



**PATIENT**

Patches Samet

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

13 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Couser

**HOSPITAL NAME**

Willamette Vet Hospital

**REFERRING VET**

Dr. Couser

**INVOICE**

39382

**DATE**

7/11/22

**PRESENTING CLINICAL SIGNS**

Decreased appetite & water intake x 2 days. Cried out while lying down early Sun AM Tachycardic - r/o pain, dehydration, open Hard painful bladder - r/o Urolithiasis, UTI, bladder/urethral mass, open Dental disease, halitosis \_

Abnormal PE/Chem/CBC/UA Results: CBC - HCT 42.7%, WBC 38.54k, Neut 34.23k, suspect bands, Mono 1.14k, Eos 0, rest wnl Chem10 - Glu 252, CREA too high to read, BUN 124, rest wnl. EPOC - bicarb 12.3, iCa 0.71, CREA >15, Glu 259, K 6.3, Na 144, LAC 1.59 (wnl), BUN >120, HCT 39% Lateral abdominal rad - No stones noted. Wispy soft tissue opacity in region of bladder neck.

**LIMITED ULTRASONOGRAPHIC EXAMINATION**

The **urinary bladder** presented concentric wall thickening. A minimal amount of urine was present at the time of the sonogram. Trace amount of sand accumulation noted. Slight free fluid and enhanced mesentery noted around the bladder. The urethra was structurally unremarkable. Catheter was present.

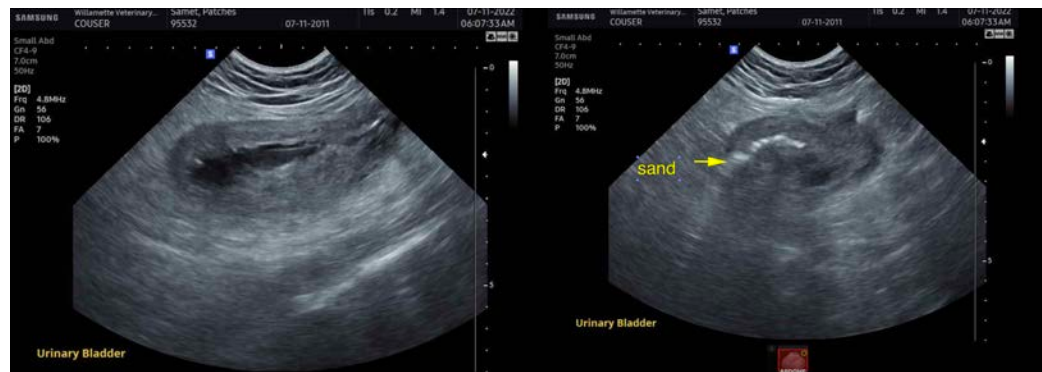
The **kidneys** presented mild increased cortical echogenicity and generalized swelling. Pericapsular enhanced mesentery noted. The left kidney measured 4.0 cm with trace pyelectasia noted. The right kidney measured 4.0 cm.

**PRIMARY FINDINGS**

- Moderate degenerative renal changes with swelling – post-obstructive presentation
- Chronic cystitis bladder pattern – interstitial cystitis likely.
- Slight free fluid – likely owing to prior overdistention of the bladder, no overt rent present

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend 72-hour IV fluid protocol to correct azotemia. Urine culture and sensitivity recommended. Urinary catheter likely necessary to remain in situ for the next 24-48 hours. Recheck sonogram daily to assess for any progression of the free fluid around the bladder, as it should resolve now that the patient has been unobstructed. Eventual cystotomy with sand analysis warranted. Traumatic catheterization of the bladder wall with cytopsin of the cellular content recommended to assess predominant inflammatory cell type and rule out the minor potential for transitional cell carcinoma.





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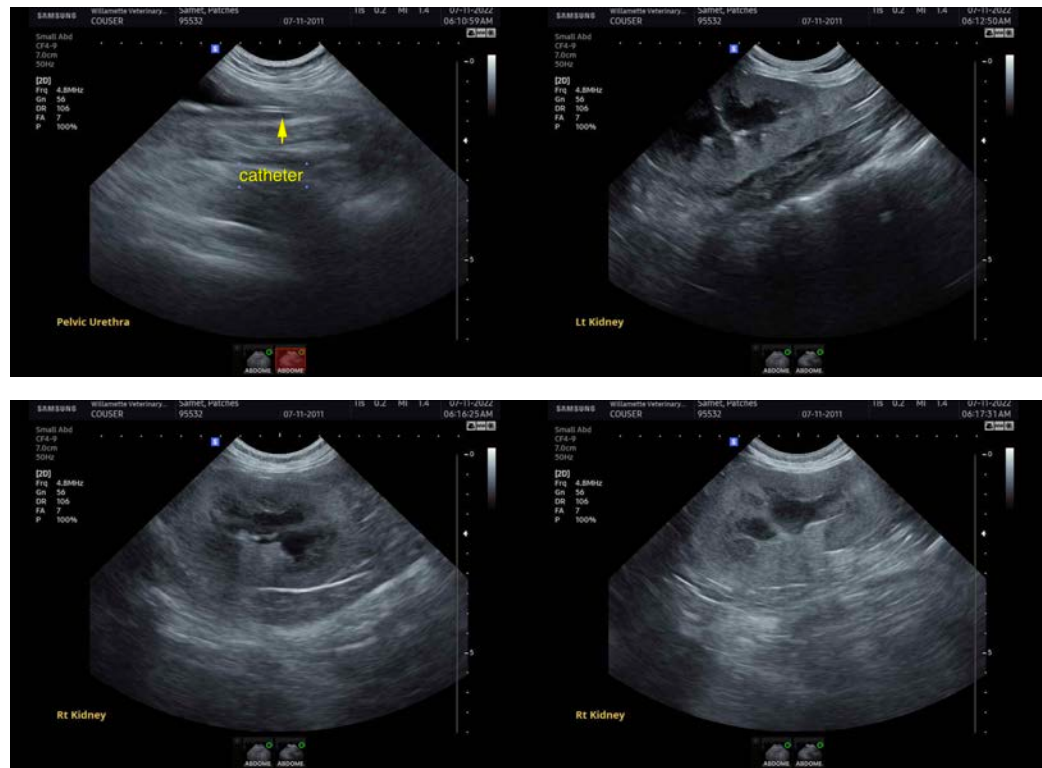
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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