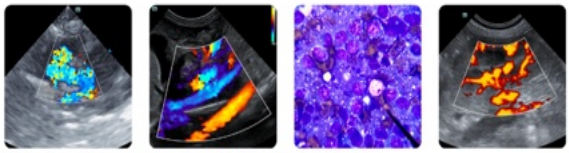


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Eliza Grisham

SPECIES

Feline

BREED

Siamese

SEX

Spayed female

AGE

15 years

WEIGHT

9.9 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

69198

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: weight loss, mild dehydration, pollakiuria, stranguria. joint and dental disease. on Dasaquin SID
Abnormal PE/Chem/CBC/UA Results: Senior Screen 11/13: CBC monocytosis, Chem: BG 191, SDMA 20, Crea 2.6, BUN 43, T4 is WNL @ 2.7. Urine: USG 1.015 (after SQ Flu) 3+ pro, 2+ blood, 30-50 WBC, 10-15 RBC, Marked bacteria, rods. 11/25: BUN 48, Creat 2.4, Urine: USG 1.015, PH 6.5, prot neg, WBC 0-2, RBC 0-2, bac non seen. Azotemia is stable (marginally improved) and UTI appears resolved.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed multi-focal polypoid and mural thickening of the ventral bladder wall measuring up to 0.54 cm. Thickening continued into the cystourethral junction measuring up to 0.4 cm in the proximal urethra.

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 3.77 cm. The left kidney measured 3.24 cm.

Adrenal Glands

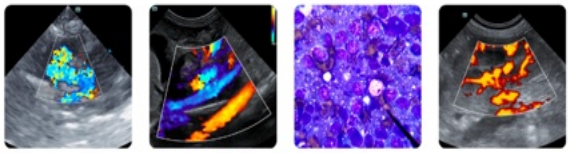
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.34 cm and the right adrenal gland measured 0.49 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal



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contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Polypoid cystitis pattern. Pseudomembranous cystitis is suspected. Mild potential for emerging bladder neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity, cytospin of free catch urine sample assessing for inflammatory cell type as well as potential underlying carcinoma (yet not suspected). 4 weeks of antibiotic therapy is recommended with reassessment of the bladder changes.

Feline Chronic UTI Protocol
I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in an adequately hydrated patient without renal failure to avoid complications. This assumes that culture supports this use. Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. *Note: Negative culture does not necessarily mean lack of UTI especially with elevated urinary WBC with low urine specific gravity.* Other favorite antibiotics for chronic UTI include zithromax 50mg/cat SID or potentiated bet lactam antibiotics.

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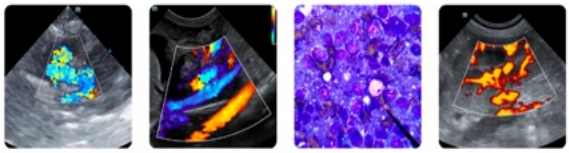

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Educational Teleconsultation Services™

