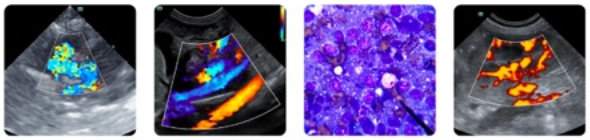


PATIENT

Cheddar Swan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

5.2 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Field

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Field

INVOICE

69593

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Not much going on at home, o brought in as her kitty litter changed colour to blue which indicates alkaline urine. no other concerns. Vomiting food.
Abnormal PE/Chem/CBC/UA Results: Urine collection: cysto US - LF CBC: wnl besides retics low 2 (3-50) lymph low 0.67 (0.9-6.8) eos low 0.1 (0.17-1.5) Chem: wnl besides chol high 6 (1.6-5.8) T4: wnl SDMA: wnl PL: high 19 (10-60) UA free catch, dk yellow, clear usg 1.051 ph 6.5 pro 30mg/dl bld 10 ery/ul wbc, rbc <1/hpf Xrays: no obvous masses, lung masses (not sent away, done for curiousity)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended. The ventral bladder wall measures 0.71 mm in thickness and appears thin and regular. The dorsal wall in the initial videos appears thickened up to 6.53 mm; however, it is difficult to determine whether this represents true wall thickening or an apparent increase due to overlying sediment. After repositioning the patient, the subsequent videos show that the dorsal wall is not truly thickened and that the sediment had shifted. Overall, the bladder contains mineral sediment in the form of small but numerous sand-like crystals, without large calculi. Mild irritation or inflammation of the bladder wall may be present. No masses are observed.

The left kidney is normal in shape and size (4.49x2.54 cm), with a cortical thickness of 0.39 cm in the sagittal plane. The right kidney is normal in shape and size (4.25x2.69 cm), with a cortical thickness of 0.42 cm in the sagittal plane. In both kidneys, the renal cortex is slightly increased in echogenicity, resulting in increased corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

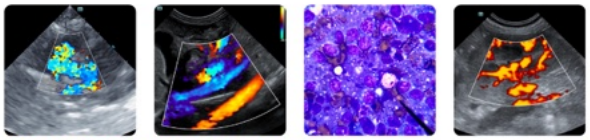
Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.34 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measures 0.33 cm at the cranial pole and 0.36 cm at the caudal pole.

Spleen

Splenic thickness is 0.97 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. 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.



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The gallbladder lumen is moderately distended. The wall is thin, and the contents are primarily anechoic. The common bile duct measures 1 mm.

Gastrointestinal

The stomach is empty and folded, with mural thickness of 1.98 mm and preserved wall layering. The pylorus measures 2.39 mm.

Duodenum: 1.89 mm. Jejunum: 1.85 mm. Ileum: 1.78 mm. All segments show normal wall layering. The ileocecal junction measures 2.20 mm. No signs of obstruction, ileus, or foreign material are identified.

The colon wall measures 0.65 mm and contains formed feces in the descending segment.

Pancreas

The pancreas measures 5.94 mm. The right limb, body, and left limb appear normal. The pancreatic parenchyma is isoechoic to adjacent omental fat. The pancreatic duct measures 1.34 mm. No signs of active inflammation or neoplastic disease are evident.

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

- Abundant mineral bladder sediment (crystalluria/sand).
- Transient appearance of dorsal bladder wall thickening secondary to sediment artifact.
- Mildly increased cortical echogenicity in both kidneys.
- No masses, no stones, no obstruction, and no lymphadenopathy.

NTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the findings are most consistent with sterile mineral crystalluria and bladder sediment, possibly associated with early lower urinary tract irritation. A true bladder mass is not supported by the imaging. The remainder of the abdomen shows no structural abnormalities to account for the patient's clinical signs or recent changes in urine color.

The mild increase in cortical echogenicity in both kidneys is a nonspecific finding and may reflect cortical lipidosis, early or subclinical renal change. No pyelectasia, nephroliths, or hydronephrosis are present.

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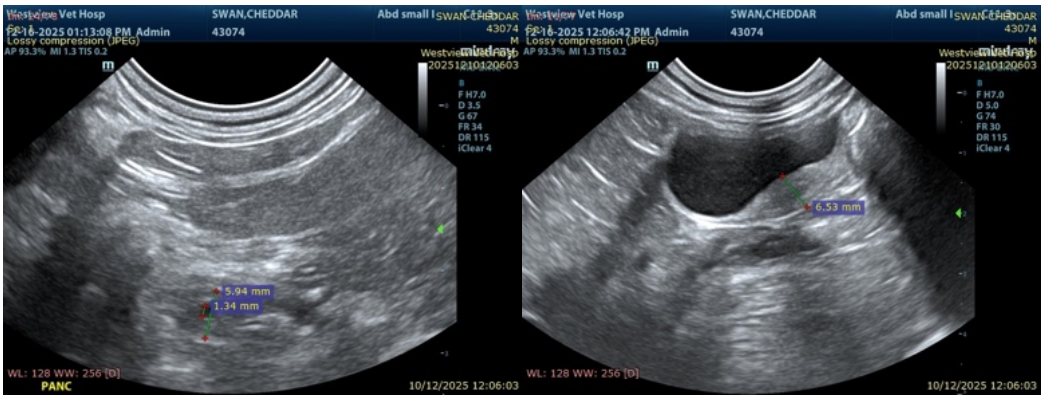
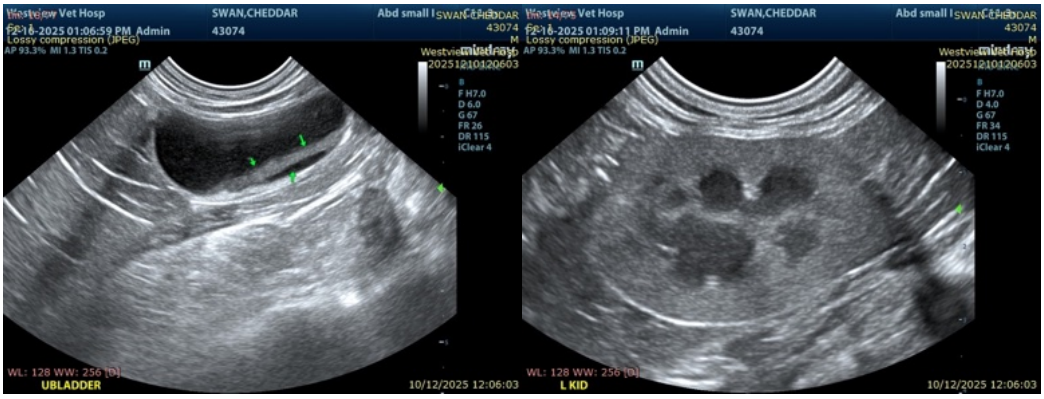
Recommendations

- Complete urinalysis (± culture) to identify crystal type and rule out infection.
- Increase water intake (fountain, wet food, broths).
- Consider urinary diet if crystalluria is confirmed (based on urinalysis results).
- Monitor for urinary signs: stranguria, hematuria, dysuria, vocalizing, small frequent voids.
- Consider repeat renal values in the future due to mild cortical echogenicity.





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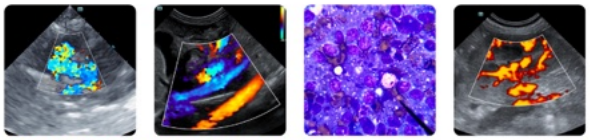

Clinical Sonography & Telecytology
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video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

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com