



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Luna Quinn	Recurring UTI. Previous ultrasound performed on 6/15/22.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b><i>Urinary System</i></b>
	Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick (0.45 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.
<b>BREED</b>	
DSH	The right kidney is normal in 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, mineral or infarcts observed.
<b>SEX</b>	
Spayed Female	The left kidney is normal in size (3.77 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, mineral or infarcts observed.
<b>AGE</b>	<b><i>Adrenal Glands</i></b>
4 Years	The right adrenal gland is unable to be visualized in these images.
	The left adrenal gland is normal in size (0.29 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>WEIGHT</b>	<b><i>Spleen</i></b>
14.5 Pounds	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.
<b>INTERPRETED BY</b>	<b><i>Liver</i></b>
Beth Johnson, DVM DACVIM	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.
<b>IMAGING PERFORMED BY</b>	
Kelly Vazquez	
<b>HOSPITAL NAME</b>	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. The gallbladder is bilobed, which is an incidental anatomic variant. There is no evidence of the previously noted cholecystolith in these images.
New Bridge VP	
<b>REFERRING VET</b>	<b><i>Gastrointestinal</i></b>
Dr. Abina Glennon	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 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.
<b>INVOICE</b>	
39211	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 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.
<b>DATE</b>	
7/5/22	



**PATIENT**

Luna Quinn

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

**Pancreas**

**SPECIES**

Feline

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.

**BREED**

DSH

**Free Abdomen**

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

There is no apparent lymphadenopathy noted in these images.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

- Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely given the location and diffuse nature of the changes. These changes appear improved from the previous study.

**AGE**

4 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

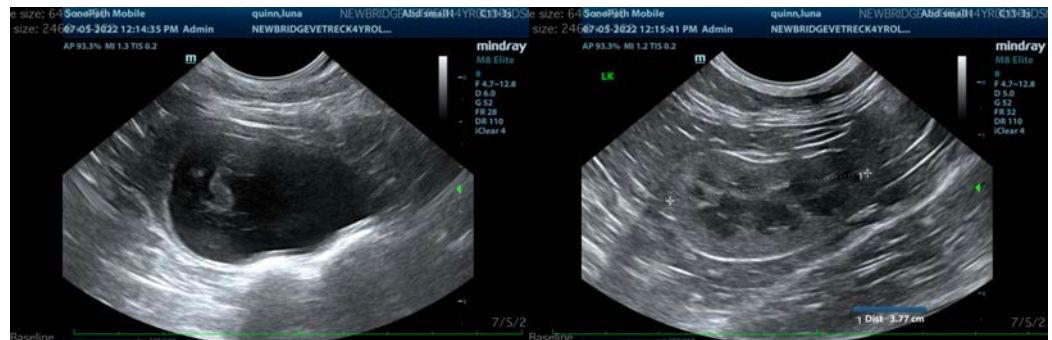
Recommendations include continued medical management of urinary tract infection if diagnosed and/or idiopathic cystitis with diet, fluids, environmental enrichment, etc.

**WEIGHT**

14.5 Pounds

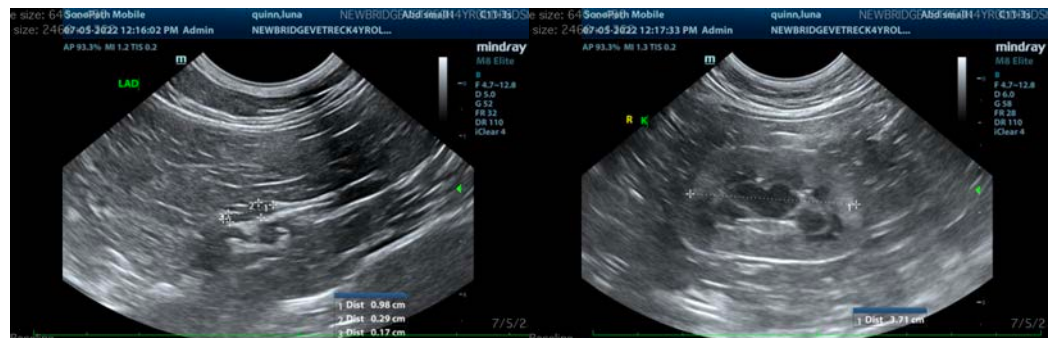
**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM



**IMAGING PERFORMED BY**

Kelly Vazquez



**HOSPITAL NAME**

New Bridge VP

**REFERRING VET**

Dr. Abina Glennon

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**PATIENT**

Luna Quinn

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

14.5 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

New Bridge VP

**REFERRING VET**

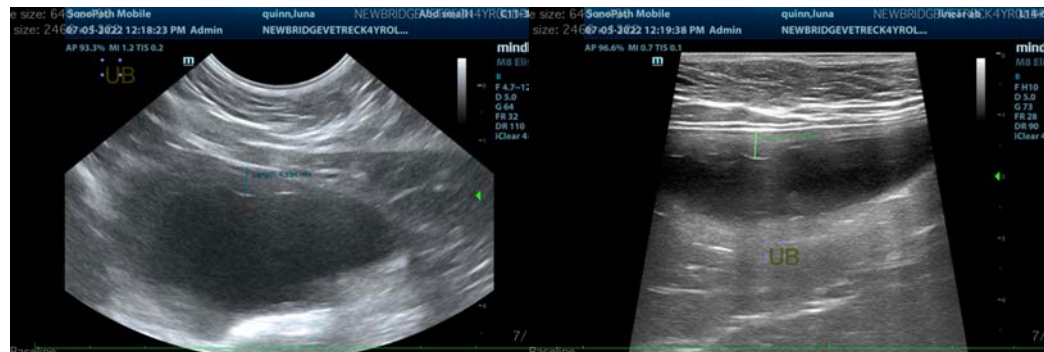
Dr. Abina Glennon

**INVOICE**

39211

**DATE**

7/5/22



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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