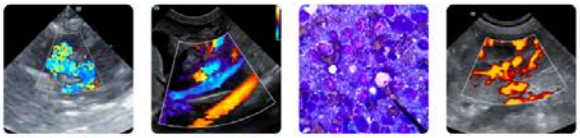


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Little Kitty Ortiz

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years

WEIGHT

7.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene Animal Hospital

REFERRING VET

Dr. Larsen

INVOICE

72465

DATE

12/10/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: 12/7/25 - EVH exam due to ataxia/staggaring, lethargy and wt loss. Tachycardia, tachypnea, G2 murmur Underweight Dehydration 12/8/25 - Recheck at WEAH - dehydration, underweight, G3 murmur (historic for a couple years), ataxia exacerbated by 100mg of gabapentin - recommend u/s ABNORMAL Labwork Values 12/7/25 (EVH) - Uroliths (radiographs), pyuria, hematuria, BUN (56)/Cre (2.2) USG (1026), concern of renal cystic structures on FAST scan Current Medications SQ fluids (12/7 & 12/8), Amoxicillin/Clav (49mg po bid) Radiographic Findings 12/7/25 - EVH- 2 uroliths

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended to slightly subjectively overdistended with anechoic contents and a moderate amount of suspended echogenic debris. Two cystoliths are visible, one along the dependent wall measuring 0.80 cm in diameter. The other right at the cystourethral junction measuring 1.0 cm in diameter. The wall is diffusely mildly thick and irregular, measuring 0.35 cm thick. No distinct masses are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (4.5 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 mineral or infarcts observed. Moderate pyelectasia is noted.

The left kidney is normal is size (4.1 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 mineral or infarcts observed. Moderate pyelectasia is noted.

Adrenal Glands

The right adrenal gland is normal in size (0.43 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.35 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

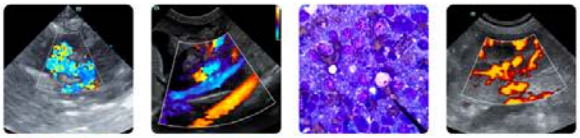
Spleen

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.



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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.

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 apparent pathologic lymphadenopathy noted in these images.

There is a trace amount of anechoic free fluid noted in these images, some adjacent to the bladder and some between liver lobes, as well as enhanced hyperechoic tissue and fat adjacent to the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

- At least two cystoliths and evidence of chronic cystitis with changes consistent with some focal inflammation adjacent to the urinary bladder as well.
- Bilateral pyelectasia is noted and could be the result of an ascending infection versus partial but non-visible ureteral obstruction, mineral strictures, etc., fluid therapy versus other.

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.

A blood pressure is recommended if not recently evaluated.

Given the urinary mineral combined with the reported neurologic signs, bile acids are recommended if patient's total bilirubin is not increased.

Otherwise, patient's urinary problems are of unknown, if any relation to the reported ataxia and staggering, etc. Therefore, additional neurologic evaluation may also be warranted. Eventually, removal

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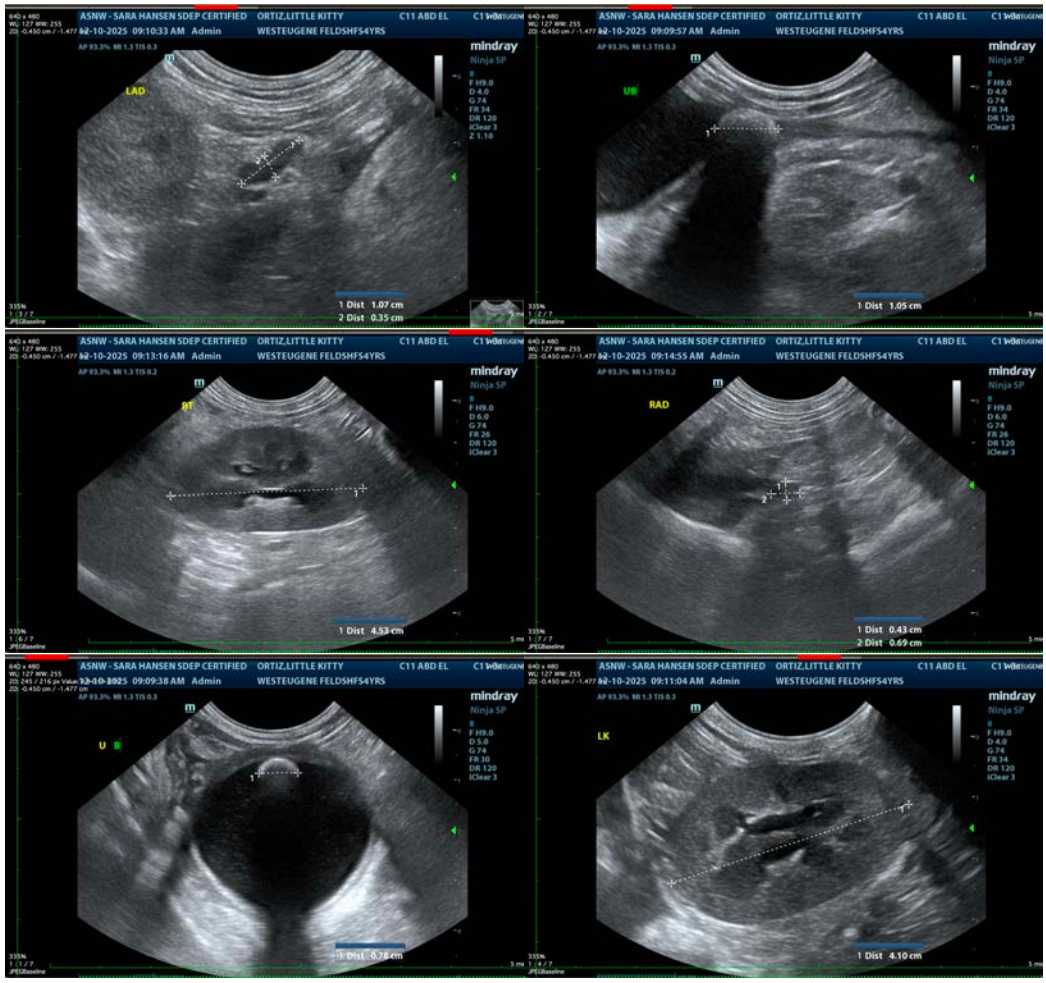
of the cystoliths via the least invasive way available to client, including dissolution if they are dissolvable stones, is recommended.



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