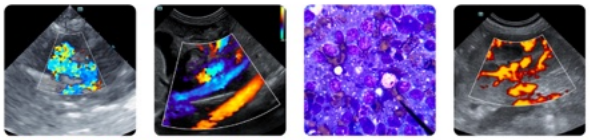


PATIENT

Luna Vihrenko

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

3 years

WEIGHT

9.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

CG

HOSPITAL NAME

The Pet Hospital of Stratford

REFERRING VET

Dr. Giuliani

INVOICE

78352

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: AUS to recheck bladder stones/sediment following a month of being on Royal Canin S/O. Mom reports patient is doing well. X-ray today showed no visible stones.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, and the urinary bladder wall appears thin and smooth. A moderate to marked amount of dependent mineralized urinary sediment is present within the bladder lumen. No discrete cystoliths are identified. The bladder neck and proximal urethra appear normal. No sonographic evidence of cystitis, proliferative disease, or urethral obstruction is identified.

The left kidney is normal in shape and size, measuring 3.27×2.08 cm. Cortical thickness measures 0.35 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.79×1.85 cm. Cortical thickness measures 0.32 cm in the sagittal plane.

In both kidneys, cortical echogenicity is isoechoic to the hepatic parenchyma. Corticomedullary definition and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified

Adrenal Glands

The adrenal glands could not be confidently identified during this examination.

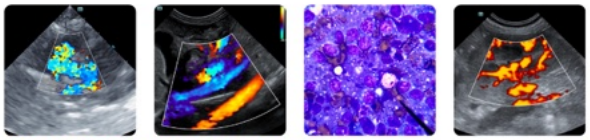
Spleen

Splenic thickness is0.75 cm. The parenchyma demonstrates normal echogenicity and 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 liver parenchyma looks 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. The common bile duct measures approximately 1.86–2.89 mm in diameter. No evidence of biliary obstruction is identified.



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Gastrointestinal tract

The stomach is empty and folded. Gastric wall thickness measures 1.65 mm and normal wall layering is preserved.

The duodenal wall measures 1.76 mm. The jejunal wall measures 1.18 mm. The ileal wall measures 2.07 mm. Intestinal wall layering is preserved throughout the examined gastrointestinal tract.

The ileocecocolic junction was not confidently visualized.

No sonographic evidence of gastrointestinal obstruction, focal mural lesions, ileus, or foreign material is identified.

The colonic wall measures 0.67 mm and contains formed fecal material within the descending colon.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Moderate mineralized urinary sediment within the urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Moderate to marked mineralized urinary sediment persists within the urinary bladder lumen. No discrete cystoliths are identified sonographically, and no radiopaque uroliths were reportedly identified on contemporaneous radiographs.

No sonographic evidence of cystitis, urethral obstruction, nephrolithiasis, or upper urinary tract involvement is identified.

The persistence of mineralized sediment may reflect ongoing crystalluria and/or residual mineral material within the bladder despite dietary management.

No other significant abdominal abnormalities are identified.

Recommendations

- Continued therapeutic urinary dietary management is recommended.
- Correlation with repeat urinalysis, including urine specific gravity, urine pH, and sediment examination, is recommended.
- Follow-up imaging may be considered to monitor progression or resolution of the persistent

