



PATIENT

Sookie Van Der Hoeven

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

5.13 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street Animal Hospital

REFERRING VET

Dr. Morris

INVOICE

72154

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Was seen 10/20/2025 for possible UTI - unable to obtain urine sample to confirm but owner was finding urine around the house in spots that she sleeps. Treated with Convenia injection 12/18/2025 was brought in for upper resp. infection with nasal discharge. Was treated with Convenia injection 12/22/2025 no improvement from prev. appointment with URI and now owner is noticing blood in urine. Also having urinary accidents near the litterbox. Was hospitalized for the day. UTI confirmed with urinalysis. No crystals seen on u/a. Was RXd clavaseptin 62.5mg BID x 7 days 12/31/2025 owner still seeing blood in urine and appetite is decreased and still a bit congested. abdominal ultrasound performed Feb 2022 by The Focal Zone Current Medications prednisolone 20mg/ml - 0.15ml SID -- chronic RX since 2022

Abnormal PE/Chem/CBC/UA Results:11-20/HPF RBC on u/a 2+ cocci bacteria seen on u/a 100mg/dL protein on u/a Radiographic Findings not done Primary Question to Be Answered in This Exam reason for blood in urine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with primarily anechoic contents as well as a mild to moderate amount of suspended echogenic debris. Along the ventral apex, extending at least two thirds of the way through the lumen is a homogeneous, echogenic density/mass measuring approximately 1.7 cm x 2.7 cm in size. In another view it measures approximately 2.4 cm x 2.6 cm in size. No cystoliths are observed. The trigone and visible pelvic urethra appear normal in thickness.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. Left kidney is small-normal at 3.47 cm. Right kidney is small-normal at 3.68 cm. Trace pyelectasia is noted in the right kidney.

Adrenal Glands

The right adrenal gland is normal in size (0.50 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



PATIENT

Sookie Van Der Hoeven

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

5.13 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street Animal Hospital

REFERRING VET

Dr. Morris

INVOICE

72154

DATE

1/13/26

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder wall changes/mass are concerning for infiltrative neoplasia such as round cell neoplasia versus uroepithelial neoplasia versus other. A benign inflammatory process, however, cannot be ruled out without additional information.
- Mild to moderate chronic kidney disease changes with trace pyelectasia noted in the right kidney.
- Moderate inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling. **This change should be interpreted in combination with clinical history, as some similar bowel changes can be normal patient variant in a senior cat.*



PATIENT

Sookie Van Der Hoeven

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

5.13 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street Animal Hospital

REFERRING VET

Dr. Morris

INVOICE

72154

DATE

1/13/26

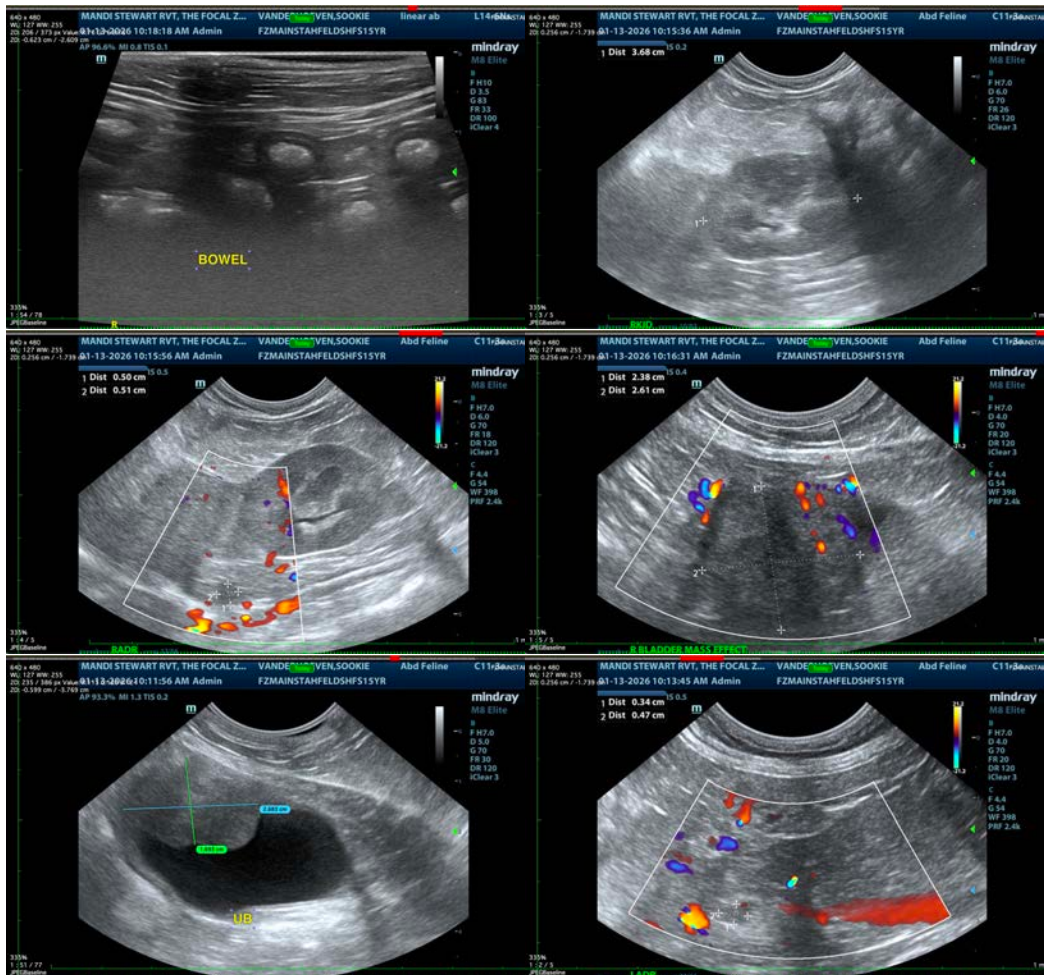
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Sampling of the urinary bladder wall mass is recommended. A fine needle aspirate could be considered (with some risk for tumor seeding/trailing) if patient's coagulation status is appropriate.

Alternatively, traumatic catheterization or even cystoscopy could be considered.

In the meantime, if a culture has not been evaluated, given lack of improvement to a variety of antibiotics, a urine culture could also be considered, ideally a week to 10 days off antibiotics.





PATIENT

Sookie Van Der
Hoeven

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

5.13 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Amanda Stewart

HOSPITAL NAME

Main Street Animal
Hospital

REFERRING VET

Dr. Morris

INVOICE

72154

DATE

1/13/26



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com