



DATE PRESENTING CLINICAL SIGNS

1/15/26

Patient History: Presented with repeated unsuccessful attempts to urinate and discomfort noticed today. Urinary obstruction at Christmas, hospitalized for three days. Not exclusively on prescription urinary diet due to household logistics; increased stress from moving process. No vomiting, diarrhea, coughing patient was admitted. urinary catheter passed- confirmed obstruction. Initial xrays after passing urinary catheter- could see mineralized debris in the bladder- but no obvious stones. urinary catheter had to be replaced during hospitalization- on placement xray- concern that there could be stones.

PATIENT

Frodo Durango

SPECIES

Feline

Current Medications: Gabapentin, buprenorphine, maropitant, marbofloxacin

Labwork Results: Labwork attached. Xray- no visible stones

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IM.

BREED

DSH

Stat Report: Not requested.

Imaging Performed by: Rachel Brilhart, RDMS.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

12/25/23

The urinary bladder is only mildly distended/almost empty. Therefore, the urinary bladder wall appears diffusely thick and is unable to be fully assessed for pathology without further distention. Contents include anechoic fluid as well as a moderate to large amount of echogenic mineral sand debris including some mineral that appears to potentially be embedded within the wall and mineral debris extending throughout the visible intraurethral lumen. No definitive cystoliths or evidence of obstruction noted in these images at this time. Reassessment of a fully distended urinary bladder could be considered if urinary bladder wall pathology is suspected. Surrounding the urinary bladder is enhanced hyperechoic fat.

WEIGHT

10.6 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The right kidney is normal is size (4.02 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

HOSPITAL NAME

Animal Emergency
Hospital

The left kidney is normal is size (4.05 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

REFERRING VET

Dr. Willer

The right adrenal gland is normal in size (0.48 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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

INVOICE

72255

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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic interface demonstrating strong acoustic shadow, including shadow within the visible pylorus.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with 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

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

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

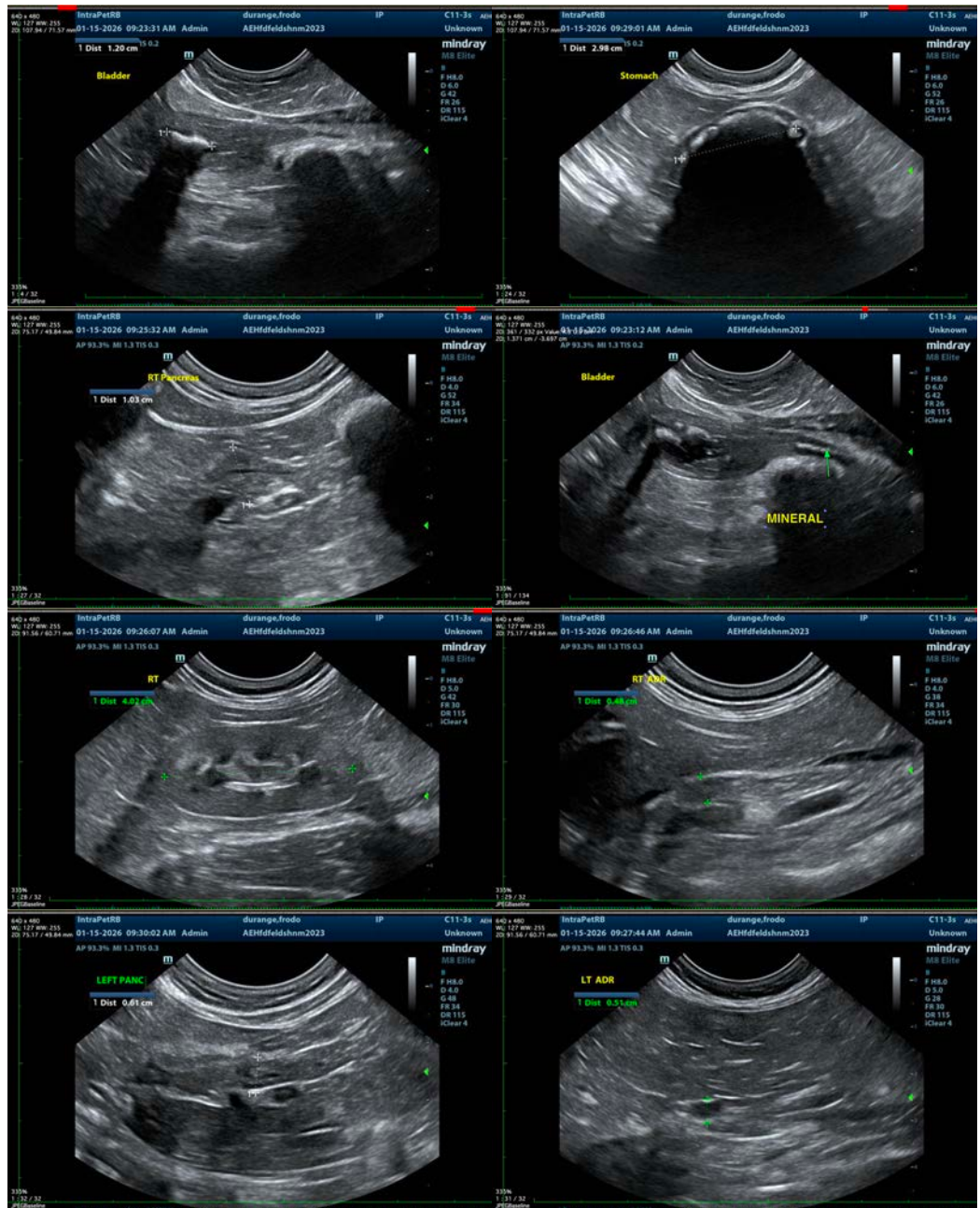
- Large amount of echogenic mineral/sand debris within the urinary bladder and proximal urethra with no definitively visible cystoliths noted in these images at this time.
- The gastric contents could represent normal ingesta and gas, although given the shadowing, foreign material non-visibly obstructive at this time can't be definitively ruled out. Reassessment following an additional 12-24 hours of fasting could be considered.
- Chronic low-grade smoldering pancreatitis can't be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already planned, a heavily sedated/fully anesthetized voiding urohydropropulsion/urinary bladder flush could be considered both as a therapeutic tool to remove as much of the mineral as possible and alleviate the reported obstruction, as well as a therapeutic tool to obtain the mineral for analysis, which may help further guide preventative medical management moving forward.

A urine culture is recommended if not recently evaluated.

Other recommendations regarding the pancreas, stomach, etc. are largely dependent on clinical signs.





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.

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