



PATIENT

Daisy Gabensky

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years 4 Months

WEIGHT

6.89 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amanda Lacey-Crook
Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

16695

DATE

7/18/22

PRESENTING CLINICAL SIGNS

History: History of UTI - treated on abx then hematuria/clinical signs returned - P currently on gabapentin

Abnormal PE/Chem/CBC/UA Results: No urinalysis done today due to abnormal bladder presentation

LIMITED ULTRASONOGRAPHIC EXAMINATION

The **urinary bladder** presented concentric thickening with areas of mural mineralization. Bladder wall thickness measured up to 0.56 cm. Both ureters were dilated, as the trigone was thickened. Areas of mineralization were noted in the ureteral papilla. Calculus measured approximately 1.0 mm. The ureteral dilation is both owing to concentric mural thickening as well as the mineralization or calculus within the left ureteral papilla. Regional inflammation is also noted. Periserosal inflammatory pattern also noted.

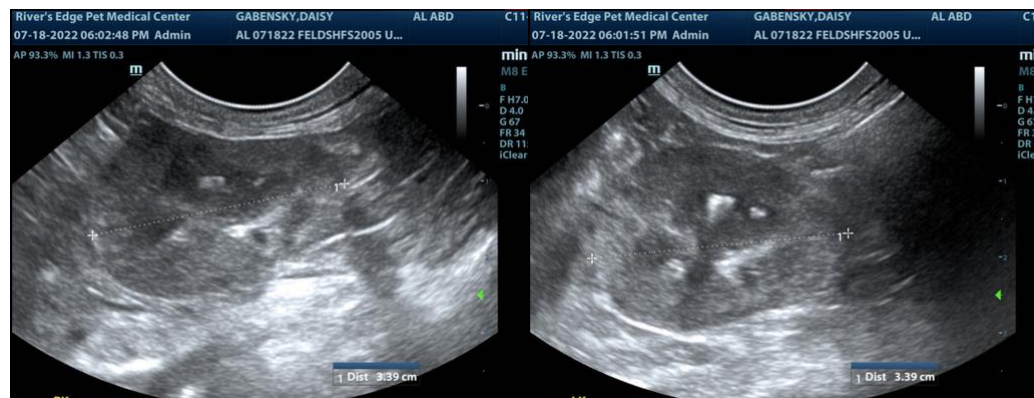
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.39 cm. Cortical infarcts and remodeling were noted with corticomedullary mineralization, nonobstructive. The left kidney measured 3.39 cm.

ULTRASONOGRAPHIC FINDINGS

- Concentric bladder thickening with ureteral dilation and mineralization
- Age-related renal changes with infarcts and mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Parenchymal mineralization and polypoid changes were noted in the bladder and trigone. I'm strongly concerned for transitional cell carcinoma in this patient. Referral for urethral and ureteral stent placement or SUB placement and biopsies would be ideal. Prognosis is guarded. Otherwise, surgical biopsies would be necessary for a definitive diagnosis. Cytospin of the free catch urine may reveal abnormal transitional cells to arrive at a definitive diagnosis.





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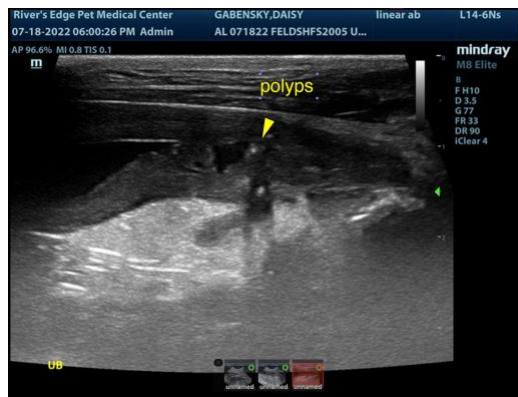
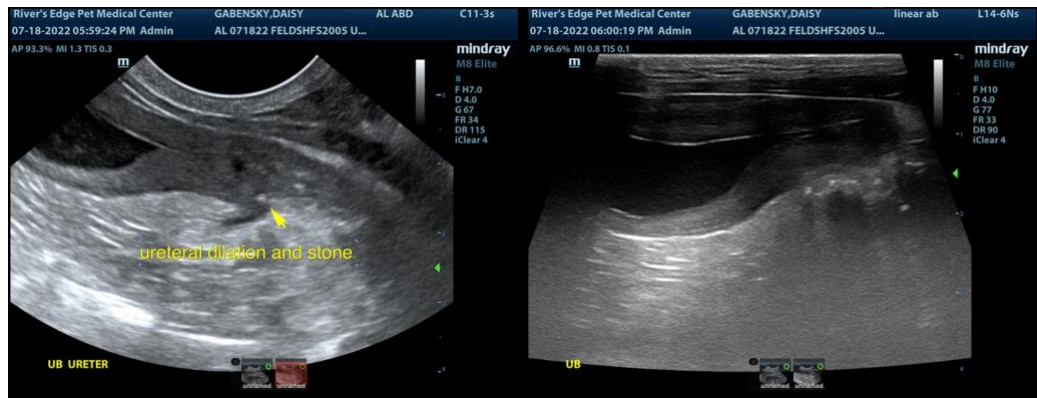
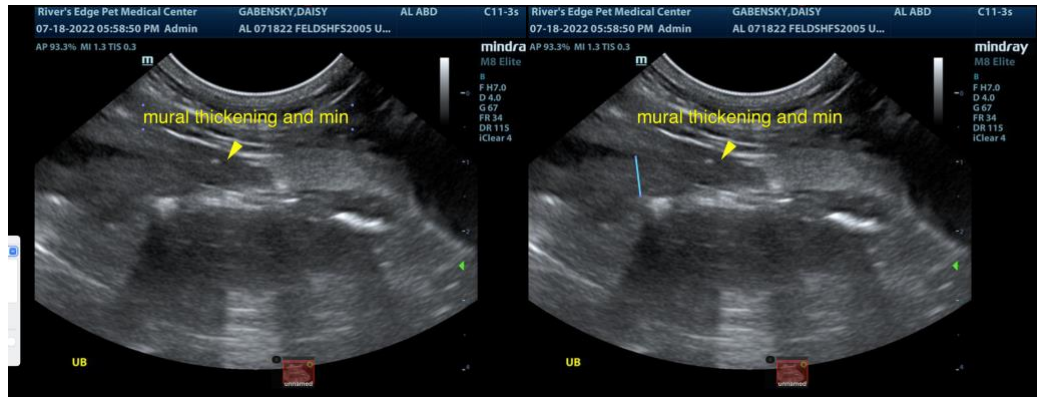
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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