



PATIENT

Hemingway Pezzuti

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

14.3 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Jessica Milligan

HOSPITAL NAME

Dockside Veterinary
Imaging

REFERRING VET

Dr. William Smith

INVOICE

11558

DATE

3/24/2026

PRESENTING CLINICAL SIGNS

- Hx of renal stones and recurrent UTIs.

Abnormal PE/Chem/CBC/UA Results: See medical records attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents and some suspended, as well as settled, mineral/sand debris. There is an approximately 2.7 cm in diameter pile of mineral settled along the dependent wall that could contain small cystoliths. One large single cystolith is possible, but considered less likely.

The kidneys are bilaterally, uniformly enlarged/swollen. The left kidney measures 4.65 cm and the right kidney measures 4.97 cm with an overall hyperechoic echogenicity and slight loss of corticomedullary definition. Peripheral margination is mildly irregular with overall shape maintained. The left renal pelvis is markedly dilated measuring 0.77 cm (sagittal view) leading to a dilated ureter measuring 0.57 cm dilated that tapers at what appears to be a 0.42 cm in size mineral density/ureterolith. The perinephric area is enhanced by hyperechoic fat, mesentery, and free fluid. The right renal pelvis demonstrates trace dilation with no evidence of mineral or dilated ureter on that side visible in these images at this time. Similarly, the perinephric area is enhanced by hyperechoic fat, mesentery, and free fluid.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

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.



PATIENT

Hemingway Pezzuti

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

14.3 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Jessica Milligan

HOSPITAL NAME

Dockside Veterinary
Imaging

REFERRING VET

Dr. William Smith

INVOICE

11558

DATE

3/24/2026

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 a moderate amount of free fluid. Some pocketed adjacent to the urinary bladder, but primary adjacent to the kidneys as described above.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Suspect ureteral obstruction on the left side secondary to a left ureterolith. Given the perinephric changes, and renal pelvis dilation bilaterally, however, concurrent infection/pyelonephritis can't be ruled out.
- A large amount of echogenic urinary bladder mineral/sand debris with possible cystoliths.

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 ration is recommended.

Additionally, a full general metabolic health screen is recommended to also include CBC, chem panel, and electrolytes.

While supportively/symptomatically managing clinical signs, empirically managing suspected infection, rehydrating patient if indicated, managing pain, etc., close monitoring of the suspected left ureterolith is recommended to see if it passes or warrants more immediate intervention to alleviate or bypass obstruction, potentially surgically.



PATIENT

Hemingway Pezzuti

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

14.3 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Jessica Milligan

HOSPITAL NAME

Dockside Veterinary
Imaging

REFERRING VET

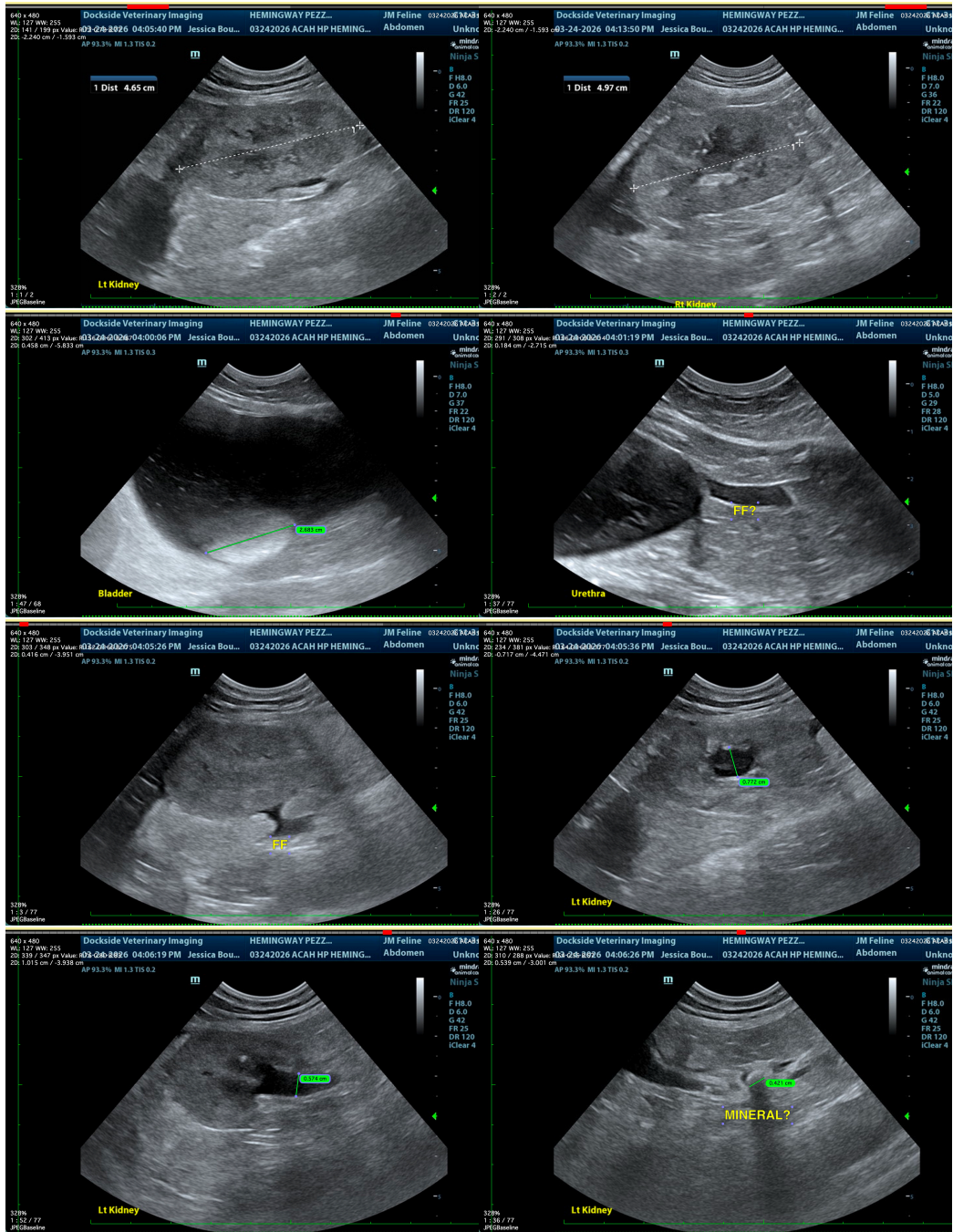
Dr. William Smith

INVOICE

11558

DATE

3/24/2026



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.



PATIENT

Beth Johnson, DVM, DACVIM
info@sonopath.com

Hemingway Pezzuti

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

14.3 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Dr. Jessica Milligan

HOSPITAL NAME

Dockside Veterinary
Imaging

REFERRING VET

Dr. William Smith

INVOICE

11558

DATE

3/24/2026