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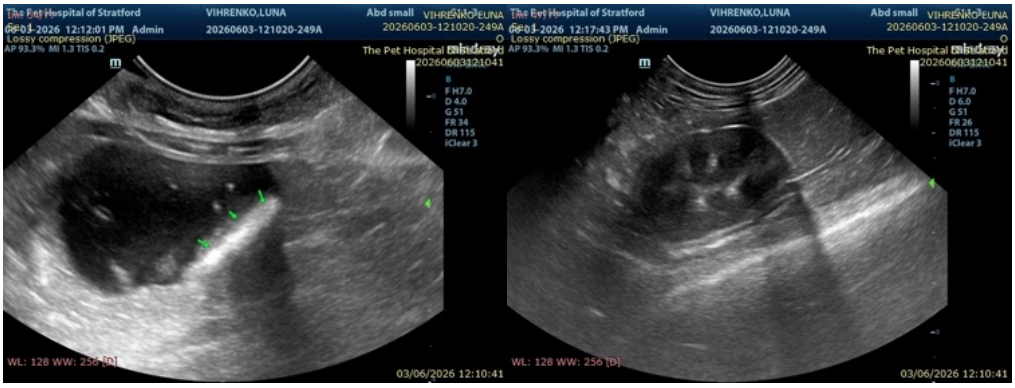
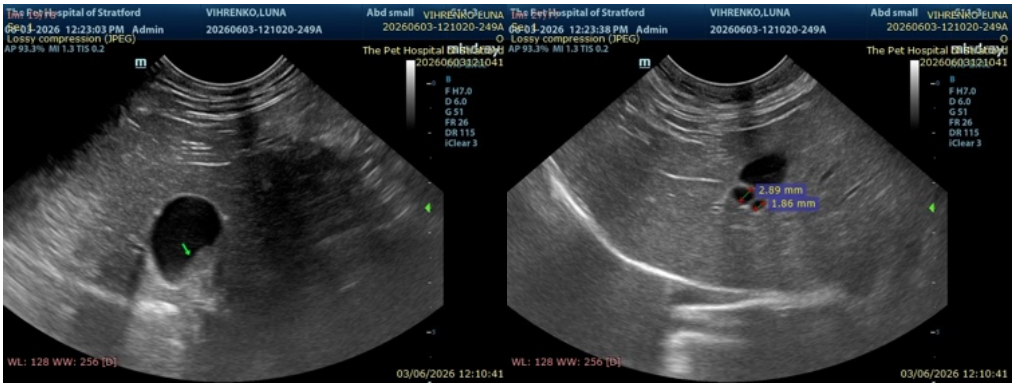
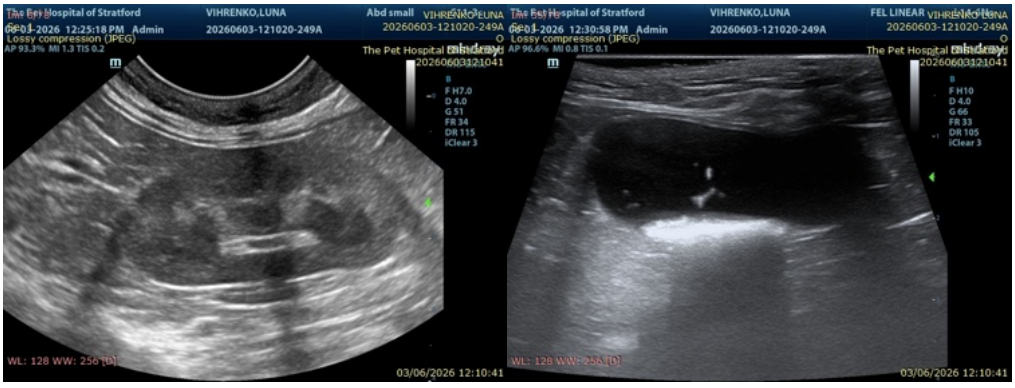
mineralized sediment.

- Earlier reassessment is recommended if lower urinary tract signs recur.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.







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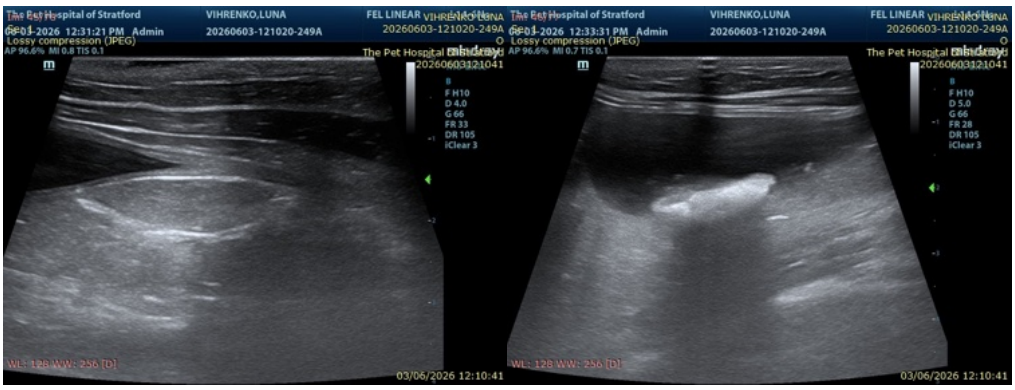

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com