



PATIENT PRESENTING CLINICAL SIGNS

Tulip Moore History: has blood in urine had some outside little box not eating last week (eating but less - wet mainly) more wakeful at night been on high fibre food for a while no new changes in the house tulip is the boss cat not on any meds currently o not completely sure the urine is hers but assumes with other signs no vom meds: 25 mg zenequin once daily for 7 days,

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

Urinary bladder is adequately distended with anechoic contents. No masses or inflammatory changes are observed. A 0.64 cm cystolith is present within the lumen of the bladder. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Spayed Female

Left kidney is normal is size (3.94 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.

AGE

6 Years

Right kidney is normal is size (4.23 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.

WEIGHT

Adrenal Glands

5.85 Pounds

Left adrenal gland is normal in size (0.38 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BY

Right adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Beth Johnson, DVM
DACVIM

Spleen

IMAGING

PERFORMED BY

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.

Kelly Reschny

Liver

HOSPITAL NAME

Hillview VC

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.

REFERRING VET

Dr. P. Stevenson

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.

INVOICE

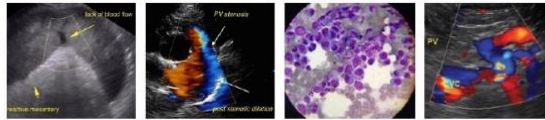
Gastrointestinal

16655

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

DATE

8/2/22



PATIENT

Tulip Moore

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.

SPECIES

Feline

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

DSH

The observed pancreas 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

SEX

Spayed Female

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- 0.64 cm urinary bladder cystolith

AGE

6 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

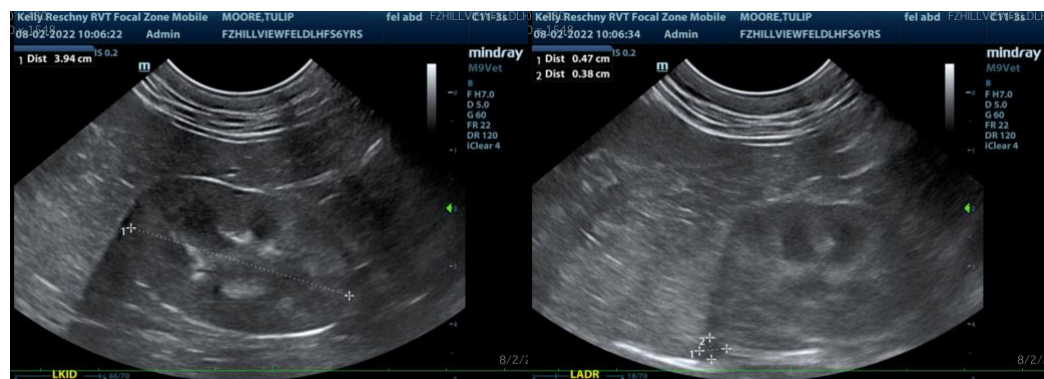
Recommendations include an evaluation to look for underlying causes for the cystolith, such as hypercalcemia, as well as concurrent urinary tract infection, etc. with urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended. A CBC chemistry panel and electrolytes are recommended, if not recently evaluated. At that time, depending on the make-up of the stones, stone removal may be necessary if dissolution is not possible, after which, transition to a crystal/stone prevention/urinary bladder health diet is recommended.

WEIGHT

5.85 Pounds

INTERPRETED BY

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DACVIM



IMAGING PERFORMED BY

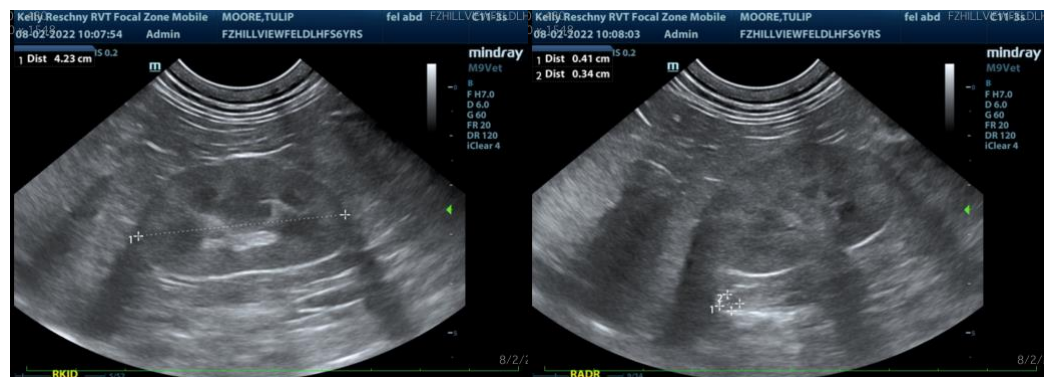
Kelly Reschny

HOSPITAL NAME

Hillview VC

REFERRING VET

Dr. P. Stevenson

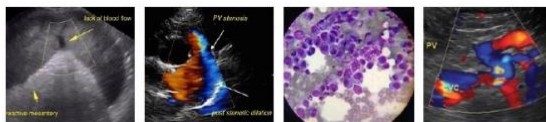


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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