

**PATIENT**

Figaro Hajji

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

4.98

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Valentina

**HOSPITAL NAME**

The Veterinary Surgery

**REFERRING VET**

Dr. Valentina

**INVOICE**

44964

**DATE**

8/27/23

**PRESENTING CLINICAL SIGNS**

Presented for hematuria since few days, also diarrhea has been noticed, otherwise being happy in himself. Eating and drinking well. The cat is on Royal canine diet plus some Friskies food from the supermarket. At the clinical presentation the patient is Alert and responsive. MMC are pink. Mouth reveals not offensive breath. HR 180 RR 35. Heart and lung sound clear. Abdomen reveals a gassy intestinal tract and the palpation on the bladder area reveals a discomfort, however the bladder is almost empty. Body temp 38.4.

Abnormal PE/Chem/CBC/UA Results: The CBC and the comprehensive reveals parameters in the normal range. The abdominal ultrasound reveals stones into the bladder and sediment. the urinalysis reveals several microcrystal struvite.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed polypoid ventral wall changes with suspended coalesced debris and regional inflammation associated with the bladder wall. Wall thickness measured 2.8 cm x 1.0 cm. The urethra was not visualized.

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 4.4 cm. The right kidney measured 4.4 cm.

**Adrenal Glands**

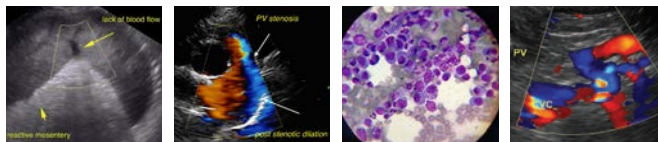
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.30 cm. The right adrenal gland measured 0.25 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 were noted.

**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.



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**Gastrointestinal**

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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.

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**Pancreas**

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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.

**SEX**

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**ULTRASONOGRAPHIC FINDINGS**

**AGE**

7 Years

- Ventral bladder wall thickening with regional inflammation and minor mucus debris – most consistent with pseudomembranous cystitis or interstitial cystitis, mild potential for underlying bladder neoplasia.
- Unremarkable abdomen otherwise

**WEIGHT**

4.98

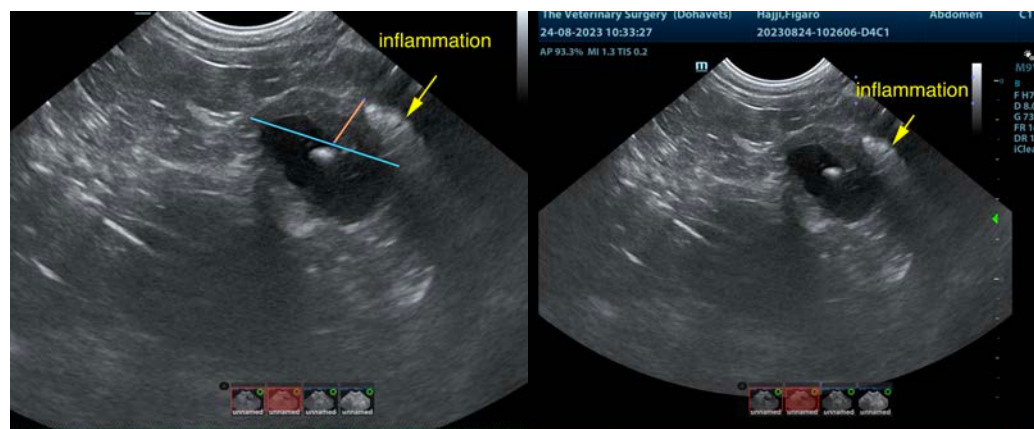
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend partial cystectomy in this patient with surgical removal of the ventral apical bladder wall. Histopathology of the bladder wall and culture would be indicated.

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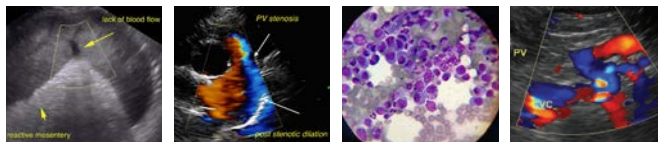
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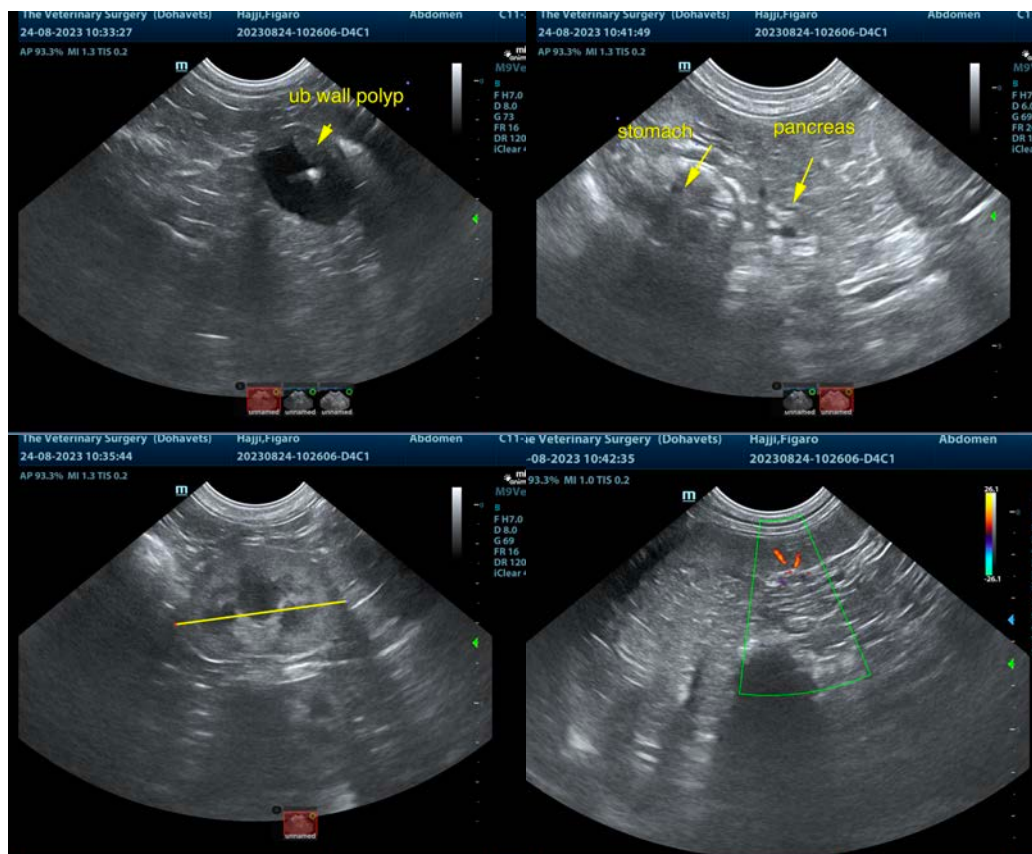
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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