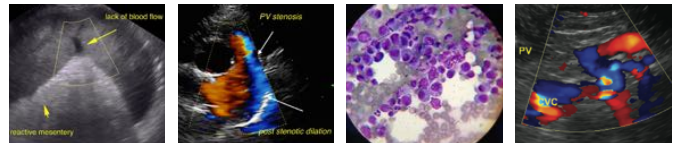




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Velvet Parisi	History: Anorexic, polydipsic. Meds: Convenia, Mirataz WBC/RBC present in urine. USG 1.022
<b>SPECIES</b>	
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<b>Urinary System</b>
<b>BREED</b>	The <b>urinary bladder</b> presented concentric polypoid thickening. There was a proliferative lesion at the dorsal wall of the level of the trigone. The lesion measured 1.91 x 0.5 cm. Ventral wall thickness measured 0.43 cm. A minimal amount of urine was noted at the time of the sonogram. Mural cystic defect was noted at the apex of the urinary bladder and measured approximately 1.5 cm. The proliferative thickening entered into the urethra.
Domestic Shorthair	
<b>SEX</b>	
Spayed female	
<b>AGE</b>	The <b>kidneys</b> revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.02 cm. The left kidney measured 3.88 cm.
10 years	
<b>WEIGHT</b>	
12.8 lbs	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	Both <b>adrenal glands</b> 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 0.37 cm.
Eric Lindquist, DMV DABVP, Cert. IVUSS	
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Shari Reffi, CVT	The <b>spleen</b> 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.
<b>HOSPITAL NAME</b>	
VCA Blairstown AH	
<b>REFERRING VET</b>	<b>Liver</b>
Dr. Clegg	The <b>liver</b> 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.
<b>INVOICE</b>	
44085	
<b>DATE</b>	
5/1/23	



**PATIENT**

**Gastrointestinal**

Velvet Parisi

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.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**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.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Concentric bladder mass, may not necessarily be neoplastic. Interstitial cystitis with proliferative pattern is possible versus carcinoma or bladder lymphoma.

**AGE**

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical biopsies would be necessary in this patient. If the pathology is not resectable however, resection of the apical cystic lesion may be appropriate. However, closure and healing may be a significant issue in this patient. Cytospin of a free catch urine sample would be appropriate to assess for any exfoliating neoplasia versus inflammatory elements. Prognosis is guarded. There was no evidence of metastatic disease. The remainders of the abdomen was unremarkable.

**WEIGHT**

12.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

VCA Blairstown AH

**REFERRING VET**

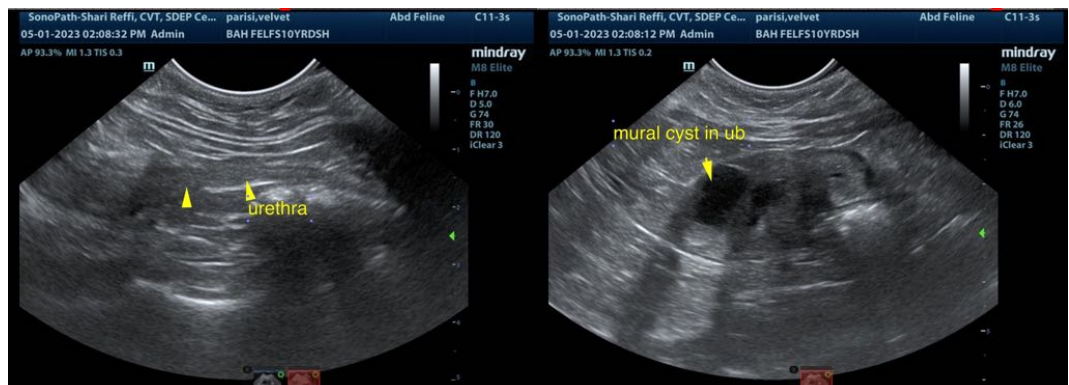
Dr. Clegg

**INVOICE**

44085

**DATE**

5/1/23





**PATIENT**

Velvet Parisi

**SPECIES**

Feline

**BREED**

Domestic Shorthair



**SEX**

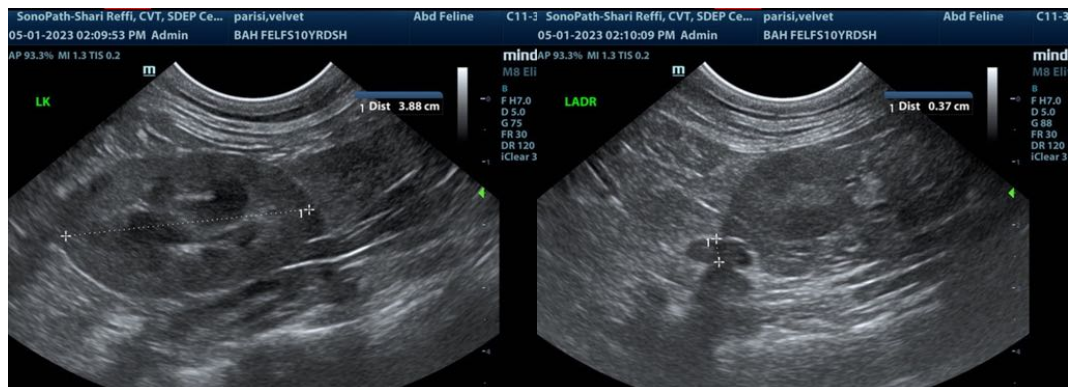
Spayed female

**AGE**

10 years

**WEIGHT**

12.8 lbs



**INTERPRETED BY**

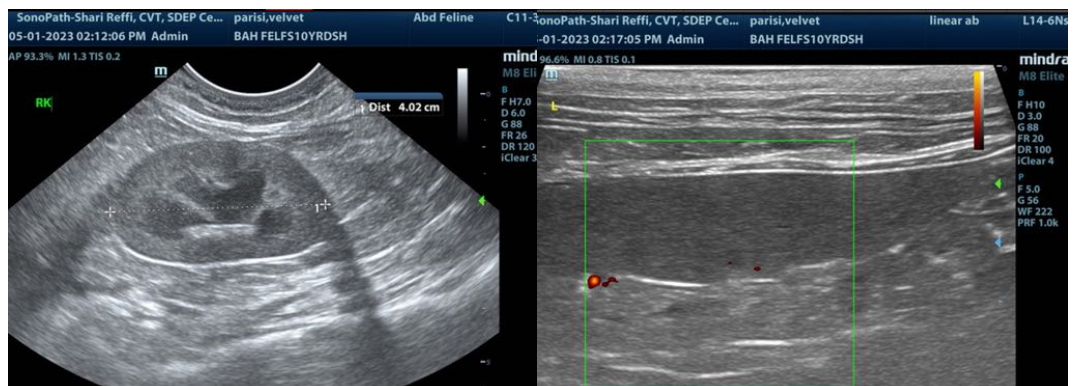
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

VCA Blairstown AH



**REFERRING VET**

Dr. Clegg

**INVOICE**

44085

**DATE**

5/1/23

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