



PATIENT

Maggie Calabrese

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

18 Years

WEIGHT

7.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Pompton Lakes AH

REFERRING VET

Dr. Taylor McConnell

INVOICE

12862

DATE

8/30/21

PRESENTING CLINICAL SIGNS

History: Urinating blood - history of UTIs. - possible mass effect in urinary bladder near trigone on AFAST scan. Had Convenia injection on 8/23/21.

Abnormal PE/Chem/CBC/UA Results: 7/29/21 - RBC 6.98, SDMA 19, BUN 48. 7/15/21 - non-crystalline debris. UsG 1.018.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **right kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.19 cm.

The **left kidney** was subnormal in size with irregular contour and revealed cortical collapse (owing to infarct). The left kidney measured 2.84 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 right adrenal gland measured 0.37 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.

Gastrointestinal

The **stomach** was filled with ingesta and/or hair accumulation depending upon what the patient ate prior to the sonogram. The small intestine and colon were unremarkable.



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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.

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ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative left renal changes and minor on the right kidney
- Normal lower urinary tract
- Hairball accumulation or postprandial presentation noted in the stomach
- Unremarkable abdomen otherwise

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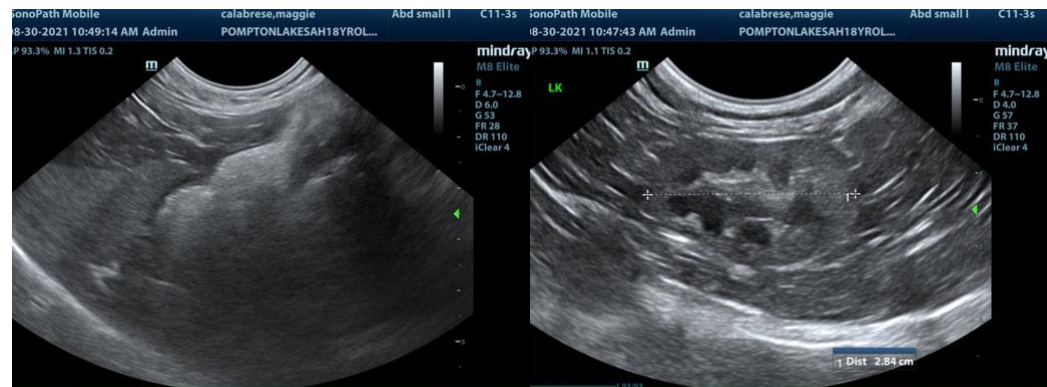
Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplasia.

AGE

18 Years

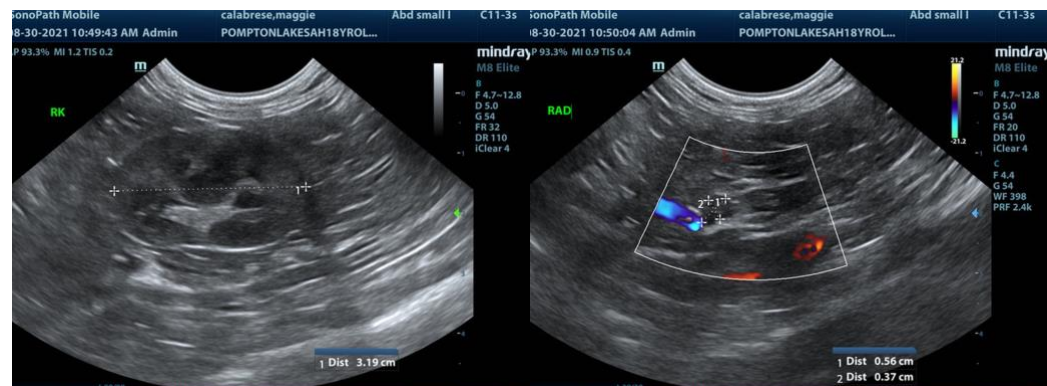


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com