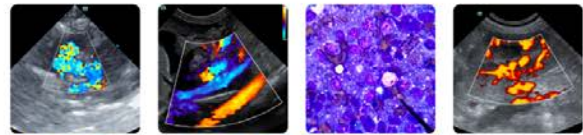


PATIENT
Penny Lu

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
12 Years

WEIGHT
6.14 kg

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Crystal Hill

HOSPITAL NAME
The Cat Clinic
Hamilton

REFERRING VET
Dr. Hall/Junaid

INVOICE
72469

DATE
12/10/25

PRESENTING CLINICAL SIGNS

Came in for health check, PE unremarkable, doing well overall. History of CKD, cardiac disease and chronic enteropathy. Recommend US to rule out bladder mass/urolith and status of renal disease.

Abnormal PE/Chem/CBC/UA Results: T Ca 2.8mmol/L Total Protein 62, Urine 3+ proteinuria, USG 1.044, 3+ blood and greater than 100/hpf RBCs, WBCs 2/hpf, rare cocci, CaOx 6-20hpf

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 exfoliated cells, mucous and/or small blood clots, as well as dependent mineral "sand" (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or discrete definitive cystoliths are observed. The 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. There is no pyelectasia noted and no mineral is observed. Left kidney is normal in size at 3.7 cm. Right kidney is normal in size at 3.8 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.50 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.37 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.

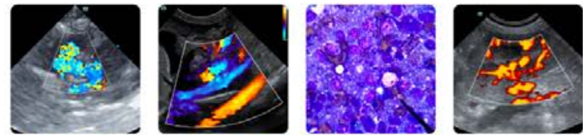
Liver

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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.

*See other.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

In the left cranial abdomen, craniolateral to the left kidney is an approximately 2.7 cm x 2.1 cm ill-defined, hyperechoic density. This could represent inflammation or pathology associated with the left kidney or potentially the pancreas versus other.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate bilateral chronic kidney disease changes.
- Moderate to large amount of echogenic urinary bladder mineral/sand debris.
- Ill-defined echogenic density in the left cranial abdomen – This could represent focal inflammation potentially associated with pyelonephritis or other acute insult to the left kidney, potentially some smoldering pancreatitis involving the left limb versus other.
- Mild gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

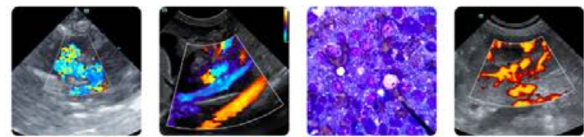
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture could be considered if not recently evaluated.

A heavily sedated/anesthetized bladder flush/voiding urohydropropulsion could be considered both as a therapeutic to remove the mineral debris, if possible, as well as diagnostic to obtain some for analysis, which may further guide therapy.

A blood pressure is recommended if not recently evaluated.

The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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

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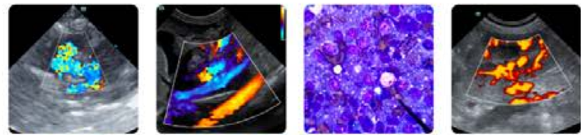
Pending patient's clinical signs, workup results, etc., sampling of the hyperechoic density in the left cranial abdomen via fine needle aspirates could be considered if patient's coagulation status is appropriate.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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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