



**PATIENT**

Romeo Moghul

**PRESENTING CLINICAL SIGNS**

Urinary blockage, blood in stool + hematuria, hx of CU dz

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented dependent sand measuring approximately 1.0 cm as well as suspended debris. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**BREED**

DSH

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.

**SEX**

Neutered Male

The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.3 cm. The right kidney measured 4.05 cm.

**Adrenal Glands**

**AGE**

2 Years

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 0.29 cm. The right adrenal gland measured 0.40 cm.

**WEIGHT**

11 Pounds

**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 were noted.

**INTERPRETED BY**

Eric Lindquist, DMV

**Liver**

DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Rockaway AH

**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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**REFERRING VET**

Dr. Maniar

**Pancreas**

**INVOICE**

40047

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.

**DATE**

8/2/22

**ULTRASONOGRAPHIC FINDINGS**

- Bladder sand and suspended debris, unremarkable abdomen otherwise



**PATIENT**

Romeo Moghul

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Medical management should prove effective. Surgical intervention with bladder lavage may be necessary, yet this was non-obstructive at the time of the sonogram and the amount of sand was minor.

**SPECIES**

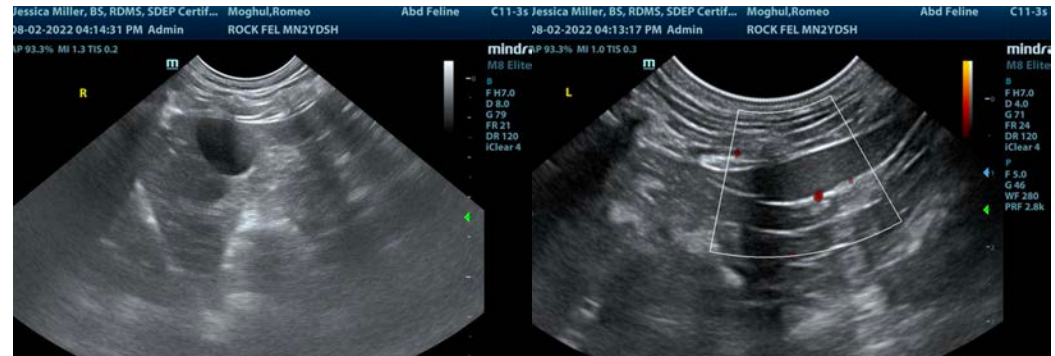
Feline

**BREED**

DSH

**SEX**

Neutered Male

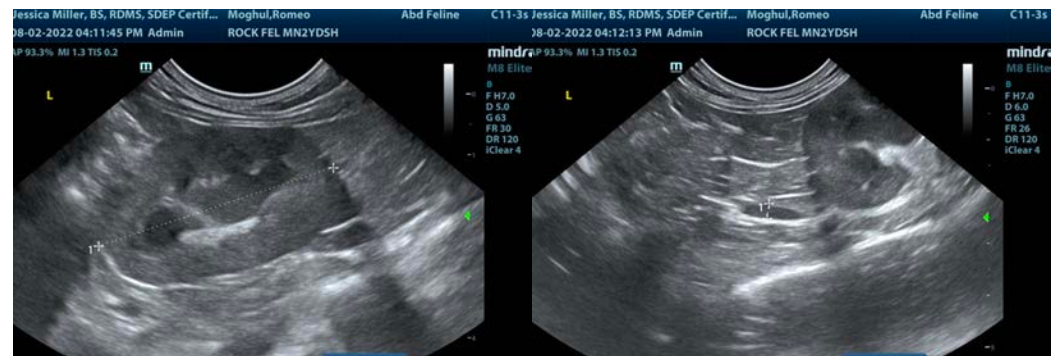


**AGE**

2 Years

**WEIGHT**

11 Pounds



**INTERPRETED BY**

Eric Lindquist, DMV

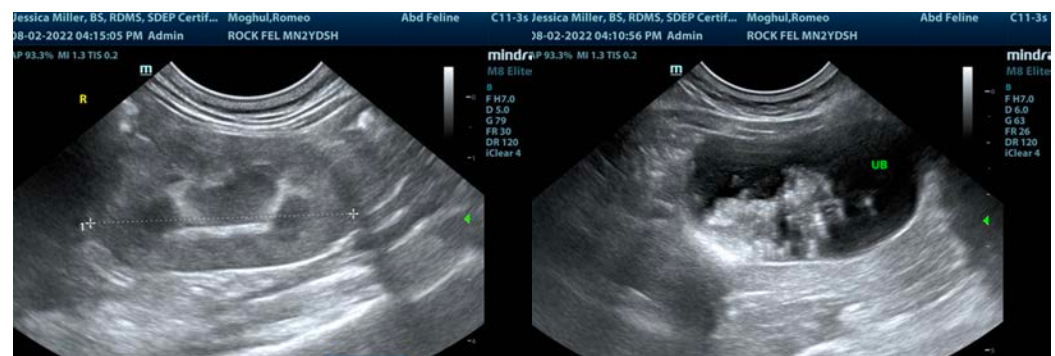
DABVP, Cert. IVUSS

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Jessica Miller

**HOSPITAL NAME**

Rockaway AH



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.

**REFERRING VET**

Dr. Maniar

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.

**INVOICE**

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

40047

[info@SonoPath.com](mailto:info@SonoPath.com)

**DATE**

8/2/22