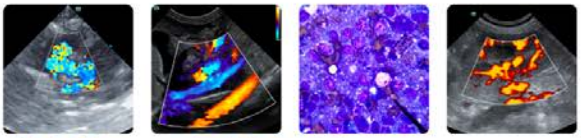

PATIENT

Anastasia Robertson

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

9 Years

WEIGHT

7.5 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

All Creatures Great & Small (Denville)

REFERRING VET

Dr. Silas

INVOICE

73928

DATE

3/23/26

PRESENTING CLINICAL SIGNS

Lethargic, anorexia, hematuria, abd. pain cranial, 104 fever.

Abnormal PE/Chem/CBC/UA Results: gluc-218 wbc-28 ua prot-2+ gluc-1+ bili-2+ blood-2+ wbc-11-20 rbc>50 struvite usg-1.072

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 debris present in the urinary bladder. 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. Pinpoint areas of cortical mineralization noted in the left kidney. Left kidney measures 4.16 cm. Right kidney measures 4.45 cm.

Adrenal Glands

The left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 0.43 cm in thickness.

The right adrenal gland was visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Right measures 0.39 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 contains minimal luminal contents. 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 minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall

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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.

Free Abdomen

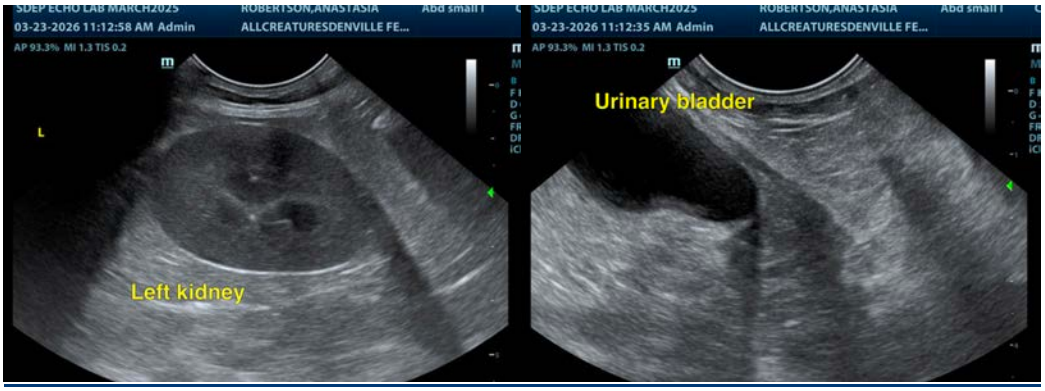
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Small amount of urinary bladder debris.
- Mild degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary bladder is sonographically normal except for a small amount of gravity dependent debris. Urinalysis is most consistent with cystitis. This patient likely suffers from feline lower urinary tract syndrome. Urine culture and sensitivity is warranted to treat any underlying infection properly, with repeat culture at the end of antibiotic treatment to ensure clearance. Ultimately FLUS is most often a sterile process which can be difficult to control. Stress reduction is important and pheromone therapy (Feliway) or anxiolytic medications (gabapentin, fluoxetine, etc) may be of use. Promotion of increased water intake with canned food and access to water fountains and urinary health diets (hills c/d, royal canin urinary S/O, purina proplan UR, etc) may be useful but must be fed exclusively to be effective. Increasing the number of litter boxes and being fastidious about changing the litter, as well as placing litter boxes in stress free areas, away from other pets, high traffic areas or noisy appliances can be helpful.



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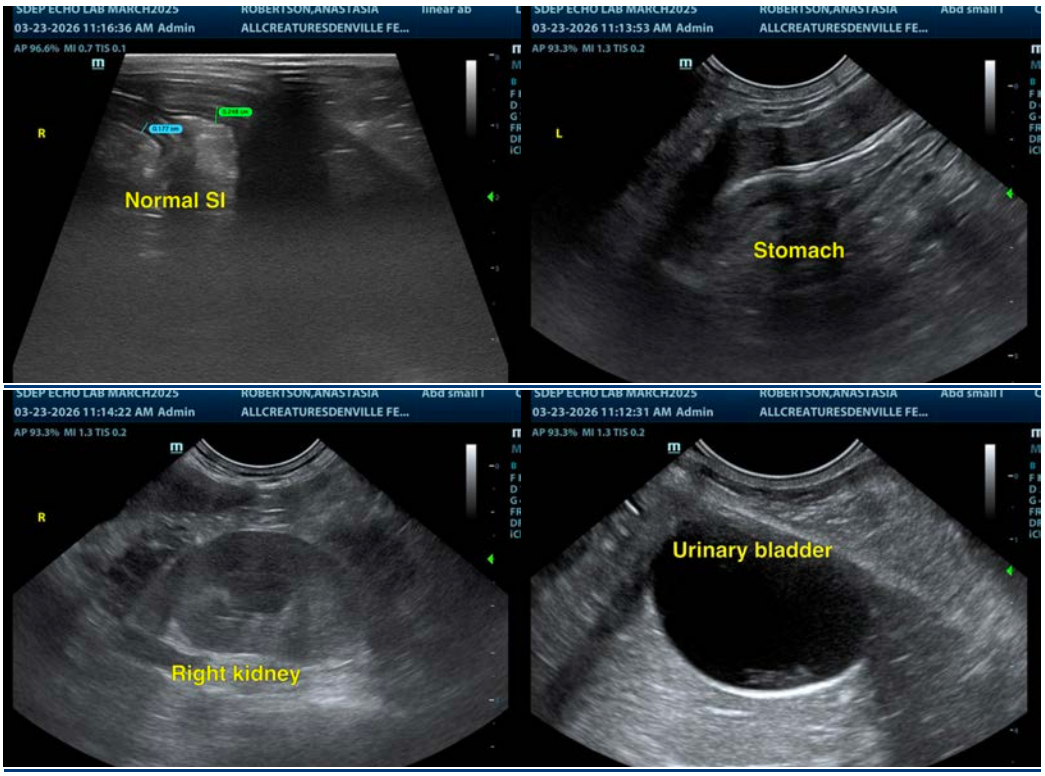

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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