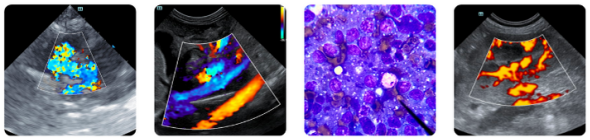

PATIENT

Casper Shin

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13

WEIGHT

5.17 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Signal Hill AC

REFERRING VET

Dr. Veronica Devall

INVOICE

11357

DATE

2/24/2026

PRESENTING CLINICAL SIGNS

- Renal disease, straining to go to litter box, resistant UTI. Previous pancreatitis.
- 2017 - ammonium urate stones removed, has been on k/d ever since

Abnormal PE/Chem/CBC/UA Results: Azotemia, elevated spec fPL attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a very large amount of echogenic mineral/sand debris settled along the dependent wall, both in normal position and standing. 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 overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. Left kidney measures 3.84 cm. Right kidney measures 3.52 cm with trace pyelectasia present.

Adrenal Glands

The right adrenal gland is normal in size (0.44 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 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

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. There is mild duct dilation noted measuring 0.21 cm.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

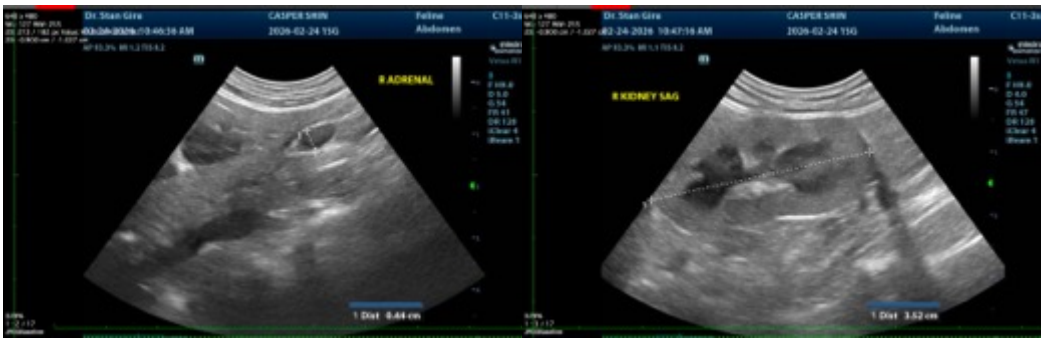
- A very large amount of echogenic mineral/sand debris within the urinary bladder.
- Chronic low grade smoldering pancreatitis is suspected.

SECONDARY FINDINGS

- Mild age-related kidney changes with trace pyelectasia in the right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's history, treatment of the current urinary tract infection as a complicated infection, potentially in combination with a dissolution diet, while monitoring the mineral/sand debris, may be warranted. With this process, cultures during treatment to assure no change in resistance pattern, secondary organisms, etc., as well as a final culture 7-10 days after finishing antibiotics which should be continued until full dissolution is present, could be considered. Prior to this long-term procedure, heavily sedated/anesthetized voiding urohydropropulsion could be considered both as a therapeutic to alleviate as much of the mineral debris as possible, as well as a diagnostic to submit it for analysis to assure that dissolution is appropriate. Full consultation with and/or referral to a veterinary internist could be considered.



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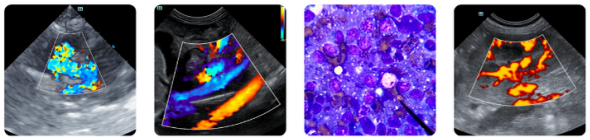

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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