



PATIENT

Poe Timothy

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Katie Velez

HOSPITAL NAME

Court Street VH

REFERRING VET

Dr. Katie Velez

INVOICE

69080

DATE

11/26/25

PRESENTING CLINICAL SIGNS

History: Chronic urinary signs - inappropriate urination Diet: Purina UR Meds: clomicalm/fortiflora
Abnormal PE/Chem/CBC/UA Results: distal tip is purple - can urinate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. Sand accumulation was noted and was non-obstructive at the time of the sonogram measuring 2.5 cm as a grouping. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Slight pinpoint mineralization was noted in the left kidney and was non-obstructive at the time of the sonogram. The left kidney measured 3.85 cm. The right kidney measured 3.8 cm.

ULTRASONOGRAPHIC FINDINGS

Slight pinpoint renal mineralization.

Bladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, sand analysis and culture are indicated. Normal and retrograde urethral flushing is recommended even though at the time of the sonogram there was no evidence of urethral sand present. I recommend sonogram just prior to surgery to ensure that the sand is in similar position and cumulative.



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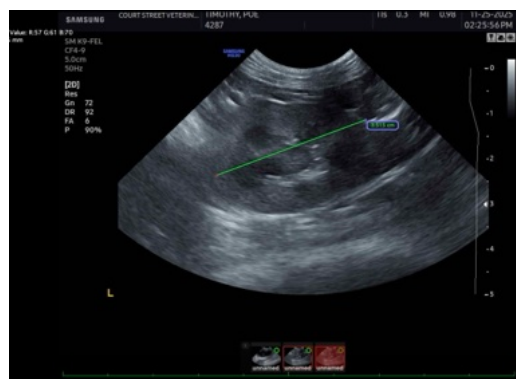
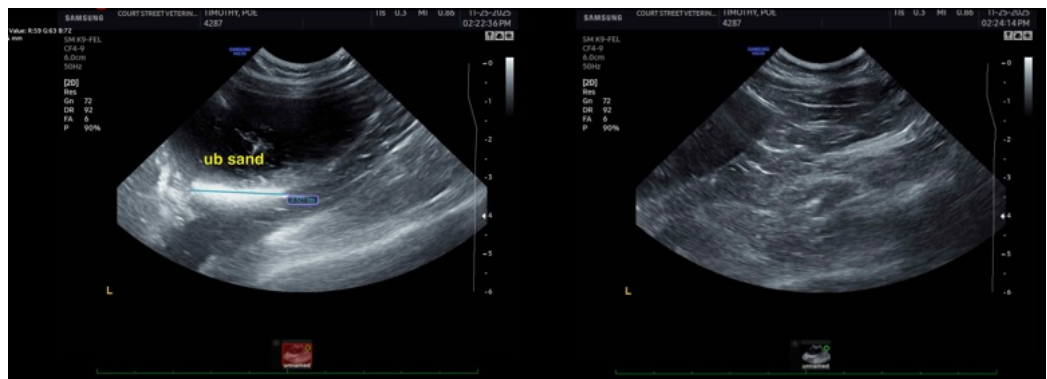
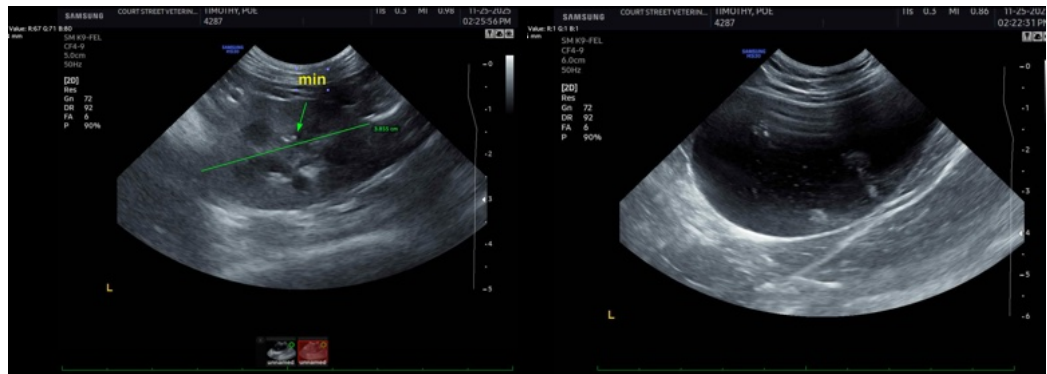
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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