



**PATIENT PRESENTING CLINICAL SIGNS**

Fiona Lipnickey Chronic cystitis. No current meds.  
Abnormal PE/Chem/CBC/UA Results: Hematuria, last culture-E. faecalis, USG 1.041

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Feline Urinary System**

Urinary bladder is moderately distended with anechoic contents. No masses or inflammatory changes. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. Calculus exhibiting distal acoustic shadowing is present (0.66 cm in diameter) along the gravity dependent inner wall of the lumen urinary bladder.

**BREED**

DSH

Right kidney is normal in size (3.94 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.

**SEX**

Spayed Female

Left kidney is normal in size (3.53 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.

**AGE**

4 Years

**Adrenal Glands**

Right adrenal gland is normal in size (0.32 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**WEIGHT**

10.4 Pounds

Left adrenal gland is normal in size (0.31 cm thick), shape and contour. Corticomedullary structure is unremarkable. 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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**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.

**HOSPITAL NAME**

VCA Blirstown AH

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.

**REFERRING VET**

Dr. Clegg

**Gastrointestinal**

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**INVOICE NUMBER**

33948

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3

**DATE**

1/4/22



**PATIENT** (contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

Fiona Lipnickey

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

**Feline** **Pancreas**  
Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**BREED**

**DSH** **Free Abdomen**  
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**SEX** **ULTRASONOGRAPHIC FINDINGS**

Spayed Female • Urinary bladder cystic calculus

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE** Recommendations include urinalysis and recheck urine culture if not already performed, followed by complete medical management/resolution of an infection if present, and then recheck to see if the stone is still present versus if it's dissolving. If the stone is still present, right now it appears too large for voiding urohydropropulsion to be successful. Therefore, recommendations include cystotomy to remove the stone for stone analysis, followed by a diet change to an appropriate stone prevention diet based on stone analysis.

4 Years

**WEIGHT**

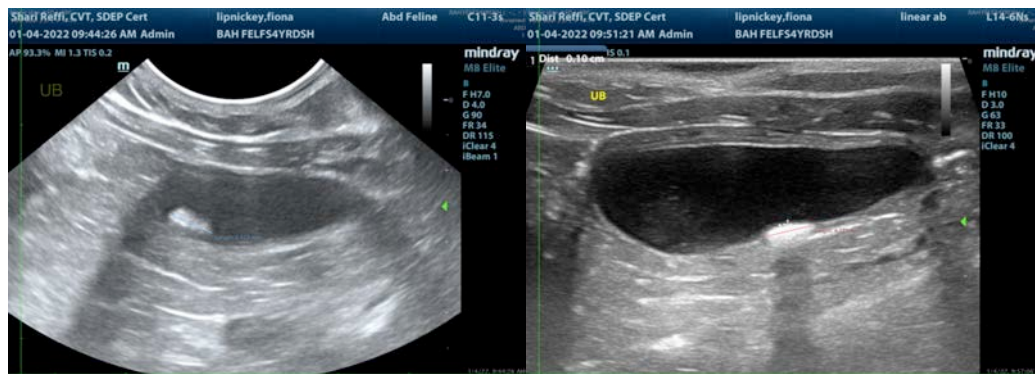
10.4 Pounds

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**HOSPITAL NAME**

VCA Blirstown AH



**REFERRING VET**

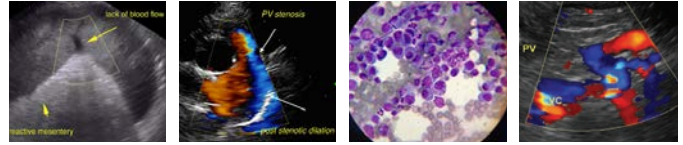
Dr. Clegg

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**PATIENT**

Fiona Lipnickey

**SPECIES**

Feline

**BREED**

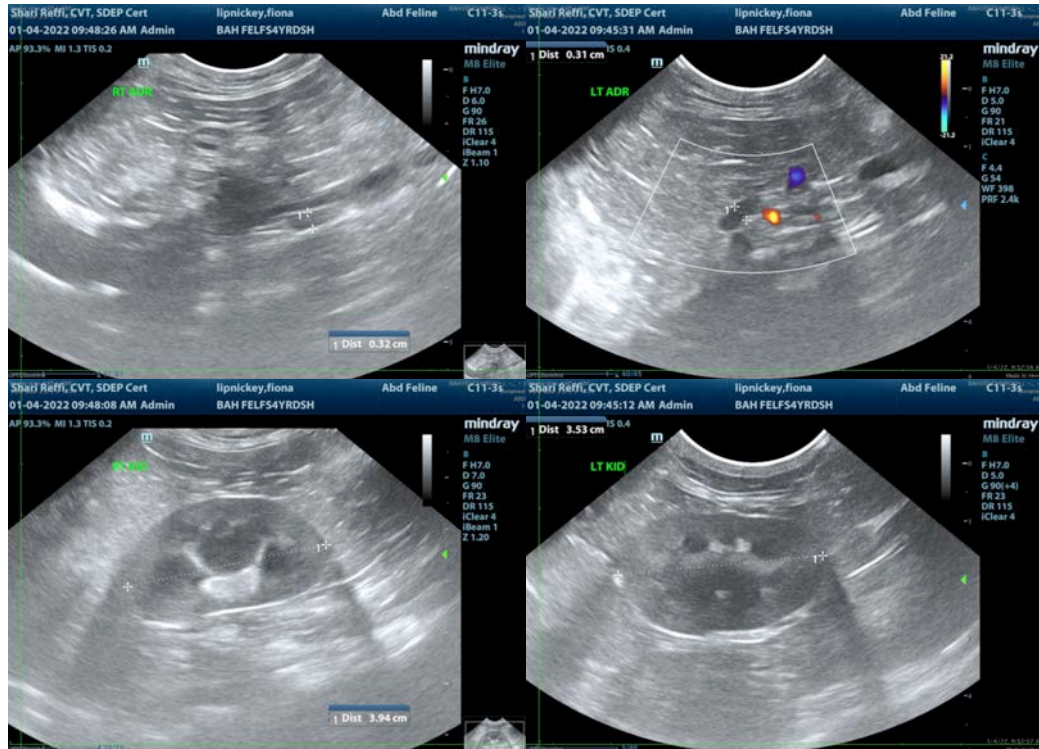
DSH

**SEX**

Spayed Female

**AGE**

4 Years



**WEIGHT**

10.4 Pounds

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

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com

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.

**HOSPITAL NAME**

VCA Blirstown AH

**REFERRING VET**

Dr. Clegg

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