

PATIENT

Gypsy Rose Chiesa

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

4.8 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Allo

INVOICE

35593

DATE

1/26/26

PRESENTING CLINICAL SIGNS

History: P has a long hx of inappropriate urination, has been treated with antibiotics, anti-anxiety meds and both urinary and early renal diets but no improvement with inappropriate urination.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The left kidney is small/normal in size (3.39 cm). The right kidney is normal in size (3.69 cm). Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (0.56 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.28 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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.

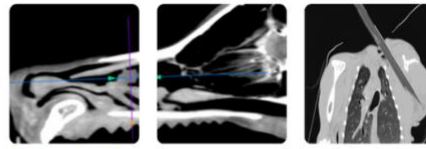
Liver

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.

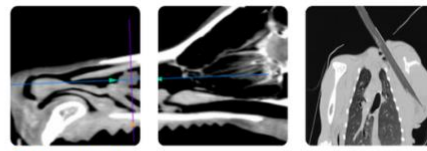
Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The 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.



PATIENT	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 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.
Gypsy Rose Chiesa	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Feline	
BREED	<i>Pancreas</i>
DSH	Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.
SEX	<i>Free Abdomen</i>
Spayed Female	There is no visible free peritoneal effusion noted in these images.
AGE	There is no apparent pathologic lymphadenopathy noted in these images.
7 Years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
4.8 kg	<ul style="list-style-type: none">• Very mild/subtle chronic kidney disease changes are noted bilaterally.• A very mild amount of echogenic urinary bladder debris is present.• Chronic low grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs. It is likely not actively contributing to patient's reported presenting complaint.
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Beth Johnson, DVM DACVIM	Given the patient's provided lab work, progressively more dilute urine and mild azotemia is noted, potentially revealing emerging chronic kidney disease. Therefore, if not recently evaluated, a full recheck general metabolic health screen is recommended to include CBC, chemistry panel, electrolytes, and urinalysis. If indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
IMAGING PERFORMED BY	
Kelly Reschny	
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REFERRING VET	A blood pressure is recommended if not recently evaluated.
Dr. Allo	Pending kidney health, as well as specific patient clinical signs, in the face of negative urine culture(s) and no cystoliths, masses, etc., these urinary signs could be, at least in part, consistent with sterile cystitis or feline lower urinary tract disease (FLUTD).
INVOICE	
35593	Other considerations could include maximizing water consumption (water fountains, canned food, etc.) as well as reducing stress (recommendations can be found at Indoor Cat Initiative out of The Ohio State University CVM). Transition to a urinary health diet such as Royal Canin Urinary SO (or similar) could also be considered.
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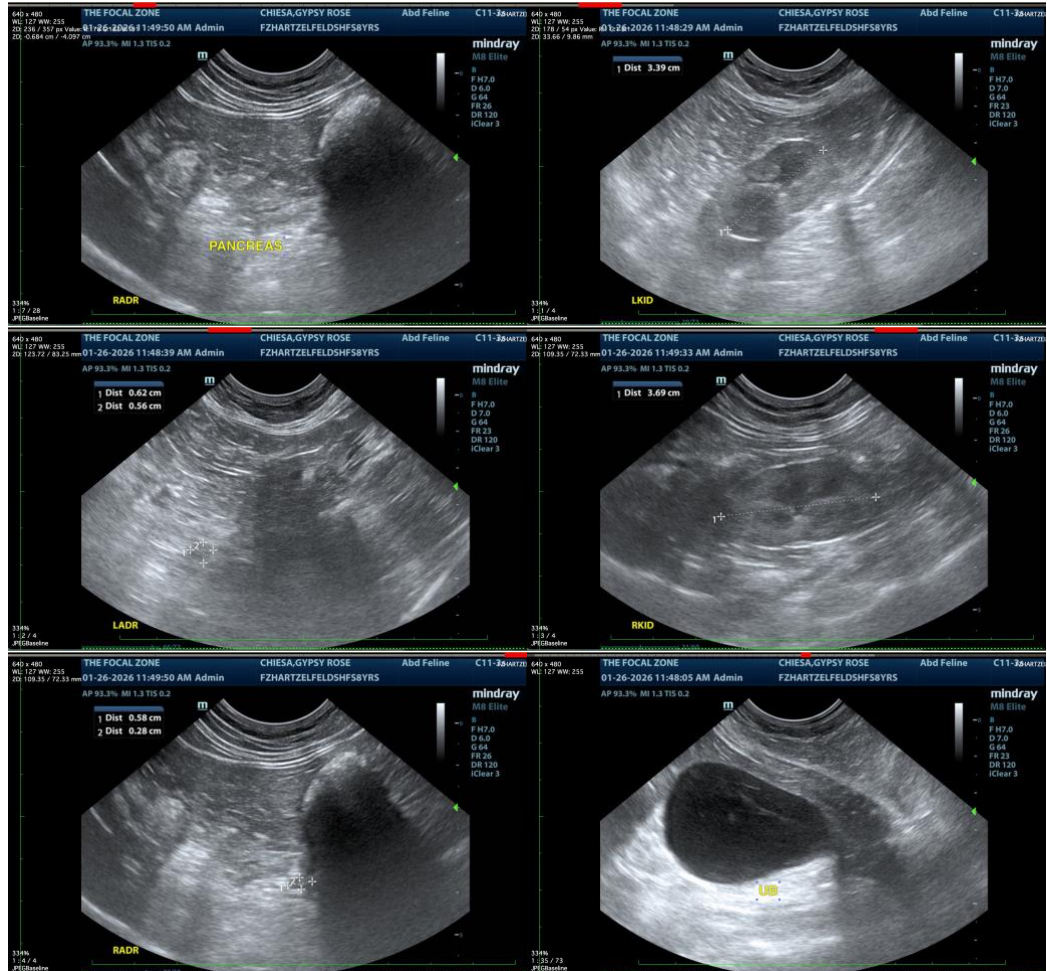
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

info@sonopath.com