



PATIENT

Cedar Kuhn

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

4.56 kg

WEIGHT

7 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Dennison

HOSPITAL NAME

Castlegar VH

REFERRING VET

Dr. Dennison

INVOICE

39550

DATE

9/21/22

PRESENTING CLINICAL SIGNS

History: Bloody urine noted on three different urinalysis over 18 month period, usually collected via cysto so was suspected artifact. July 2022 she was under anesthetic for a dental and bladder was very gently/minimally compressed to collect a sample and blood was present. X-rays and very brief u/s showed concerns for kidney changes. This cat has had a history of barbering the inside of her hind legs, not the belly or groin. This has not been an issue since 2020. Cedar shows no c/s of issues at home. Seems content. WE are looking for the cause of bloody urine so we can provide owner with all options for further care and diagnosis. Thank-you for your help.

Abnormal PE/Chem/CBC/UA Results: X-rays showed unequal kidney size - left kidney was approx 2 vertebral bodies tall and had a radiodensity present; right kidney was approx. 1.5 vertebral bodies tall. Full abdominal u/s was recommended and performed today. Bloodwork showed no abnormalities, SDMA was 9 and other renal parameters were normal including USG.

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Minor mineralization was noted in the kidneys. The left kidney measured 4.09 cm. The right kidney revealed cortical infarcts. The right kidney measured 3.73 cm. Blood flow to the kidneys appeared adequate on power doppler assessment.

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.

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.



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Liver

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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.

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

Renal infarcts and calculi with mild to moderate degenerative changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically. Underlying infection should also be ruled out. Hematuria may be deriving from passage of calculi and/or infarcts or underlying inflammatory events. Medical management regarding geriatric diet and assessment for any evidence of UTI would be appropriate. There is no evidence of obstructive disease at this time.

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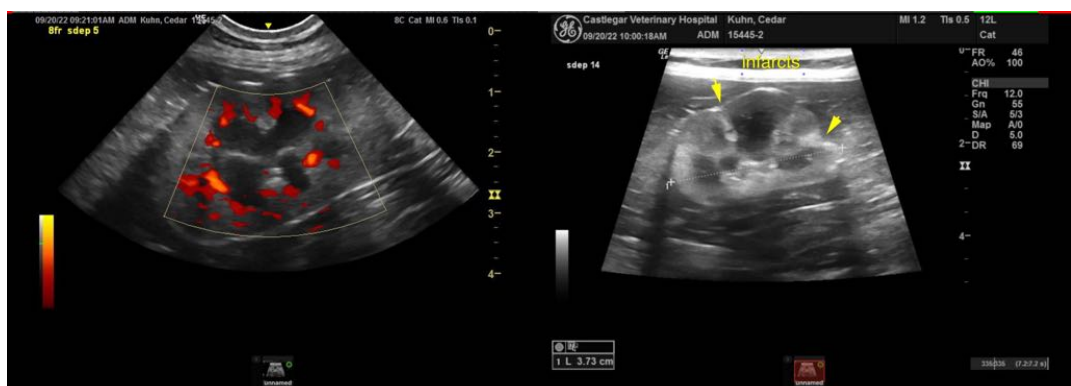
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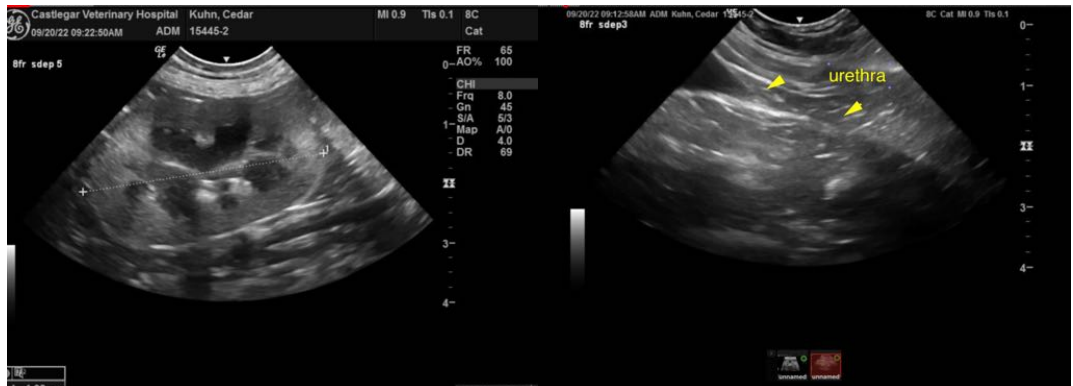
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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