

**PATIENT**

Sparkle Norris

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2 years

**WEIGHT**

5.19 kg

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Wellington VS

**REFERRING VET**

Dr. Waterman-Scott

**INVOICE**

10869

**DATE**

5/5/22

**PRESENTING CLINICAL SIGNS**

History: Hematuria and stranguria noted. no change clinically after Clavamox. on u/a - after Clavamox fewer WBC but still M3 blood, palpably thick-walled bladder.  
Abnormal PE/Chem/CBC/UA Results: u/a- blood 3+, pH 6.5, 10-20 WBC/hpf

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly distended. The wall is diffusely thickened (up to 0.46 cm) and irregular. Numerous, varying-sized cystic calculi are observed within the lumen, the largest nodes measure approximately 0.57 cm in diameter. The region of the trigone and the proximal urethra, visible to a depth of 1 cm, are normal.

The left kidney is normal size (3.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.34 cm length; 0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.35 cm length; 0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.83 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.



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**Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**SEX**

Spayed Female

- Cystic calculi with urinary bladder wall changes suggestive of cystitis. The bladder wall thickening may be somewhat artifactual due to lack of full repletion.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.

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Given the patient's age, urate stones are a consideration. It would be reasonable to obtain abdominal radiographs to see if the bladder stones are radiolucent versus opaque. If radiolucent, consider, further testing for an underlying hepatopathy (i.e., a congenital portosystemic shunt) via pre-and postprandial serum bile acids.

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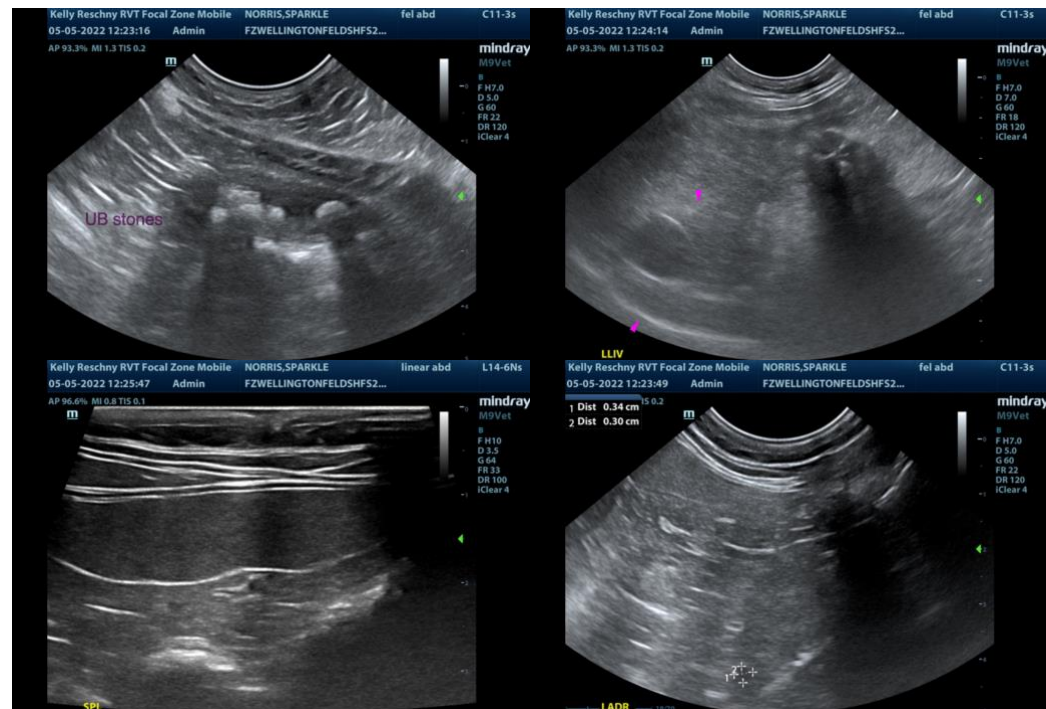
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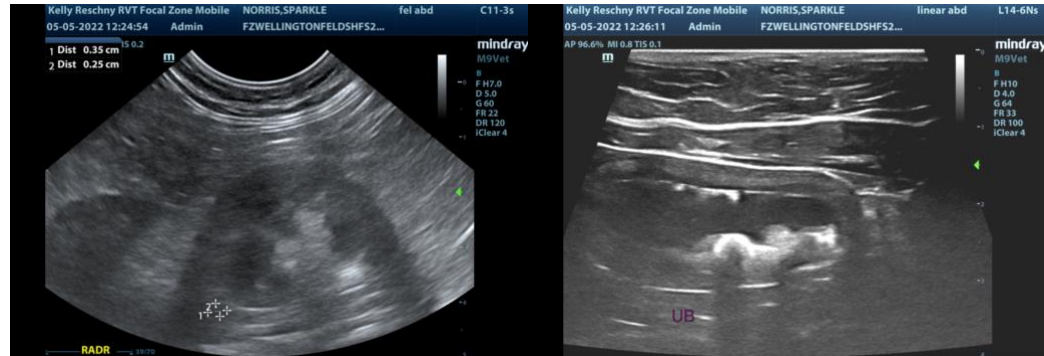
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com