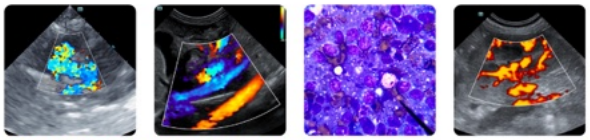


PATIENT

Henry Kripke

SPECIES

Feline

BREED

American Shorthair

SEX

Male

AGE

12 years

WEIGHT

14.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Adrienne Hou

HOSPITAL NAME

Marina Village Veterinary & Integrative Care

REFERRING VET

Dr. Hou

INVOICE

68619

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: Stranguria, productive for the past week. No history of urinary tract disease. History of constipation, controlled.
Abnormal PE/Chem/CBC/UA Results: Bladder soft. CBC, chem, UA pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine contains abundant floating mineral sediment. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.89×2.44 cm, with a cortical thickness of 0.39 cm in the sagittal plane. The right kidney is normal in shape and size: 3.26×1.94 cm, with a cortical thickness of 0.32 cm in the sagittal plane. The renal cortex appears increased in echogenicity; however, the gain setting of the ultrasound machine is markedly elevated, which may artifactually exaggerate cortical brightness. The corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Color Doppler shows a normal vascular pattern.

Adrenal Glands

The left adrenal gland shows normal shape and echogenicity and measures 0.36 cm at the cranial pole and 0.35 cm at the caudal pole.

The right adrenal gland could not be visualized, as the videos provided did not correspond to this structure.

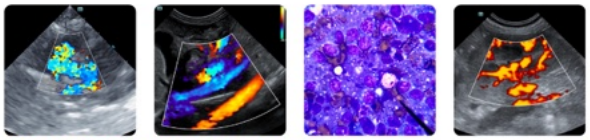
Spleen

Splenic thickness is 0.64 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture with a 2.20×1.97 mm myelolipoma or Bate's body. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness of 1.49 mm and preserved wall layering. The pylorus measures 2.59 mm.

Duodenum: 1.48 mm. Jejunum: 1.79 mm (mucosa 1.53 mm, submucosa 0.65 mm, muscularis propria 0.27 mm). Ileum: 1.76 mm (mucosa 0.85 mm, submucosa 0.69 mm, muscularis propria 0.24 mm). Wall layering is normal. The ileocecal junction was not visualized. No signs of inflammation, ileus, or foreign material are identified.

Colon: transverse colon 0.76 mm; descending colon 0.67 mm, with formed feces in the descending segment, but no clear signs of impaction.

Pancreas

The right limb (4.96 mm), body (4.42 mm), and left limb (5.45 mm) appear normal. The pancreatic parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct measures 0.42 mm. No signs of active inflammation or neoplastic disease are evident.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Abundant floating mineral sediment within the urinary bladder.

SECONDARY FINDINGS

- Mildly hyperechoic renal cortices (likely affected by high gain setting; corticomedullary detail preserved).
- Small splenic nodule (2.20×1.97 mm) consistent with a benign myelolipoma or B-body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mineral sediment in the bladder is consistent with crystalluria. No signs of cystitis are currently observed.

The tiny splenic myelolipoma/B-body is a benign, incidental finding with no clinical relevance.

The biliary sludge is mild and clinically nonspecific; it is commonly seen in cats and typically reflects biliary stasis, or incidental variation rather than active hepatobiliary disease.

Recommendations

- Urinalysis (including sediment exam and specific gravity) to characterize the bladder mineral sediment. Consider urine culture to rule out infection.
- Ensure adequate hydration, as concentrated urine can contribute to sediment formation.

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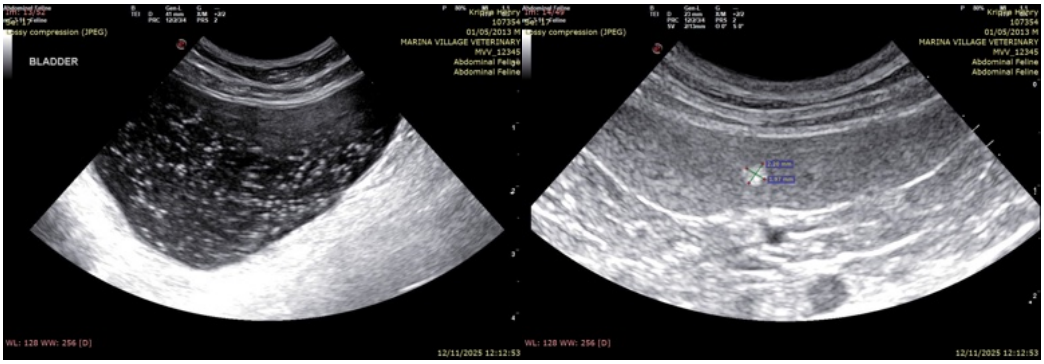
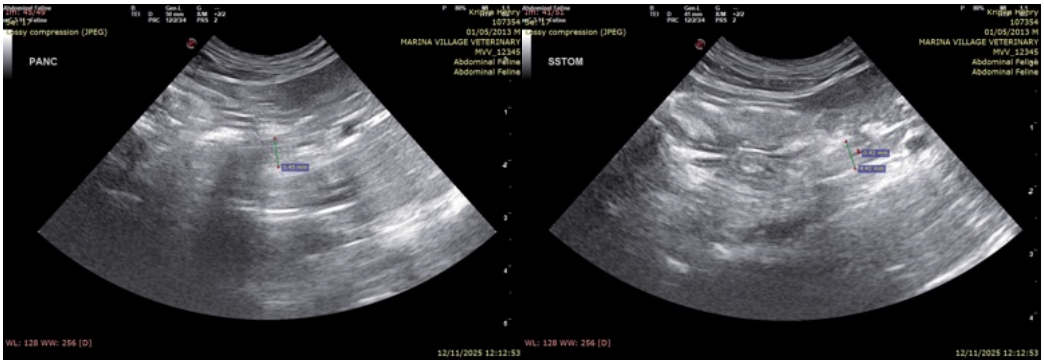
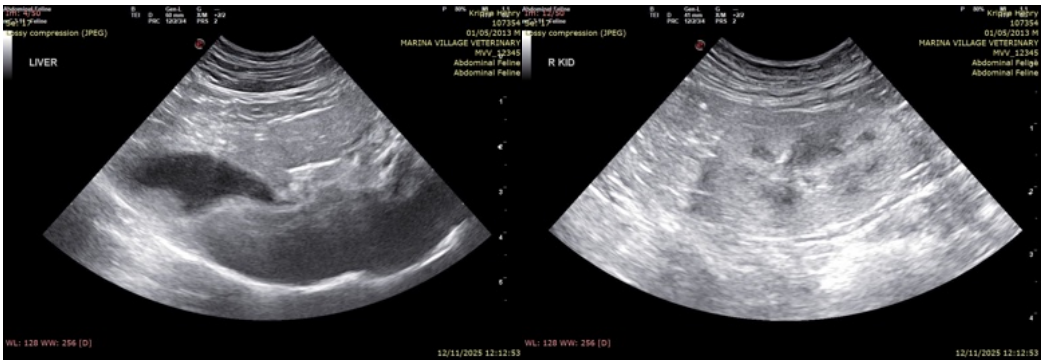
- Monitor renal values on routine bloodwork.







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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com