



**PATIENT PRESENTING CLINICAL SIGNS**

**Luna Snyder** Inconsistently urinating outside of the litter box in large volumes. Some weight loss (from 13 lb to 11.4 lb, over 1.5 years)

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: USG = 1.018. Normal CBC/chem/free T4 otherwise

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a ventral wall polypoid thickening measuring 1.0 cm x 2.0 cm in length. The remainder of the bladder wall was unremarkable. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**SEX**

Spayed Female

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 kidneys measured 3.7 cm each.

**AGE**

13

**WEIGHT**

11.4 Pounds

**Adrenal Glands**

The **left adrenal gland** was 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 0.40 cm.

**INTERPRETED BY**

Eric Lindquist, DMV

The region of the **right adrenal gland** was unremarkable.

DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Dr. Brandon Holmes

**HOSPITAL NAME**

West Newton AC

**Liver**

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.

**REFERRING VET**

Dr. Brandon Holmes

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**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.



**PATIENT**

**Pancreas**

Luna Snyder

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.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

DSH

- Ventral bladder wall thickening - Interstitial cystitis/pseudomembranous cystitis likely, emerging carcinoma possible.

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cytospin of a free catch urine sample would be recommended to assess for transitional cell. BRAF testing could be considered as well. Environmental stressors should also be evaluated if not already performed.

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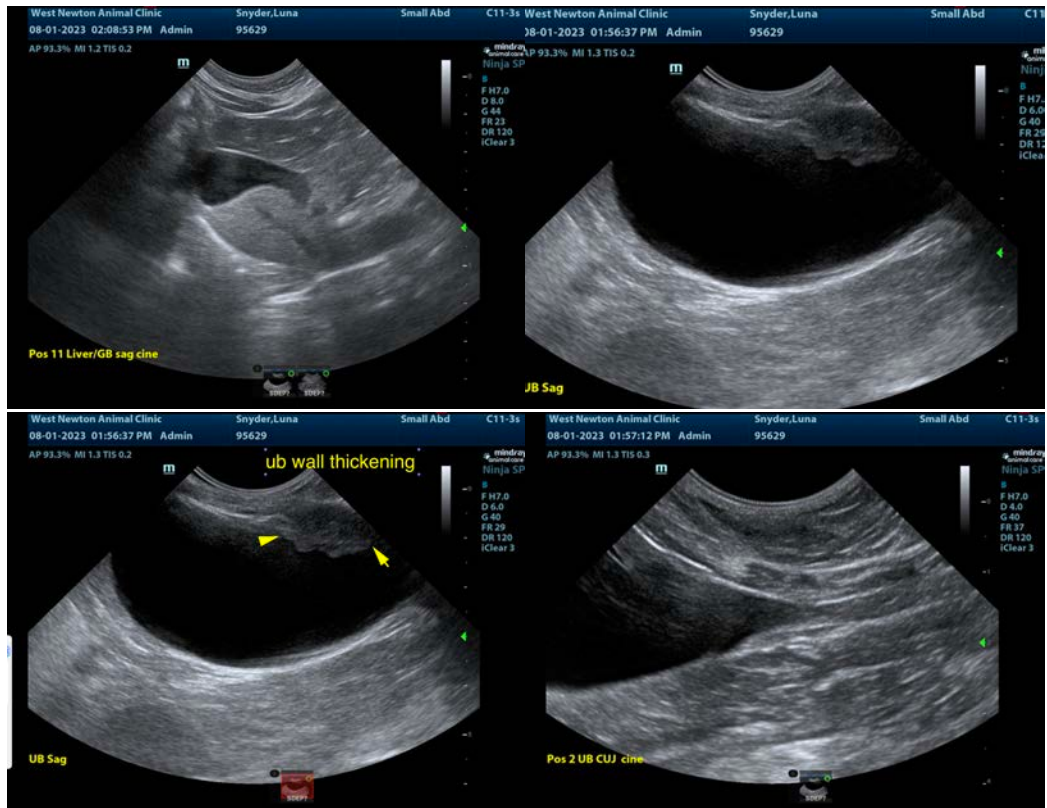
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**PATIENT**

Luna Snyder

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

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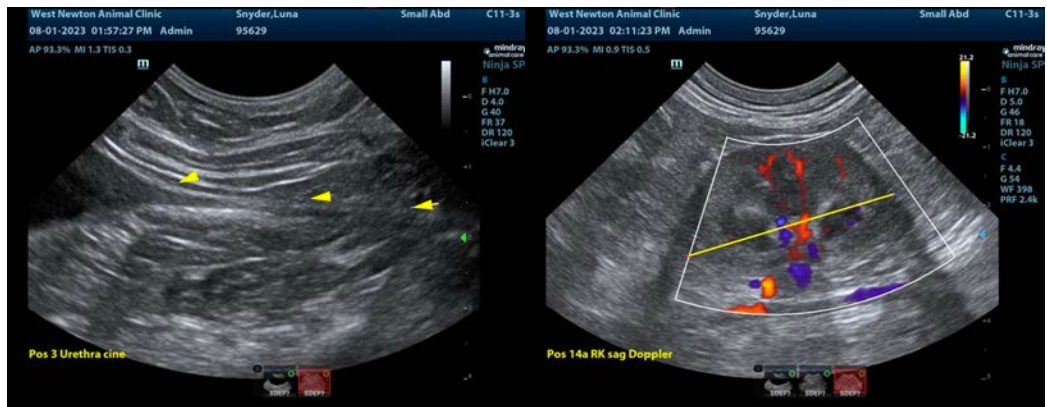
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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