



**PATIENT**

Sana Walker

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

9 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Ray Caughman

**HOSPITAL NAME**

Dogwood AH

**REFERRING VET**

Ray Caughman

**INVOICE**

95332

**DATE**

1/18/22

**PRESENTING CLINICAL SIGNS**

Presented urination outside of litter box 12/30/21. Quick ultrasound revealed abnormal appearance of bladder. Hematuria dx and treated with Orbax for 14 days. Today recheck with US  
Abnormal PE/Chem/CBC/UA Results: Hematuria 12/30/21 UA pending today along with culture. Similar appearance of bladder present on today's US as well.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with both gravity dependent and suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal in size (3.05 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (3.53 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**Adrenal Glands**

Left adrenal gland is normal in size (0.85 cm long x 0.15 cm at cranial pole and 0.17 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.08 cm long x 0.31 cm at cranial pole and 0.15 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**Spleen**

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The gallbladder is bilobed, which is a normal finding in a cat. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

**Gastrointestinal**

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.



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The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

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**Pancreas**

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

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**Free Abdomen**

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Lymph nodes are normal with no observed enlargement.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Urinary bladder sediment – Urine changes are most consistent with cellular debris or crystalluria.
- Coarse splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

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**Secondary Findings**

- Incidental bilobed gallbladder.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Recommendations in this patient include urinalysis and urine culture, which are reportedly already pending, followed by treatment of urinary tract infection if present. Treatment of UTI may need a longer course of antibiotics including a mid treatment culture to ensure that the infection is fully cleared as well as a culture a week after finishing antibiotics to be sure it is not persistent. If a urinary tract infection is not present differentials include feline lower urinary tract disease, which is a sterile inflammatory disease. Recommendations include increasing hydration and potentially a diet change to prevent crystals/stones. An extensive list of recommendations for feline lower urinary tract disease can be found at the indoor cat initiative website put out by the Ohio State Veterinary school.

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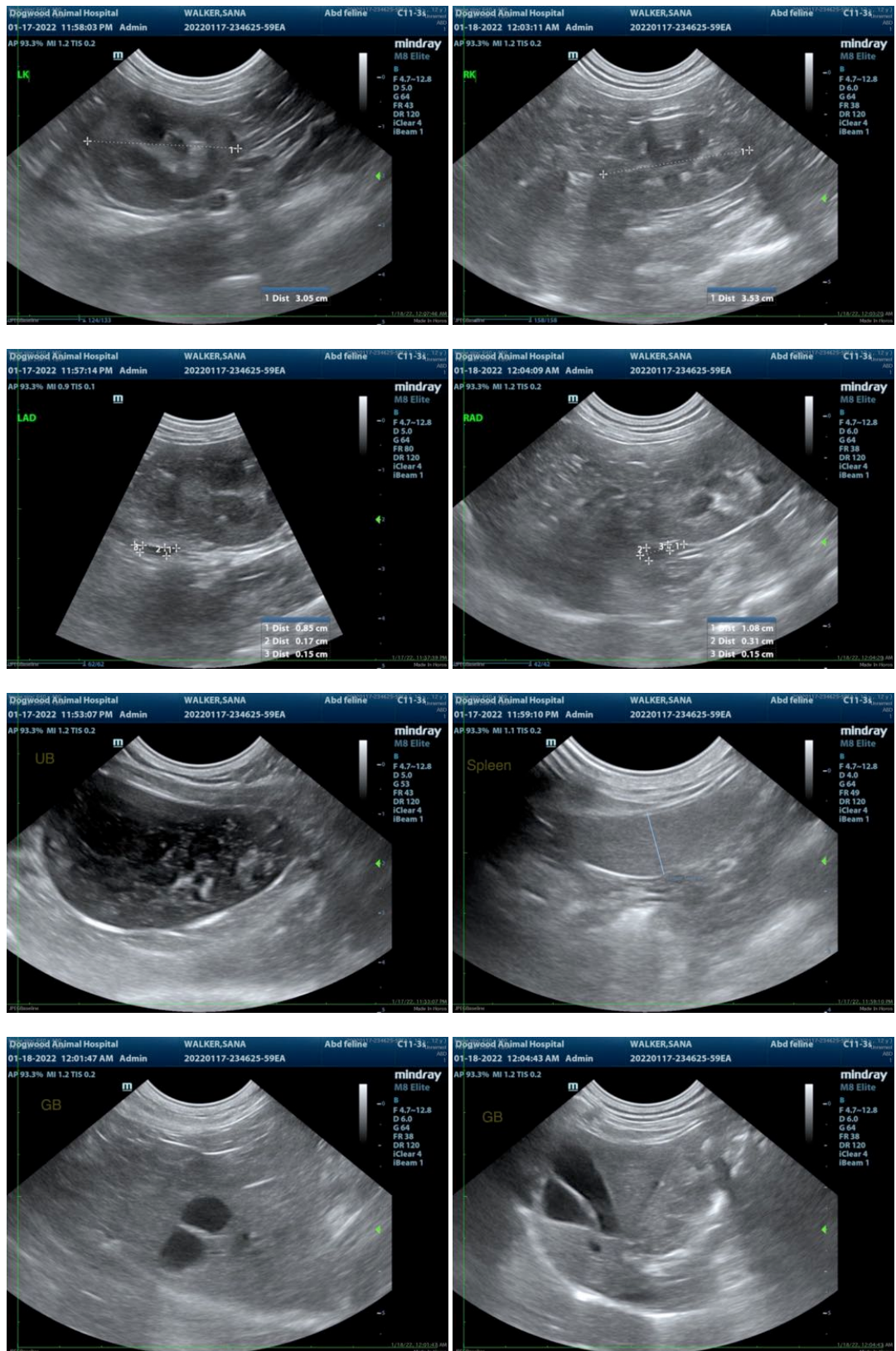
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The information and recommendations provided are based on the images presented by the referring



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veterinarian. 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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Beth.Johnson@SonoPath.com

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