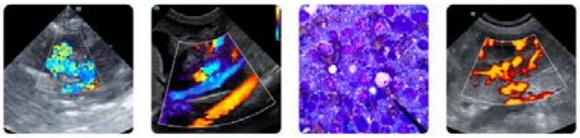

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Bob Gazda

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

17.2 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beamsville Animal Hospital

REFERRING VET

Dr. Hagar

INVOICE

71673

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Was urinating and defecating out of litter box. Passed a 31/2 french catheter last thursday november 7th. No blockage, it passed freely but lots of smegma and debris. penis tip appeared darker in colour. lateral xray was taken. Current Medications Sent home with Amitriptyline SID, Prazosin TID x 3 days, and Metacam for daily use.

Abnormal PE/Chem/CBC/UA Results: Labs and rads attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Gravity dependent, hyperechoic shadowing debris present in the urinary bladder, most consistent with bladder sand. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Left measures 4.71 cm. Right measures 4.93 cm.

Adrenal Glands

The left adrenal gland is significantly enlarged and hypoechoic with a somewhat irregular capsule. Left measures 1.67 cm x 1.15 cm.

The right adrenal gland is visualized on still image only. Resolution is inadequate to assess glandular structure or confirm measurement provided. Right measures 0.46 cm in thickness.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach was minimally visualized. It is not overtly distended.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas was not distinctly visualized.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

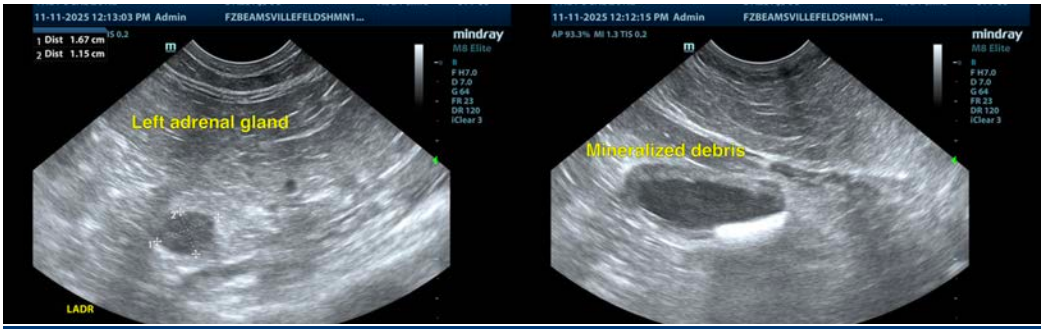
ULTRASONOGRAPHIC FINDINGS

- Shadowing urinary bladder debris, most consistent with bladder sand.
- Degenerative renal changes.
- Left adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a significant amount of gravity dependent shadowing urinary bladder debris, most consistent with bladder sand. A urine culture is recommended to screen for infection even though not apparent on urinalysis. Passage of a urinary catheter with plan to flush the urinary bladder may help remove debris.

Adrenal gland changes are most consistent with an adrenal mass which may or may not be hormonally active and may or may not be malignant or benign. Malignant tumors can also be hormonally active. Common adrenal tumors in cats include aldosterone and cortisol secreting tumors, adenocarcinoma, adenoma, lymphoma, metastatic tumors among other things. Ultimately surgical resection and histopathology is necessary to further define and should be considered. Alternatively serial ultrasound monitoring for progression/vascular invasion could be considered if surgical resection is not desired at this time.



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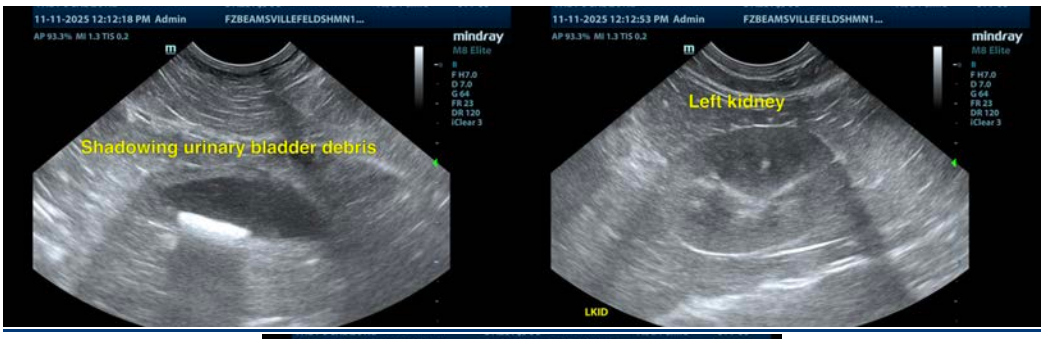

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com