


**PATIENT PRESENTING CLINICAL SIGNS**
**PATIENT**  
 Shyloh Watson

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

2.66 kg

**INTERPRETED BY**

 Beth Johnson, DVM  
 DACVIM

Seen on January 11/23 for frequent trips to litterbox with small amounts of urine passed each time. O feeding urinary diet from pet food store. No polydipsia seen by O. WNL on DVM exam. R/o UTI, cystitis and urolithiasis. Shyloh returned on January 12/23 for urine collection and urinalysis (see report emailed). -DVM relayed UA finding to O; O declined urine culture and radiographs. O op'd for Clavaseptin (50mg BID x 14d) and Onsior (3mg SID x 3d) with recheck UA 7d post-antibiotics. -Seen again January 20/23 as started dripping urine and frequent trips to LB/squatting with small urine amounts returning the day prior. O has noted that peed on laundry and has been hiding more. WNL on exam. Suspected spasticity of bladder/urethra d/t inflammation and pain from suspected UTI. O sent home with Feline Metacam (2.5kg dose SID x 5d) and Gabapentin 50mg TID-BID -O called January 25/23 as frequent trips to LB with small frequent urine output seen again (no dripping) but seems fine otherwise. Recommended recheck UA via cysto so could be sent for culture if needed; discussed possibility of interstitial cystitis rather than UTI. -Able to collect urine sample via cysto on February 1/23 and sent to Idexx for UA and Culture (see report emailed). -DVM relayed results to O; recommended radiographs to r/o interstitial cystitis vs. urolithiasis and rechecking bloodwork while in clinic -Radiographs and bloodwork done February 13/23 (see reports/images emailed). -Discussed results with O February 15/23; anemic and hypoalbuminemia on bloodwork; on radiographs, small mineralized structure seen in urinary bladder (possibly in ureter - r/o urolith), a larger mineralized structure appearing to be just cranial to the bladder and some fusing of the vertebrae just distal to pelvis seen. Discussed cystotomy for surgical removal but recommended US to confirm presence of urolith in the bladder as well as identify the other mineralized structure. O will need to feed only RC S/O diet and increase water intake before repeating bladder rads. Also discussed lithotripsy referral. O opt'd to try dissolution and will continue to give gabapentin 50mg BID (given 14ds worth). -O called February 16th, and ok'd proceeding with scheduling abdominal US. Current Medications Gabapentin 50mg BID

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses or inflammatory changes. Two shadowing cystoliths are noted, one measuring 0.70 cm and one measuring 0.37 cm. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is large (compensatory) in size (4.18 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.

The left kidney is small in size (2.43 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.

**Adrenal Glands**

The right adrenal gland is normal in size (0.33 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.23 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Main Street AH

**REFERRING VET**

Dr. Murphy

**INVOICE**

45415

**DATE**

2/22/23



**PATIENT** *Spleen*

Shyloh Watson

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.

**SPECIES**

Feline

*Liver*

**BREED**

Ragdoll

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.

**SEX**

Spayed Female

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.

**AGE**

6 Years

*Gastrointestinal*

**WEIGHT**

2.66 kg

The visible stomach wall is normal in thickness 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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

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. There is 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.

**IMAGING PERFORMED BY**

Kelly Reschny

*Pancreas*

The 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.

**HOSPITAL NAME**

Main Street AH

*Free Abdomen*

There is no evidence of free peritoneal effusion noted in these images.

**REFERRING VET**

Dr. Murphy

There is no apparent lymphadenopathy noted in these images.

**INVOICE**

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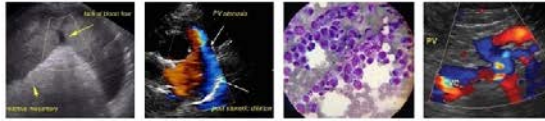
- Several urinary bladder cystoliths
- Small left kidney and large right kidney (compensatory) – May indicated some early or chronic kidney disease. However, this findings should be interpreted in combination with laboratory changes and/or other evidence of kidney disease, etc.