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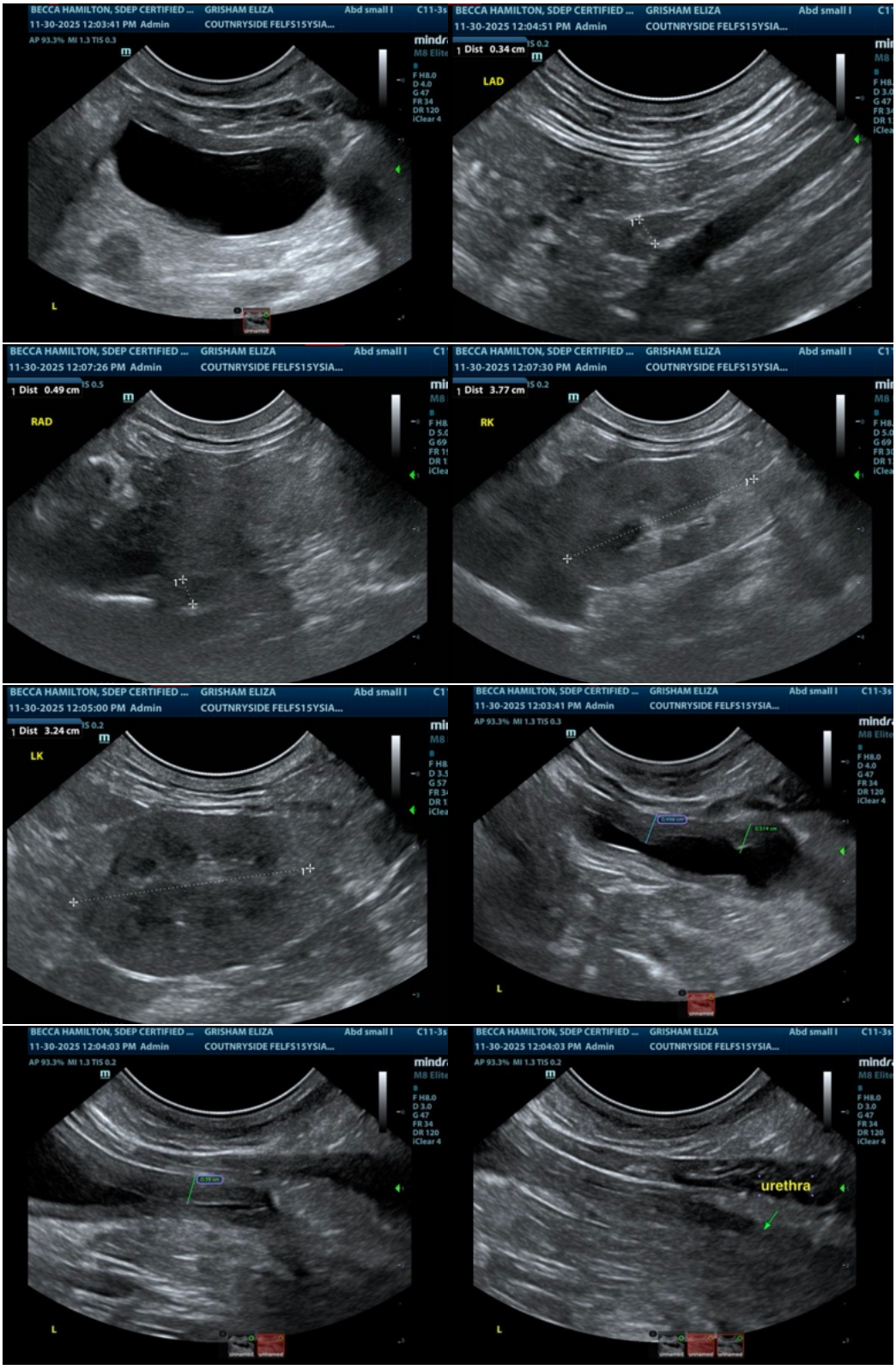

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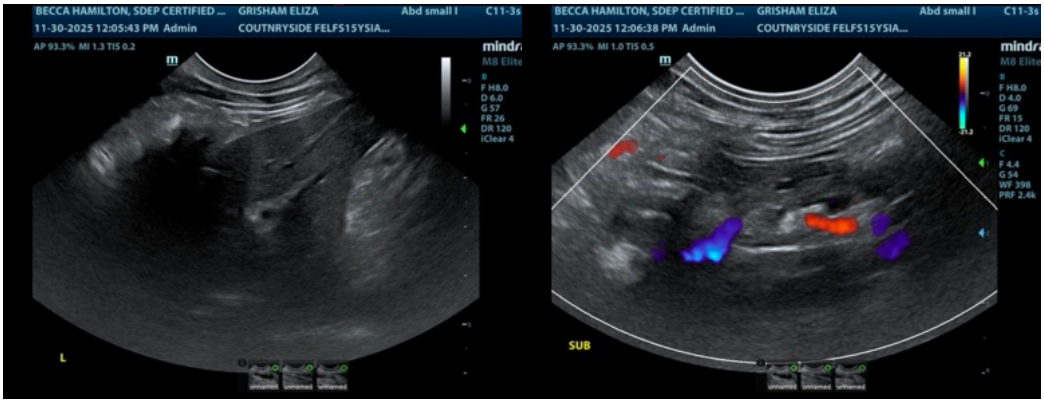

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com