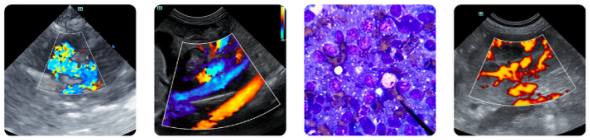


PATIENT

Spot Hacaj

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

5 years

WEIGHT

12.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Dr. Frint

INVOICE

69105

DATE

11/26/25

PRESENTING CLINICAL SIGNS

History: Persistent hematuria on repeated UA, no significant urinary or litterbox issues at home, otherwise apparently healthy
Abnormal PE/Chem/CBC/UA Results: Repeated hematuria, no pyuria observed, urine culture pending, mildly overweight

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is turbid, although there are no calculi and no evidence of inflammatory or neoplastic changes. Normal appearance of the proximal urethra and vesicoureteral junction.

The left kidney is normal in shape and size: 3.44 × 2.11 cm, with cortical thickness of 0.28 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal pattern.

The right kidney is normal in shape and size: 3.81 × 2.73 cm, with cortical thickness of 0.28 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Left adrenal gland: 0.28 cm (cranial pole), 0.30 cm (caudal pole). Right adrenal gland: 0.27 cm (cranial pole), 0.25 cm (caudal pole).

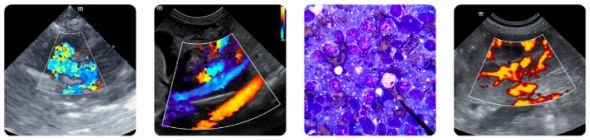
Spleen

Splenic thickness is 0.92 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

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

The gallbladder lumen is normally 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.



SonoPath.com info@sonopath.com 1.800.838.4268

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Gastrointestinal

The stomach is empty and folded, with a small amount of luminal fluid, mural thickness of 2.06 mm, and preserved wall layering.

Pylorus: 2.71 mm. Duodenum: 2.54 mm. Jejunum: 1.66 mm. Ileum: 1.30 mm. Normal wall layering throughout. The ileocecal junction was not clearly visualized. No signs of obstruction, ileus, or foreign material are identified.

Colon: wall thickness 0.77 mm, containing formed feces with intense acoustic shadowing throughout.

Pancreas

No visible ultrasonographic abnormalities are observed in the pancreatic regions evaluated.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized, but surrounding regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Slightly turbid urine within an otherwise normal urinary bladder.

SECONDARY FINDINGS

- Small amount of luminal fluid within the stomach.
- Dehydrated colonic content.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder is thin-walled and normally distended, with slightly turbid urine but no evidence of cystoliths, masses, polypoid changes, or mural thickening. Both kidneys show normal size, architecture, and corticomedullary definition, with no pyelectasia, nephroliths, or hydronephrosis.

In summary, no structural urothelial cause for the persistent hematuria is identified sonographically. Differential considerations include:

- Subclinical or early bacterial cystitis (urine culture pending).
- Sterile inflammatory cystitis / idiopathic cystitis.
- Microscopic crystalluria or very small uroliths not detectable ultrasonographically.

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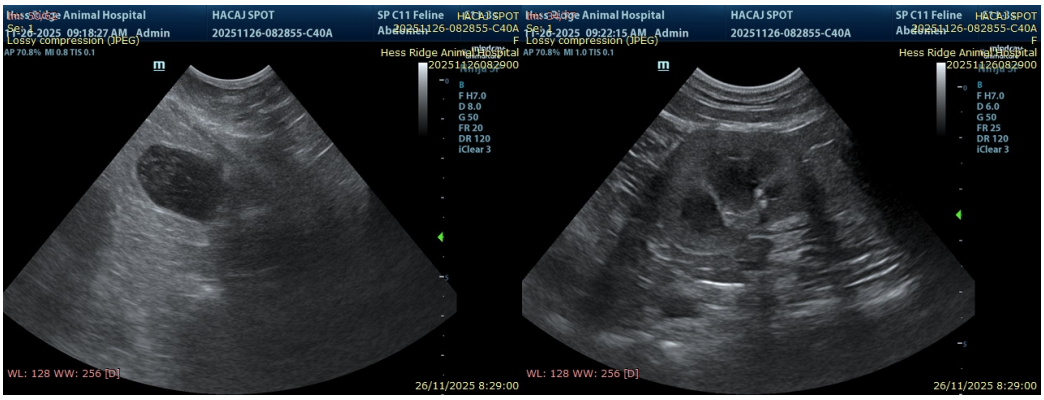
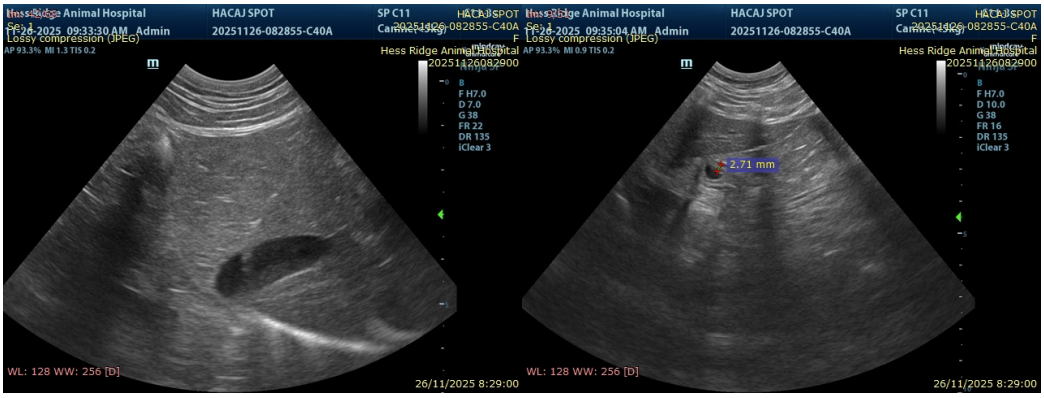
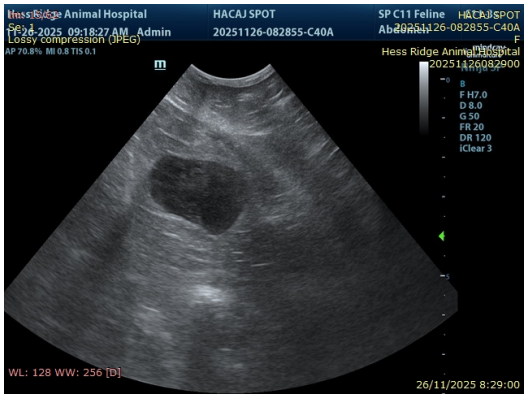
Recommendations

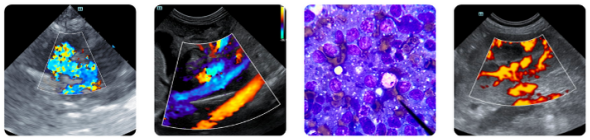
- Proceed with culture results to rule in/out bacterial urinary tract infection, as ultrasound cannot exclude early or low-grade infection.
- Evaluate sediment for crystalluria, dysmorphic RBCs, proteinuria, or lipid droplets, which could explain turbid urine and microscopic hematuria.
- Environmental modification, stress reduction, and hydration support are recommended.







The information and recommendations provided are based on the images presented by the



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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