



PATIENT

Binx McMaster

PRESENTING CLINICAL SIGNS

History: Bloody urine - Painful abdomen - Convenia injection given 8/1/22 urinating small amounts and straining
Abnormal PE/Chem/CBC/UA Results: WNL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Feline

The **urinary bladder** presented concentric bladder wall thickening with trace amounts of sand. The bladder wall measured up to 0.5 cm. This is consistent with an interstitial cystitis pattern with areas of ulceration and mineralization. The apical dorsal wall appeared to have hyperechoic mineralized or ulcerative changes that are nearly reactive the serosal level.

SEX

Domestic Shorthair

AGE

7 ½ years

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 4.61 cm. The right kidney measured 4.74 cm with slight pinpoint mineralization.

WEIGHT

15.6 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Heather

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

Animal Care Center of
Flanders

Liver

REFERRING VET

Dr. Hallihan

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

32153

DATE

8/4/22



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Gastrointestinal

Binx McMaster

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

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.

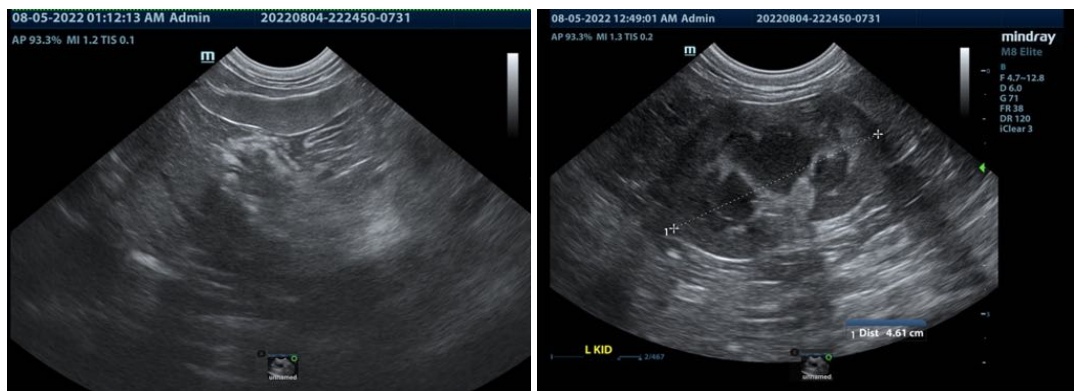
ULTRASONOGRAPHIC FINDINGS

Severe interstitial cystitis pattern with probable ulcerative changes.

Pinpoint renal mineralization, non-obstructive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bladder resection of the apical bladder would be ideal in this patient; however, it would not likely be curative as the pathology appears to be concentric. However, I am concerned about eventual perforation of the apical wall. This is likely interstitial cystitis with a minor potential for bladder lymphoma. A trace amount of sand was present, yet this is not the primary issue. Histopathology is important in the bladder wall in this patient.





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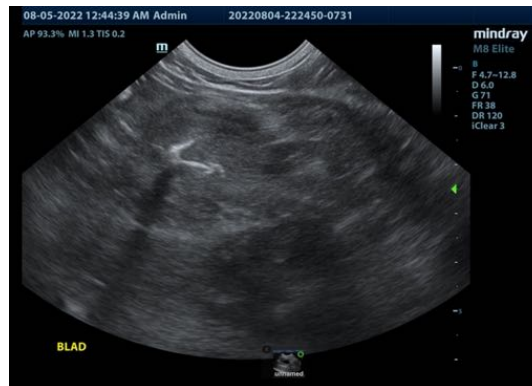
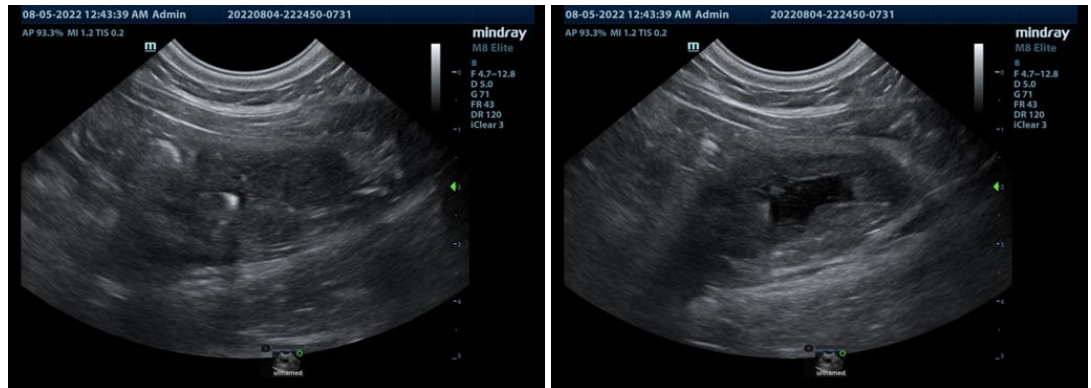
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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