



PATIENT

Romy Prakrsah

PRESENTING CLINICAL SIGNS

History: History of FLUTD.
Abnormal PE/Chem/CBC/UA Results: CBC: neut. 2.1.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

The **urinary bladder** and trigone presented normal thicknesses and normal tone. The urethra revealed a minor amount of sand accumulation measuring 0.38 cm lodged approximately 2.0 cm deep in the distal pelvic urethra from the cystourethral junction. Urethral sand was also noted at the proximal urethra and cystourethral junction. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.98 cm. The left kidney measured 4.14 cm.

AGE

9 years

WEIGHT

14.1 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

The **spleen** was mildly to moderately enlarged and uniform measuring 1.31 cm.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Liver

HOSPITAL NAME

Animal Paradise
Hospital

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.

REFERRING VET

Dr. Elshafie

INVOICE

92013

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.

DATE

9/27/21



PATIENT

Pancreas

Romy Prakrsah

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

Urethral and slight bladder sand.

Domestic Shorthair

Slight splenic enlargement, likely reactive.

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

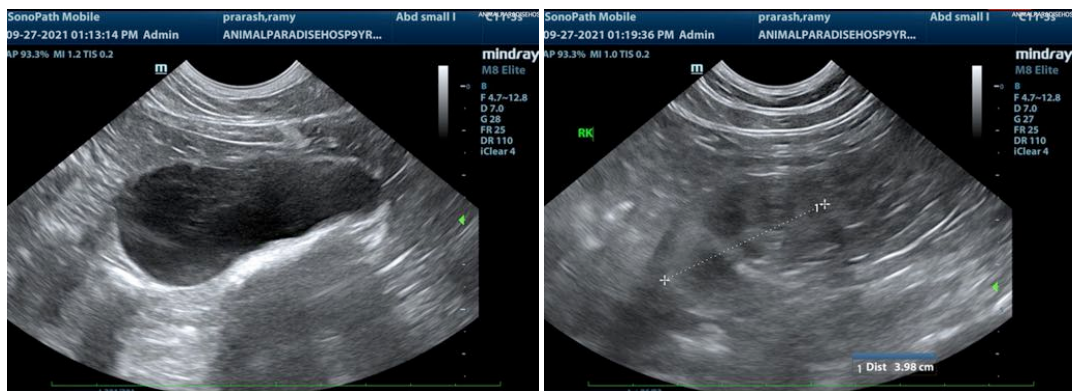
AGE

9 years

If any weight loss is present then FNA of the spleen is warranted. Cystotomy, normal and retrograde flushing of the urethra and bladder would be recommended. The calculi and sand in the urethra may obstruct the distal pelvic urethra. Another option would be IV fluid support and diuresis with a recheck of the urinary bladder after 24-36 hours of aggressive fluid therapy to assess if the sand can be dissolved. Full urinary work-up is warranted.

WEIGHT

14.1 lbs

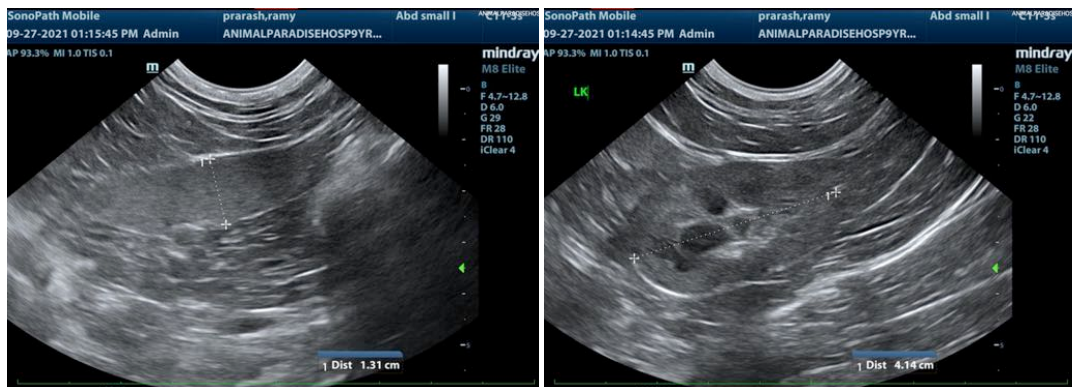


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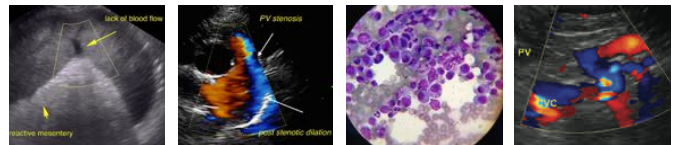
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SPECIES

