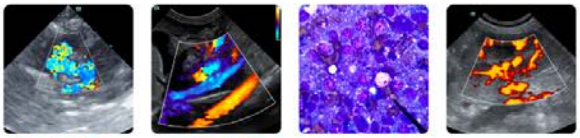

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Christopher Pousanidis

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

7 Years

WEIGHT

17.8 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hillview Veterinary Clinic

REFERRING VET

Dr. Stevenson

INVOICE

72005

DATE

11/20/25

PRESENTING CLINICAL SIGNS

HR 160, RR 32, overweight and large cat, uncomfortable when palpating abdomen. Straining to urinate started this week, now has urine soaked hind end. Was blocked in Sept 2025 as well. Has been on RC Urinary SO diet, is a high stress kitty. Placed catheter two days ago and sent home that night. Had been on Vetergesic, Gabapentin, Clavaseptin, Prazosin. Recommend US to see cause of repeat urinary obstruction despite urinary diet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is subjectively mildly over distended with anechoic contents as well as multiple cystoliths of varying sizes, appearing to be as large as 0.80 cm in size. No masses, inflammatory changes or echogenic sediment observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Left kidney is normal size at 4.46 cm with multiple mineral densities/non-visibly obstructive nephroliths noted. Pyelectasia is also suspected. An approximately 3.2 cm in diameter anechoic density/cyst is also noted associated with the left kidney. The right kidney measures 4.8 cm with pyelectasia measuring 0.70 cm in the sagittal view. No mineral obviously visible in the right kidney.

Adrenal Glands

The right adrenal gland is normal in size (0.60 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.60 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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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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

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

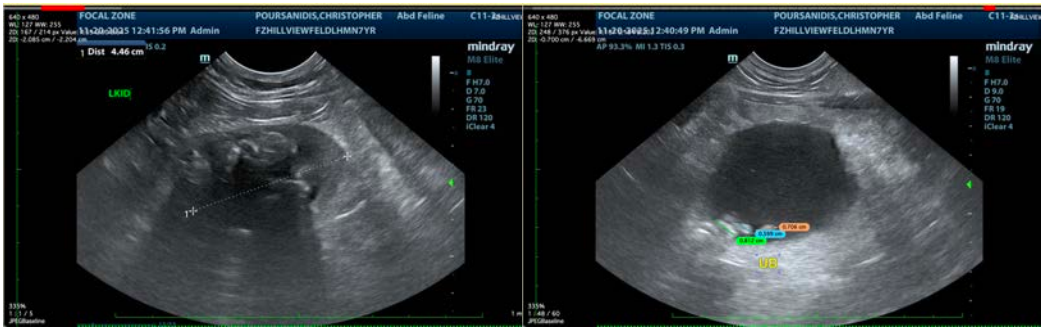
- Chronic kidney disease changes with bilateral pyelectasia, and multiple nephroliths noted in the left kidney, as well as a large suspect cortical cyst in the left kidney, although hematoma, abscess or other can't be ruled out.
- Multiple urinary bladder cystoliths with no visible evidence in these images at this time of an obstructive stone, urethrolith, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis and, 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 ratio is recommended.

If not recently evaluated, a full general metabolic health screen is recommended to include CBC/Chem panel and electrolytes.

Ultimately, further, more aggressive intervention than diet may be warranted for the urinary bladder mineral, including removal via the least invasive way possible, as well as potential preventative measures such as PU surgery, etc. Consultation with a veterinary internist and/or surgeon for cystoscopy and/or surgery, etc. could be considered.



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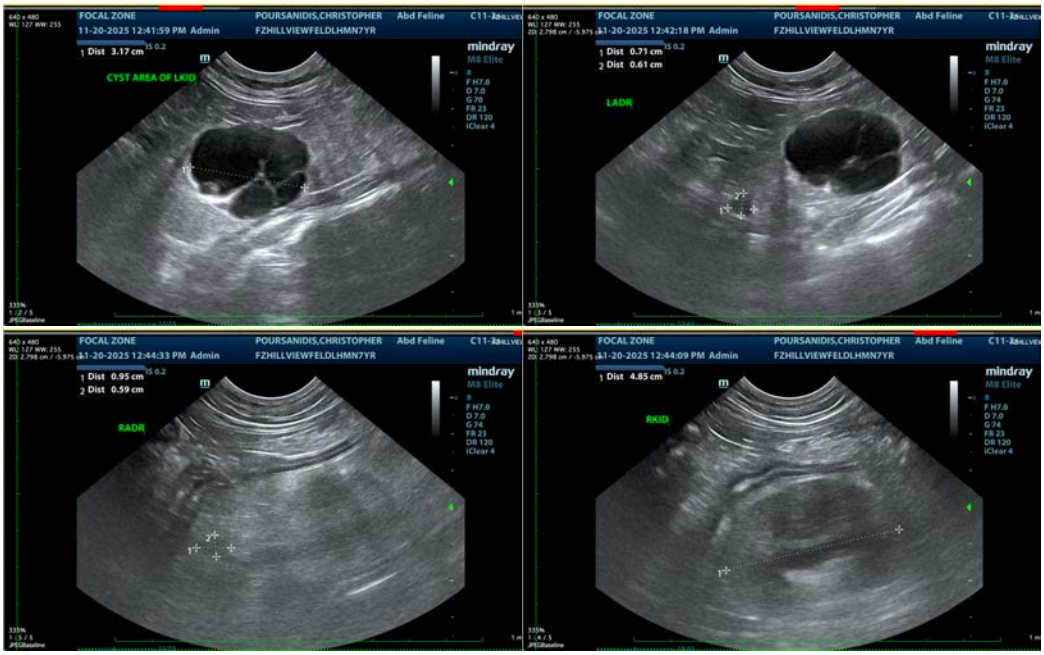

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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