**DATE**

2/22/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This patient's reported urinary signs are most likely secondary to the cystoliths. As is reportedly planned, a dissolution process could be attempted. However, if they are calcium oxalate stones, ultimately stone removal may be required. If stone removal is elected, analysis should be performed to help implement medical management to prevent future stone formation.



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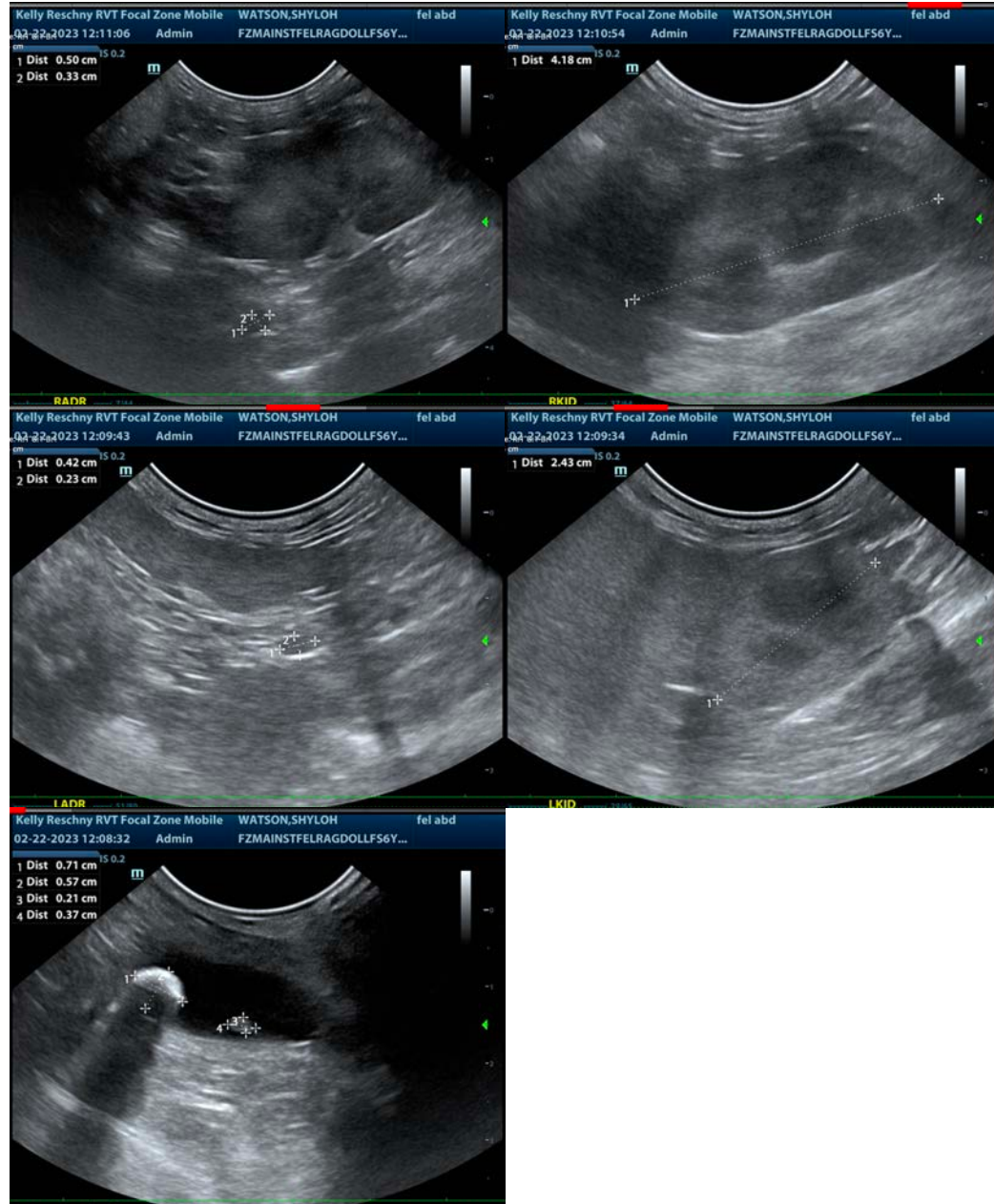
Dr. Murphy

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**DATE**

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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**  
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