



**PATIENT**

Sunny Taddeo

**PRESENTING CLINICAL SIGNS**

History: Reoccurring hematuria.  
Painful on bladder palpation

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Ragdoll

The **urinary bladder** revealed a 2.0 cm shadowing calculus with bladder wall thickening. A minimal amount of urine was present in the bladder at the time of the sonogram. A trace amount of bladder sand was also noted.

**SEX**

Neutered male

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 right kidney measured 2.82 cm. The left kidney measured 3.79 cm.

**AGE**

5 years

**Adrenal Glands**

**WEIGHT**

11 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 0.26 cm and the right adrenal gland measured 0.39 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

JK

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.

**HOSPITAL NAME**

Hamburg VC

**Liver**

**REFERRING VET**

Dr. DenHeyer

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.

**INVOICE**

76319

**Gastrointestinal**

**DATE**

7/31/23

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.

**SPECIES**

Feline

**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.

**BREED**

Ragdoll

**ULTRASONOGRAPHIC FINDINGS**

Bladder calculus with chronic cystitis bladder pattern.

**SEX**

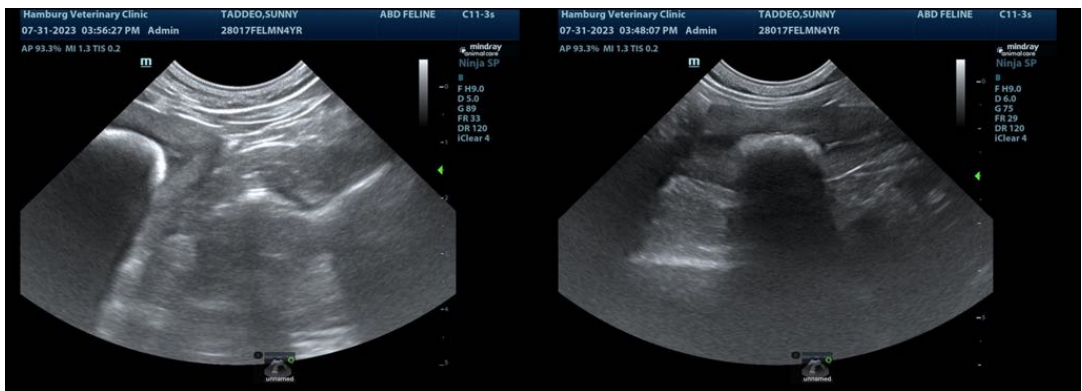
Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cystostomy and normal and retrograde flushing of the bladder is recommended. Stone analysis, culture and bladder wall biopsies are indicated to rule out underlying disease and to assess inflammatory cell type.

**WEIGHT**

11 lbs



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**SPECIES**

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**BREED**

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**SEX**

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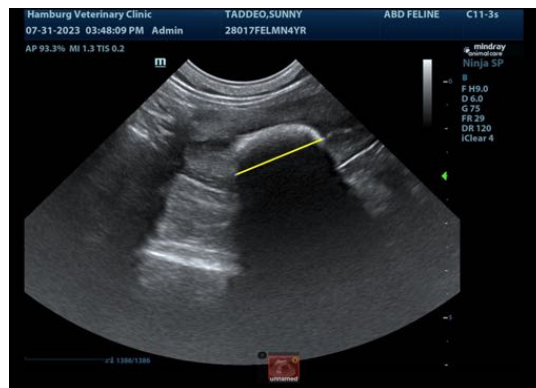
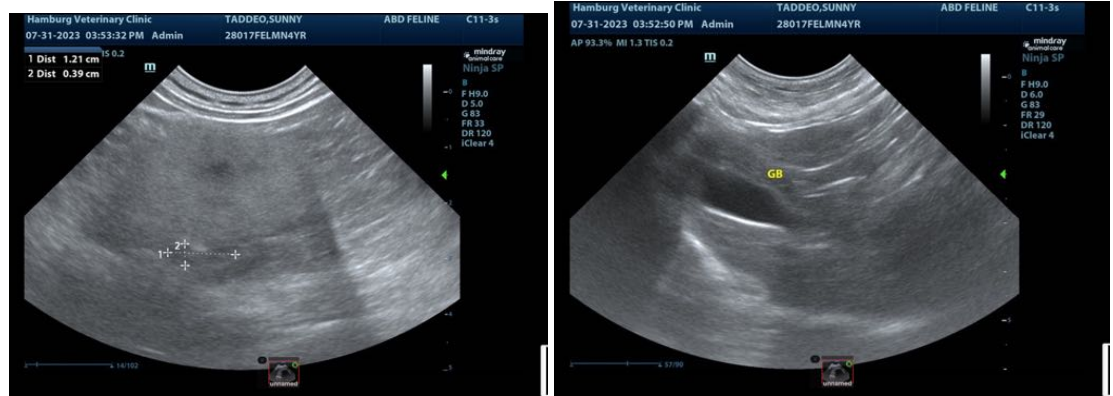
Dr. DenHoyer

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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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