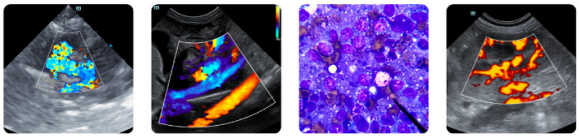

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Fern Spafford

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

18 years

WEIGHT

7.8 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Eugene AH

REFERRING VET

Dr. Matsuoka

INVOICE

11261

DATE

2/6/2026

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Frequent urination, when getting cystocentesis there appeared to be 2 fluid filled structures next to the bladder. No improvement with antibiotic trial.
- ABNORMAL Labwork Values. Chem 17: mild hyperglycemia (likely due to stress), mildly elevated BUN. SDMA: mildly elevated (17). TT4: normal - hyperthyroidism well controlled. UA: unsure if sample was from bladder or fluid filled structures next to bladder, fluid did not appear to be urine (very opaque and cloudy). US of bladder: mild hyperechoic flecks floating in bladder, 2 hollow mildly fluid filled structures close to bladder (Uterus? reported as spayed).
- Current Medications: Prednisolone 5mg SID, Methimazole 2.5mg q 12 hours.

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. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have moderately decreased corticomedullary distinction. The renal pelvises are not significantly dilated and there is no significant renal hydronephrosis. The left proximal ureter is dilated and slightly undulating proximally, and is distended along its length to the cystoureteral junction where there is a fluid filled spherical structure at the level of the cystoureteral junction. There is a second spherical fluid filled structure suspected to represent the right cystoureteral junction. Right ureter is proximally dilated but tapers quickly. Left kidney measures 3.4 cm in length, and the right kidney measures 3.56 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left adrenal measures 0.31 cm in thickness. Right adrenal measures 0.30 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

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The stomach contains ingesta. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas and ingesta throughout. 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.

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

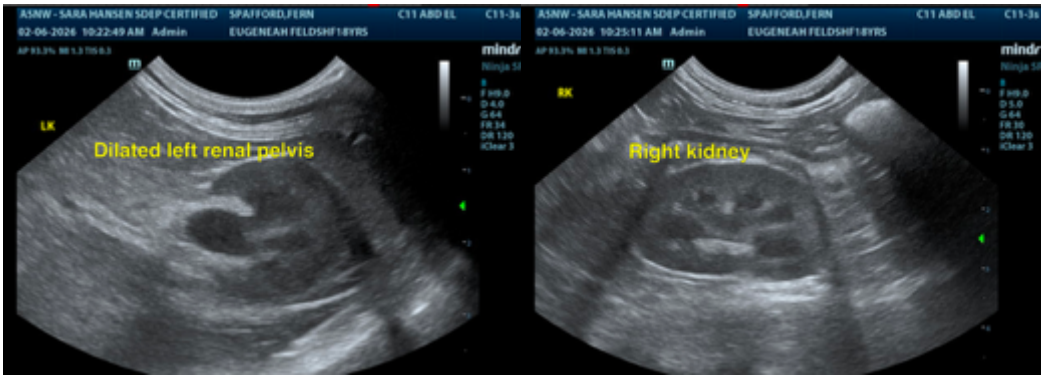
The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

ULTRASONOGRAPHIC FINDINGS

- Suspected bilateral ureteroceles with left ureteral distension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The fluid filled structures seen near the neck of the urinary bladder are suspected to represent bilateral ureteroceles. They do not appear to be causing obstruction at the level of the kidneys as no significant hydronephrosis was visualized. These are most commonly congenital structures so they can become inflamed and infected. Submission of the reported opaque cloudy fluid for culture +/- cytology is recommended. Ultimately, abdominal CT scan could be considered to further visualized these structures. If they continue to cause a clinical problem, abdominal explore could be considered.



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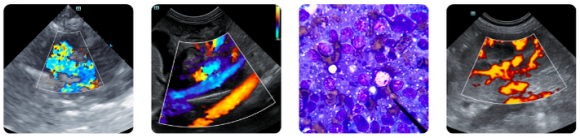

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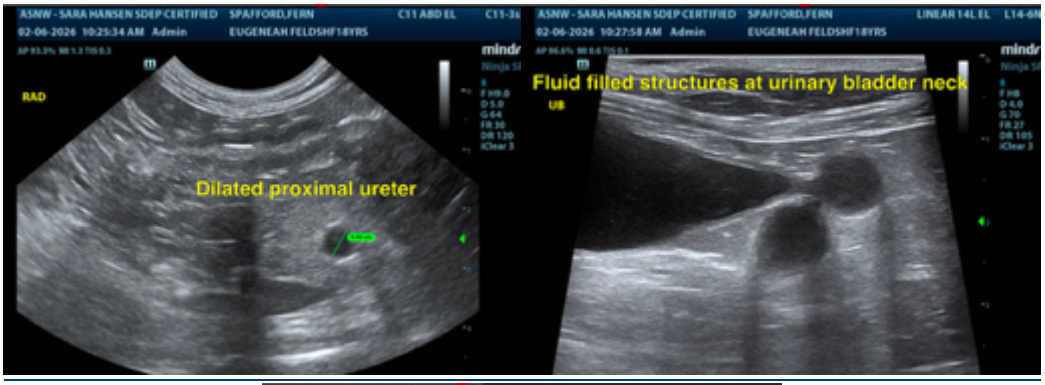

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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