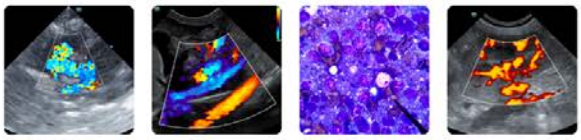


DATE

4/2/26

PATIENT

Vida Goodenough

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9/15/17

WEIGHT

8.9 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Harborside Mobile Veterinary Clinic

REFERRING VET

Dr. Hawkins

INVOICE

74191

PRESENTING CLINICAL SIGNS

Patient History: CC: Episodes of bloody urine occurring more frequently in the last 6 months. History: In 2021, had Intermittent UTI's throughout life and mild constipation issues. PE: Being done the day of ultrasound (4/2/26)

Current Medications: Metacam Suspension 1.5 mg/ml : Give 0.3 mL on Day 1; then give 0.15 mL once a day as needed for bladder inflammation. Clavamox 50 mg/ml (15 ml bottle): Give 1 mL by mouth every 12 hours until finished
Labwork Results: Labwork not attached, reported as being done day of AUS.
Date of Previous IntraPet Ultrasound: 12/9/21. See attached.
Sedation: DKT.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with primarily anechoic contents as well as a mild amount of suspended echogenic possible mineral/sand debris. Additionally, there is an approximately 0.42-0.47 cm shadowing cystolith settled along the dependent wall. No masses are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (3.71 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 or infarcts observed. Pinpoint non-obstructive mineral densities are noted.

The left kidney is normal is size (3.61 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 or infarcts observed. Pinpoint non-obstructive mineral densities are noted.

Adrenal Glands

The right adrenal gland is normal in size (0.39 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.40 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of mildly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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. No pancreatic duct dilation is noted.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- One cystolith similar in size to that previously noted remains within the urinary bladder, with a markedly reduced or improved amount of concurrent sand debris compared to the scan several years ago.

- Very mild gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- Mild inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.

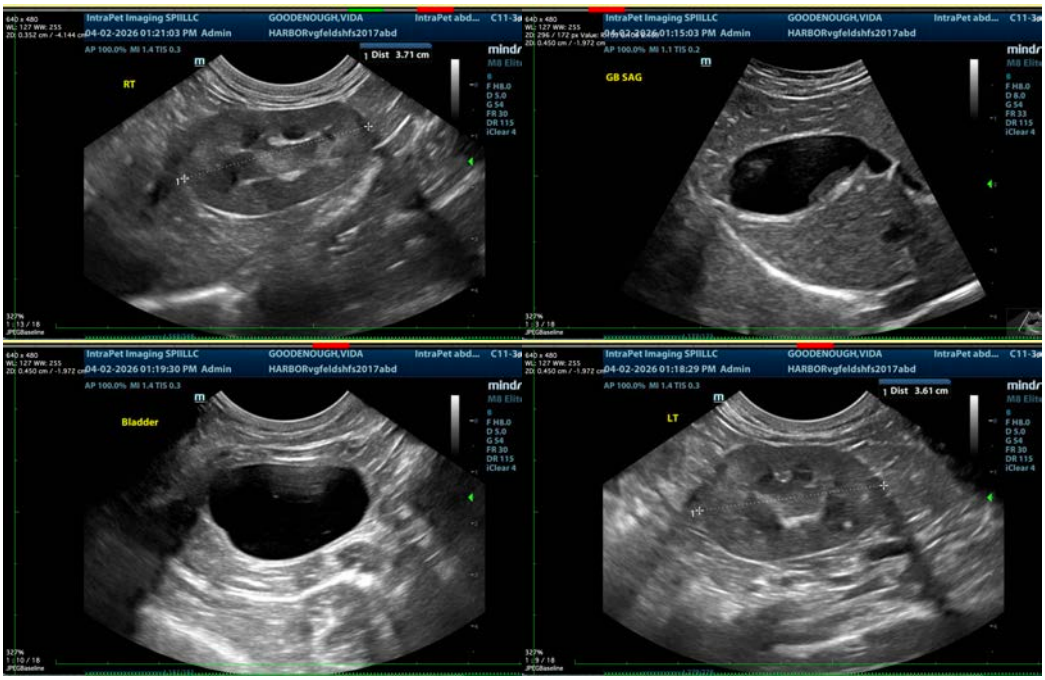
- Concurrent chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