Feline

BREED

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SEX

Spayed Female

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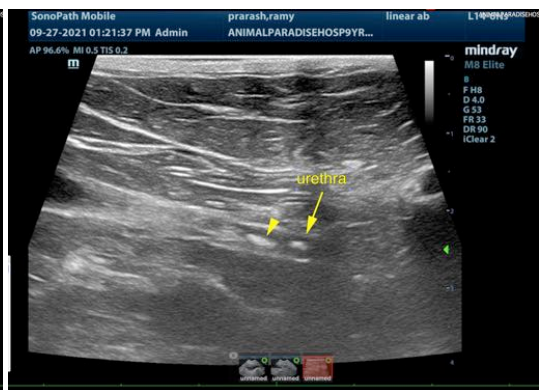
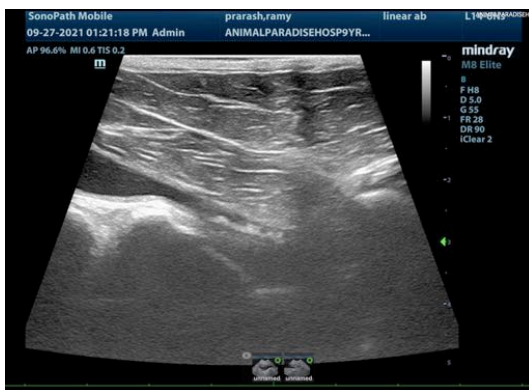
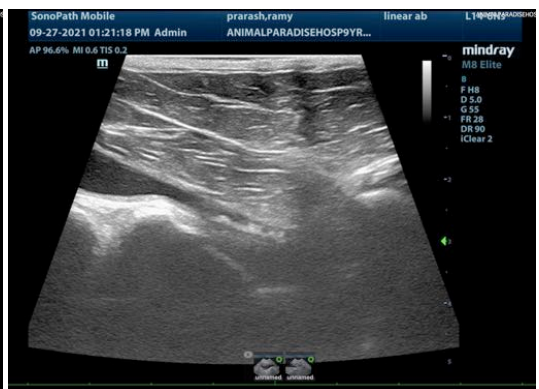
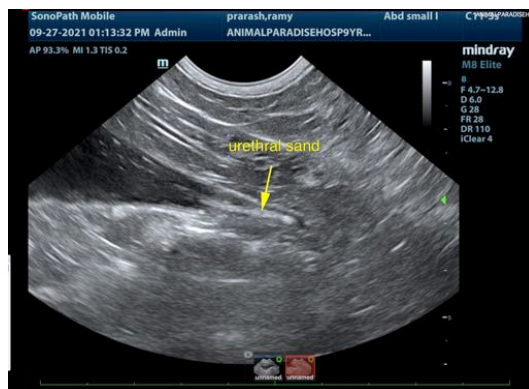
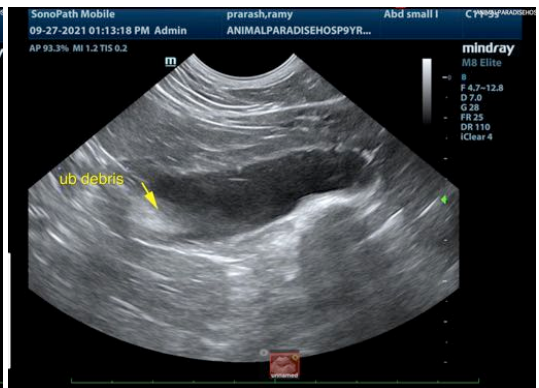
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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