



PATIENT

Gypsy Davies

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

8 years

WEIGHT

3.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Markland

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Departure Bay VH

INVOICE

31942

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: Presented for hematuria in June. Radiographs showed large radiodense calculus. Started on S/O diet. Repeat radiographs in July did not show evidence of calculus. However, the hematuria persists. Gypsy has had hematuria on and off for a few years. She is hyperthyroid and is scheduled to have radioactive iodine therapy. PE is consistent with a hyperthyroid cat- thin, high HR, nervous. CBC/Chem/T4/UA below
Abnormal PE/Chem/CBC/UA Results: May 19, 2022: HCT=46 (29-45) MCV=37.4 (39-56) MCH=12.3(12.6-16.5) Creatinine=40 (80-203) June 8, 2022: TT4= 75.2 (10-60) UA: usg=1.036 Protein= 2+ Blood=3+ RBC>100/hpf WBC 0-2/hpf 1+ transitional epithelial cells (1-2/hpf)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a 1.5 cm shadowing calculus with echogenic debris. The bladder wall presented concentric hypertrophy and thickening.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.91 cm. The right kidney measured 3.28 cm.

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.

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.

Liver

The **liver** revealed slight coarse architecture with mild cystic duct tortuosity. This is a normal variant. The gallbladder was unremarkable.

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



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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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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.

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ULTRASONOGRAPHIC FINDINGS

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Bladder calculus, cystitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Cystotomy, stone analysis and culture and bladder wall biopsy is all warranted to assess for underlying inflammatory elements. Interstitial cystitis is likely. The granular material on the radiograph cannot be reproduced sonographically.

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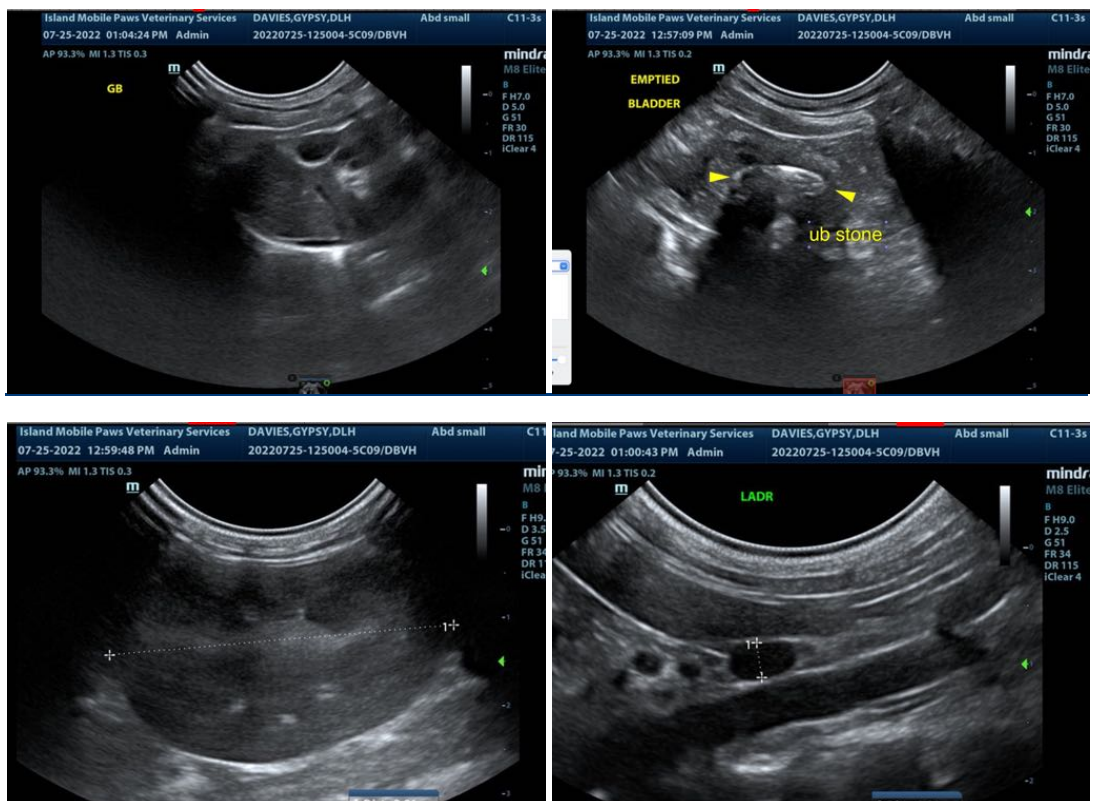
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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