.8 lbs

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 0.36 cm. The right adrenal gland measured 0.5 cm.

**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**

Marco Lichfield

**HOSPITAL NAME**

Sova

**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.

**REFERRING VET**

Dr. Sova

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**Gastrointestinal**

**DATE**

6/30/22

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



**PATIENT**

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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**SPECIES**

**Pancreas**

Feline

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.

**BREED**

Domestic Longhair

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Renal infarcts and calculi, non-obstructive at this time.

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

There was no evidence of significant disease. The kidneys appear stable at the time of the sonogram. Structurally unremarkable GI tract. Supportive GI care or diet change should be considered.

**WEIGHT**

16.8 lbs

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DABVP, Cert. IVUSS

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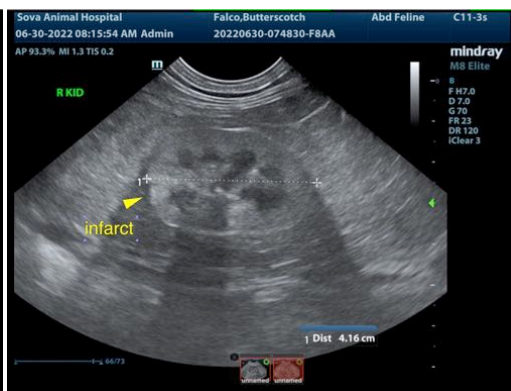
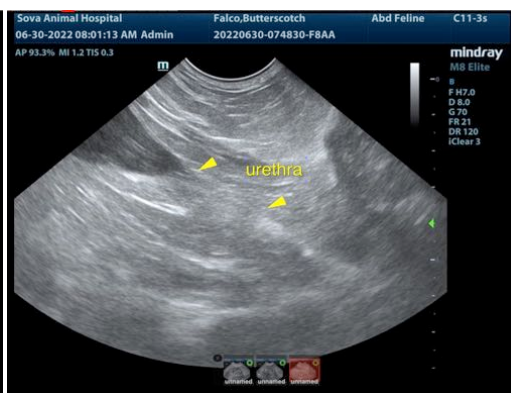
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**SPECIES**

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**SEX**

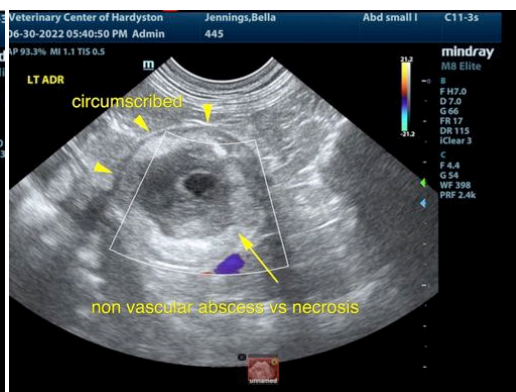
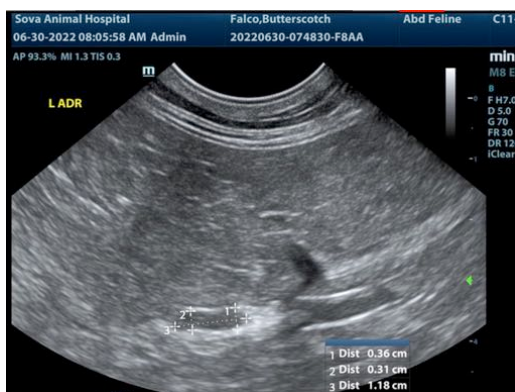
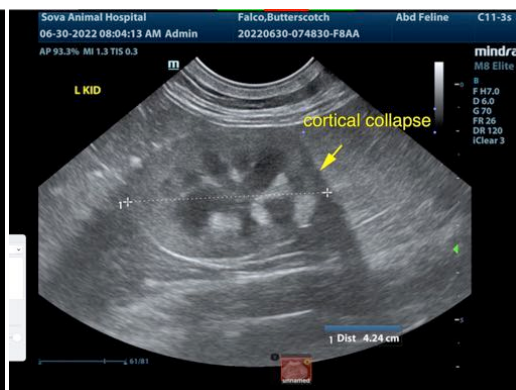
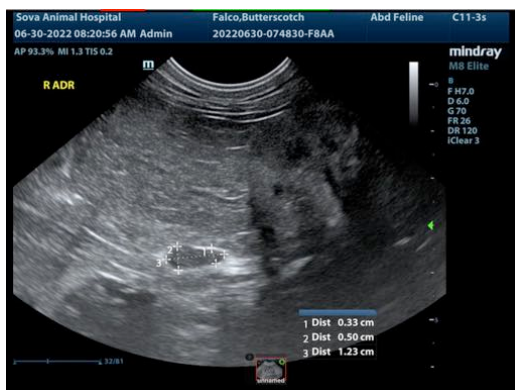
Neutered male

**AGE**

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**WEIGHT**

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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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