



PATIENT

Felicia Blickle

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

10 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Jonathan Shivers, DVM

INVOICE

74495

DATE

4/15/26

PRESENTING CLINICAL SIGNS

Pollakuria + inappropriate urination + suspected intraluminal tissue in bladder - Rule out polyp, mass, crystals, UTI and others. Currently taking clavamox, onsiar, gabapentin for UTI and recommended AUS to screen further.

Abnormal PE/Chem/CBC/UA Results: Radiographs/UA/SOAP attached

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 a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as a very large amount of dependent mineral "sand" (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. Settled along the dependent wall is an approximately 0.40 cm x 1.8 cm echogenic, partially mineralized density that does not appear to be vascularized and is most consistent with a pile of dependent debris. Tissue is possible but considered less likely. 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 pyelectasia, mineral or infarcts observed. Left kidney measures 4.13 cm. Right kidney measures 4.23 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.40 cm at cranial pole and 0.23 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.28 cm at cranial pole and 0.30 cm at caudal pole), 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, except for in the mid to caudal liver where there is an approximately 2.9 cm x 4.3 cm anechoic density/cystic area. 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

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.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. 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.

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 no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Large amount of echogenic urinary bladder mineral/sand debris. A thick dorsal wall is possible but considered less likely than a pile of debris as described above.
- Suspect incidental/benign hepatic cyst or feline biliary cystadenoma versus other.

SECONDARY FINDINGS

- Moderate age related kidney changes.

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 ratio is recommended.

Pending results of a urinalysis, an anesthetized voiding urohydropropulsion/urinary bladder flush could be considered both as a therapeutic to alleviate as much of the debris as possible, as well as a diagnostic to obtain some of the mineral debris for analysis, which may further guide future medical management.

In the meantime, in the face of negative urine culture(s) and no cystoliths, masses, etc., these urinary signs could be, at least in part, consistent with sterile cystitis or feline lower urinary tract disease (FLUTD).

Recommendations include maximizing water consumption (water fountains, canned food, etc) as well as reducing stress (recommendations can be found at Indoor Cat Initiative out of The Ohio State



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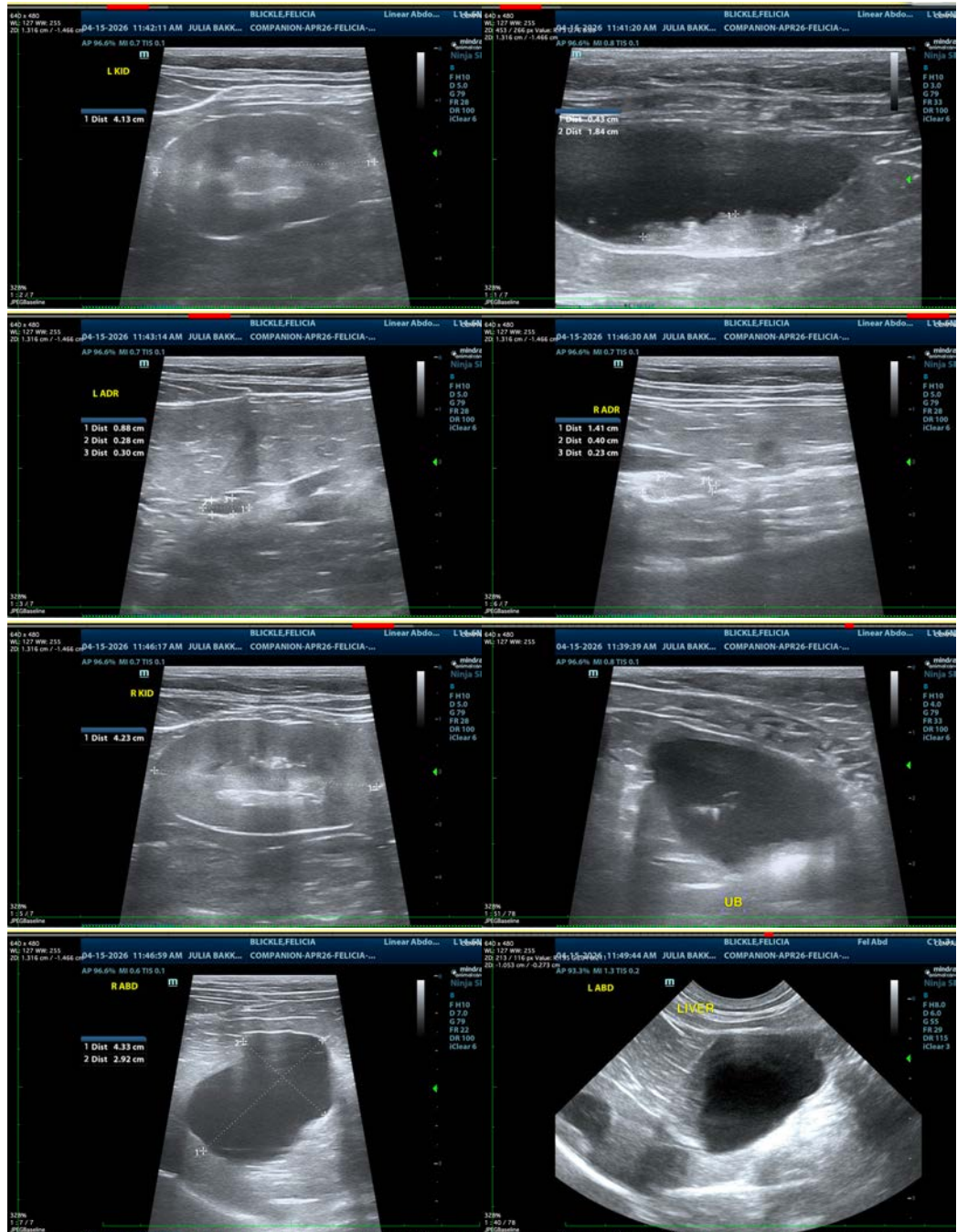
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University CVM). Transition to a urinary health diet such as Royal Canin Urinary SO (or similar) could also be considered.





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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