



**PATIENT**

Samson Walter

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

11 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

Ringwood AH

**REFERRING VET**

Dr. Wilkes

**INVOICE**

43130

**DATE**

12/15/22

**PRESENTING CLINICAL SIGNS**

History: Vomiting bile, decreased appetite, lethargy  
Abnormal PE/Chem/CBC/UA Results: Reticulocyte Hemoglobin: 15.1, WBC: 69.9, Neutrophils: 57.737, Lymphocytes: 8.458, Monocytes: 2.516, Basophils: 0.14, Glu: 66, Chloride: 111, AST: 68, Creatine Kinase: 3,841

**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. The bladder revealed calculus that measured 0.6 cm and was non-obstructive. 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. Corticomedullary mineralization were noted. The right kidney measured 3.53 cm. The left kidney measured 3.38 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 right adrenal gland measured 0.39 cm. The left adrenal gland measured 0.4 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 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.



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**Gastrointestinal**

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The **stomach** revealed minor, mucosal hypertrophy in the pyloric outflow, yet the lumen was empty. No neoplastic criteria was met. Minor muscularis hypertrophy was present. The small intestines and colon were unremarkable.

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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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

14 years

Bladder calculus, nephrolithiasis, mild to moderate degenerative renal changes.

Minor mucosal hypertrophy in the pyloric outflow.

Structurally the abdomen appears unremarkable.

**WEIGHT**

11 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The patient is likely passing calculi periodically from the kidneys to the bladder. Cystotomy, stone analysis and culture is indicated. Gastric biopsy can be performed at the time of surgery. It is possible that the patient recently passed a calculus from the kidneys to the bladder especially if responsive to therapy or if the patient is normalizing clinically as the urinary calculi are non-obstructive at this time. There was no evidence of neoplasia or foreign bodies. Full urinary work-up is recommended.

**IMAGING PERFORMED BY**

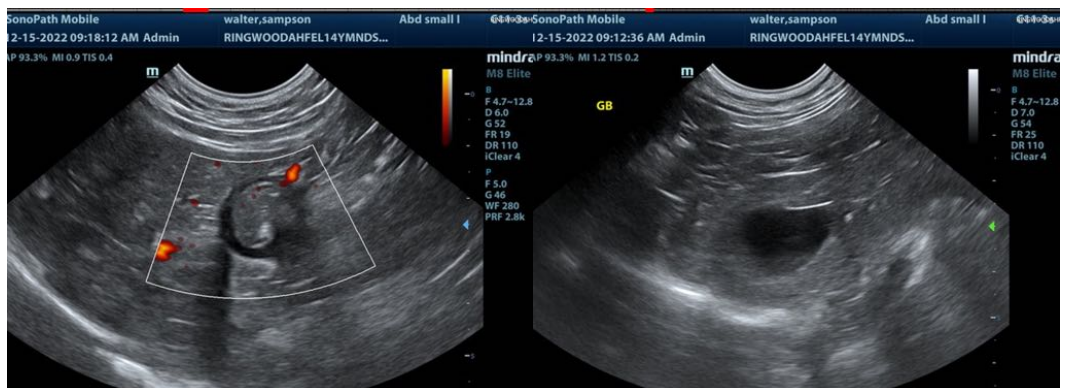
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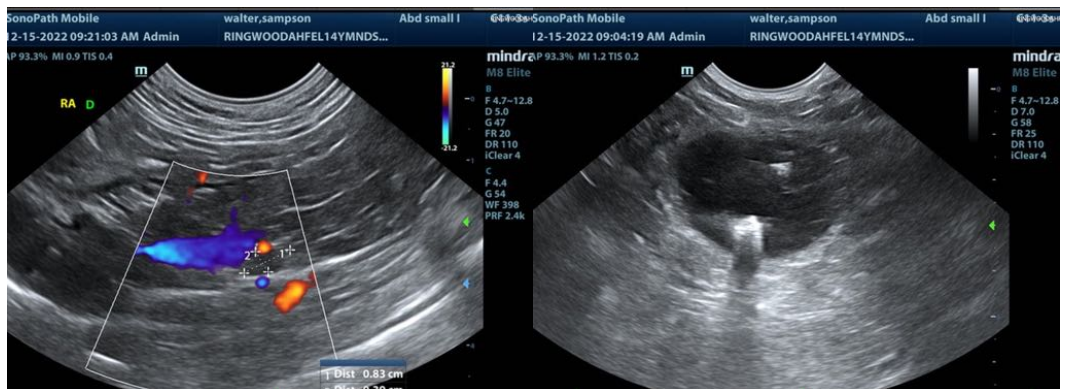
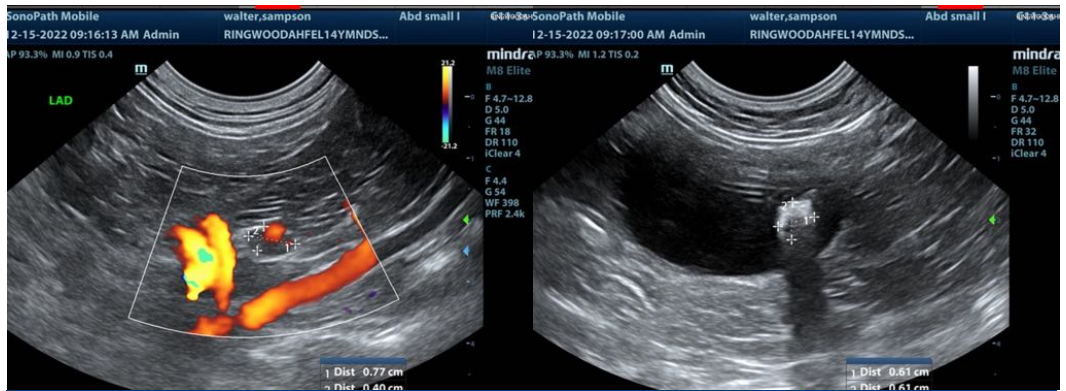
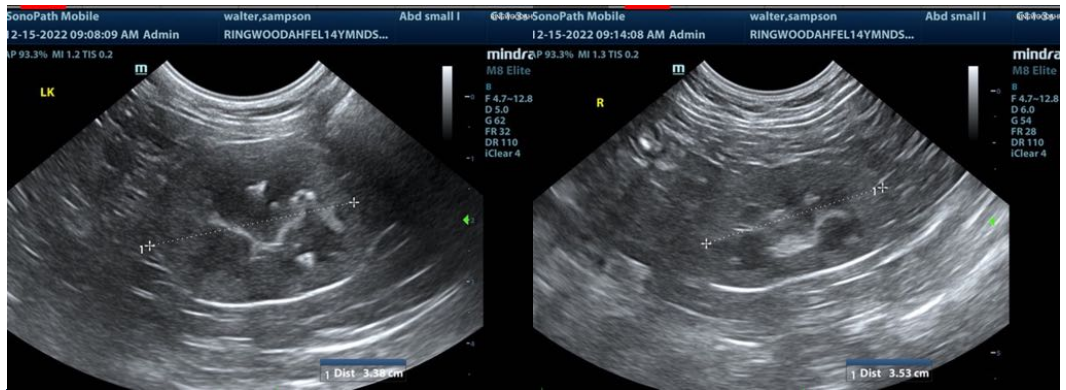
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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