



PATIENT

Jack Knoll

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

16.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

46435

DATE

8/4/23

PRESENTING CLINICAL SIGNS

History: Recurrent urethral obstruction. Recent episode of off food and not able to urinate more than a tiny spot.

Abnormal PE/Chem/CBC/UA Results: PE: Unremarkable save mild dehydration and moderate bladder fill. UA: sg 1.048, pH 7.0, Protein 500 mg/dL, Struvite crystals Chem: Glucose 182 mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed bladder wall thickening was noted. Bladder sand was noted with accumulation measuring 2.6 cm. The sand was non-obstructive at the time of the sonogram. However, this patient may obstruct at any time. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal. Urethral catheter was in proper position. A trace amount of urethral sand was noted.

The **kidneys** were mildly swollen with pericapsular enhanced fat. Slight pyelectasia was noted in the kidneys. The right kidney measured 4.29 cm. The left kidney measured 4.67 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 0.32 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 was 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

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.

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Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

Bladder sand.

9 years

Swollen, irregular kidneys likely owing to post obstructive syndrome and nephritis. Minor pyelectasia in both kidneys.

WEIGHT

16.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, bladder lavage, sand analysis and culture are indicated. Medical management can be attempted; however, the patient is at high risk to reblock. Urine culture and sensitivity, Enrofloxacin or similar antibiotic is warranted over a 3-4 week period.

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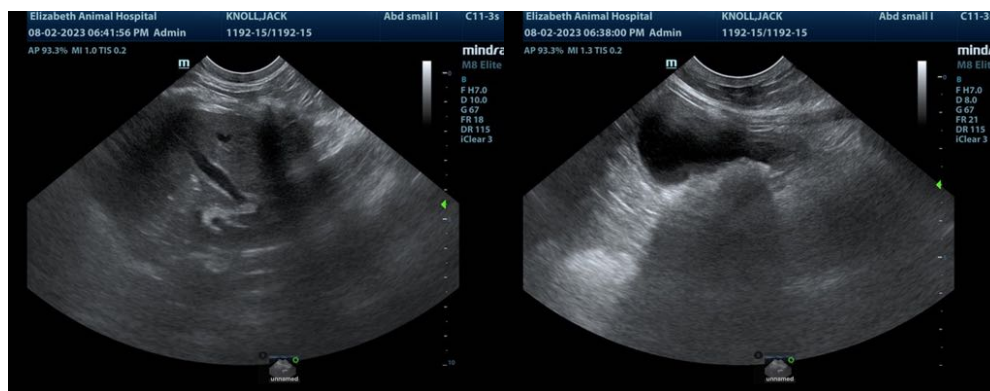
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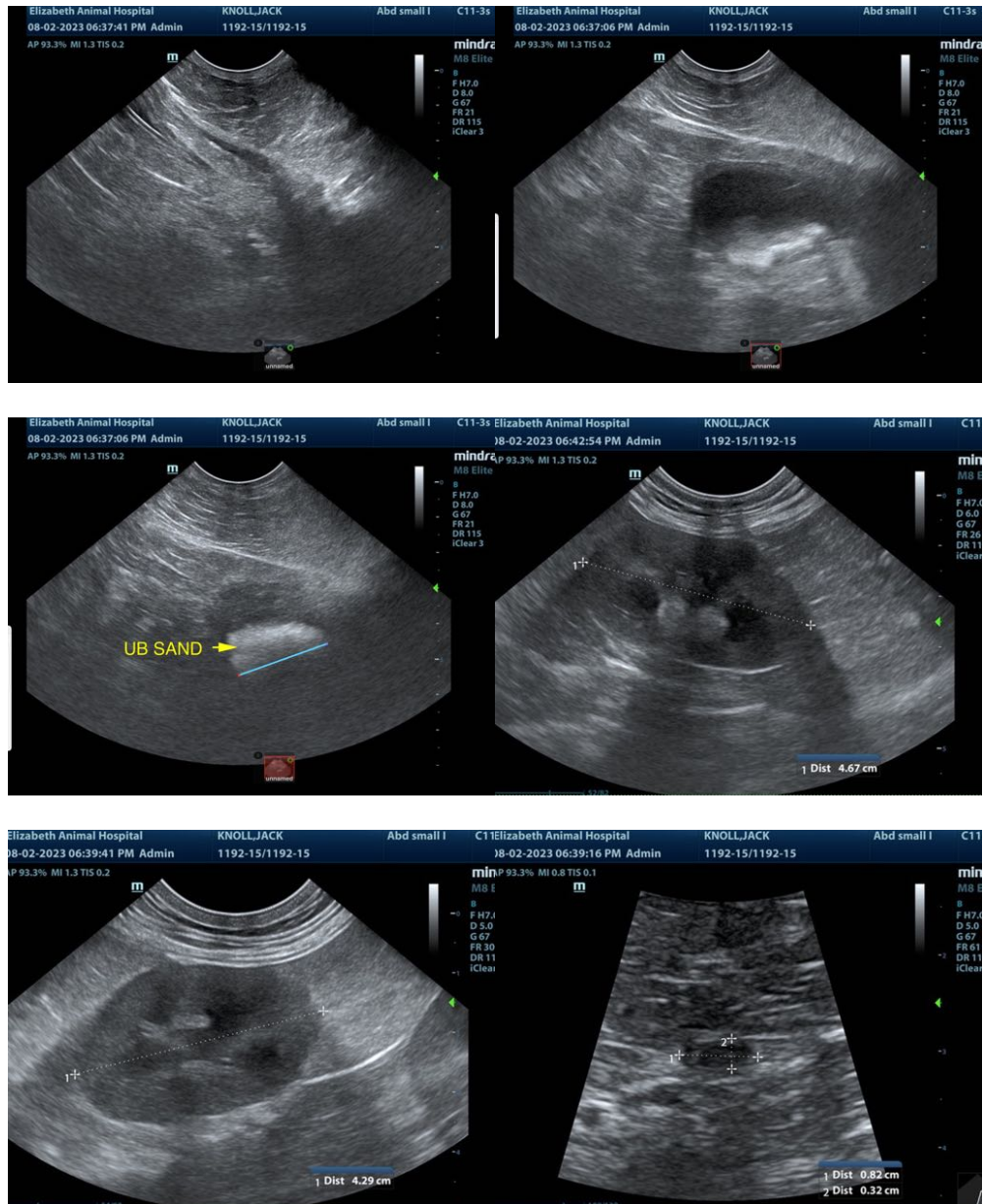
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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