



PATIENT

Taz Paws and Tails
Rescue

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

Approx 5 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Paws and Tails Rescue

REFERRING VET

Dr. Beech

INVOICE

16319

DATE

3/8/23

PRESENTING CLINICAL SIGNS

Seen about 2 weeks ago for bloody drips outside of litter box. Treated for UTI with Convenia and saw improvement. Is in foster care/ multi cat household.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes or echogenic sediment are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. A 1.3 cm shadowing cystolith was observed along the dependent wall.

The right kidney is compensatorily large measuring 4.45 cm, with normal 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 infarcts observed. Small nonobstructive nephroliths, as well as mild pyelectasia measuring 0.43 cm transverse view were present.

The left kidney measured 2.36 cm. Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. Small nonobstructive nephroliths were noted.

Adrenal Glands

The right adrenal gland is normal in size (0.6 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.27 cm), shape and contour. Corticomedullary structure is unremarkable. 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

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The stomach wall is normal in thickness (< 0.4 cm) 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 (duodenum < 0.4 cm). 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.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SEX

Pancreas

FS

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.

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Free Abdomen

WEIGHT

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

Approx 5 kg

ULTRASONOGRAPHIC FINDINGS

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- A 1.3 cm urinary bladder cystolith, as well as small nonobstructive bilateral nephroliths and right kidney pyelectasia - Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

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DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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1) Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

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2) In addition to urine, a general metabolic health screen is recommended including a CBC/Chemistry Panel and electrolytes.

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3) Unless the cystolith is believed to be dissolvable based on laboratory assessment, a cystotomy, or if geographically available, a less invasive retrieval option is recommended for stone removal.

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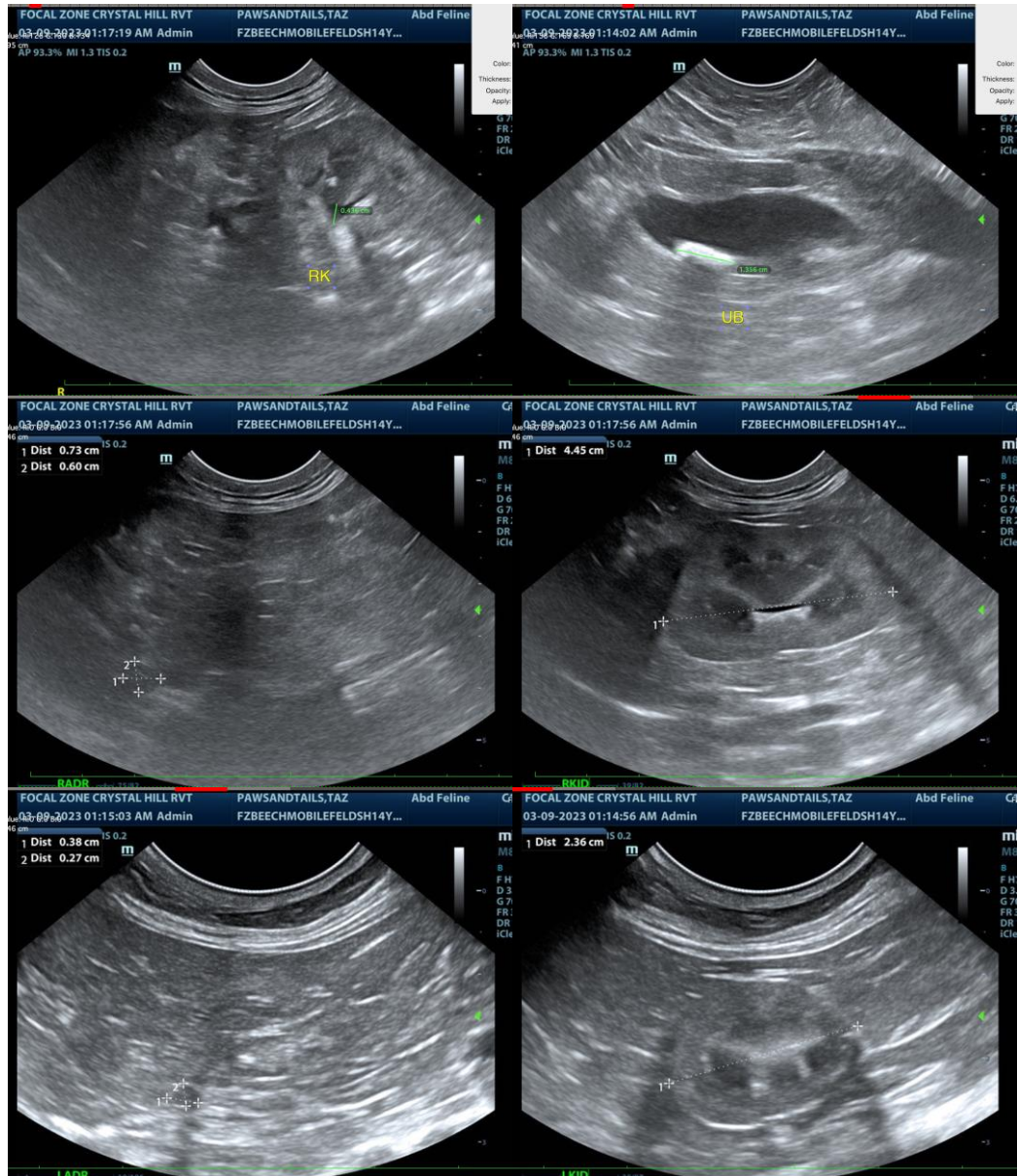
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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