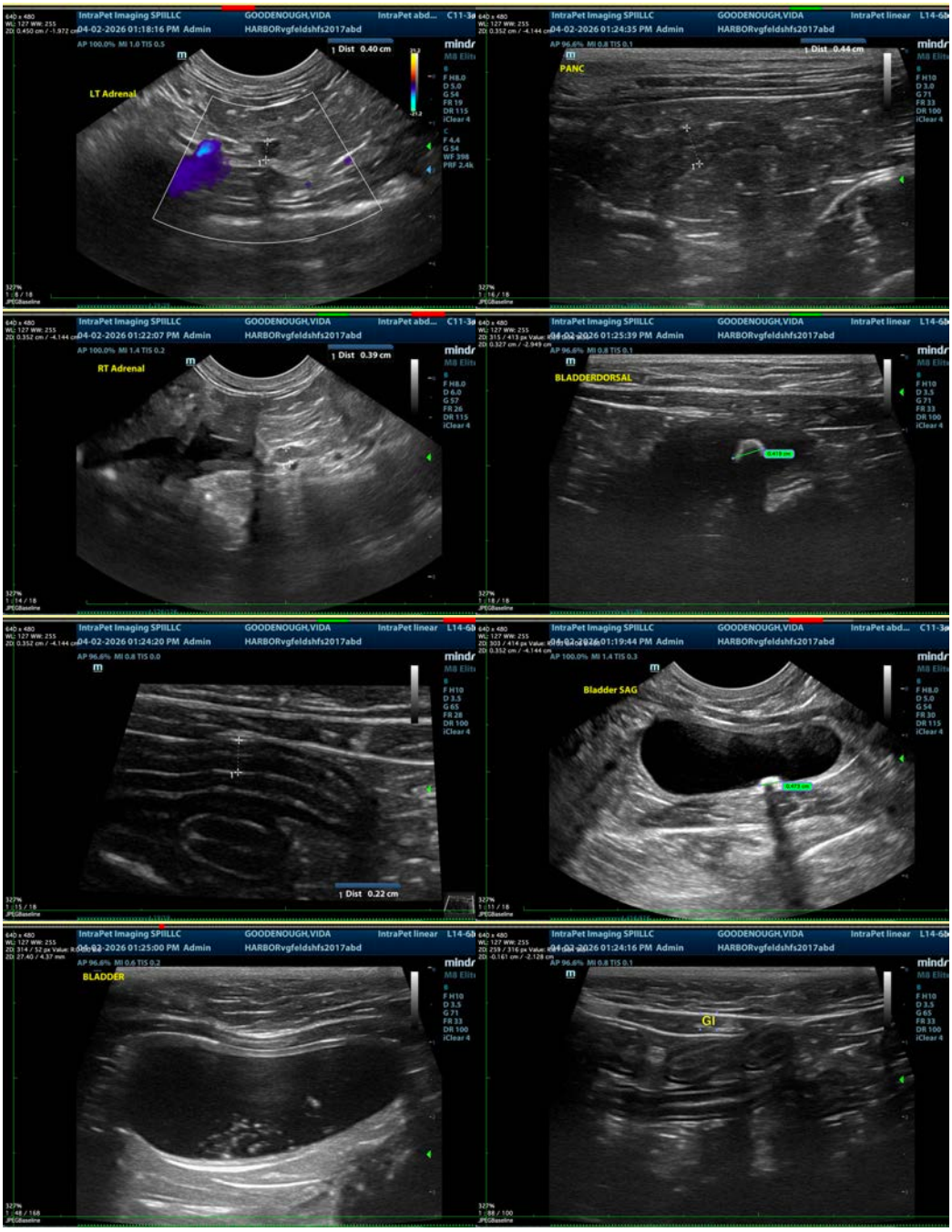
- Pinpoint non-obstructive mineral densities noted bilaterally in the kidneys.

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. The size of the cystolith may be amenable to removal via anesthetized voiding urohydropropulsion or bladder flush. If it is not removable, some of the other mineral/sand debris may be retrieved at that time for analysis, which may further guide medical management i.e., dissolution versus more aggressive removal i.e., cystoscopy, surgery, etc.

Otherwise, the changes are mild/subtle, likely unrelated to patient's reported urinary signs and should be interpreted in combination with other clinical history i.e., any unintentional weight loss, vomiting, diarrhea, etc.




LT Adrenal
Dist 0.40 cm
PANC
Dist 0.44 cm
RT Adrenal
Dist 0.39 cm
BLADDERDORSAL
Bladder SAG
Dist 0.22 cm
BLADDER
GI

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