



PATIENT

Catsberg Pedersen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

8.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Christina Wagner

HOSPITAL NAME

Angeles CA

REFERRING VET

Dr. Wagner

INVOICE

73815

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Patient has had multiple episodes of lower urinary signs and bacteruria over the last several years, but more episodes in the last year.
- Pet is on a cranberry supplement for urinary health
- Royal Canin Calm + urinary
- Most recent UA: USG 1028 Blood/hemoglobin 2+ White blood cells 2-5 Bacteria MARKED RODS > 40/hpf Culture - e. coli Pet did not have lower urinary signs at that time; no treatment was started. CBC, chem in october wnl T4 pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Bladder debris was noted. This is likely inflammatory sediment or blood clots. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.2 cm.

The **right kidney** revealed pelvic mineralization and was subnormal in size. Calculus in the right renal pelvis measured 0.26 cm. Slight pyelectasia was noted. The right kidney measured 2.6 cm. The right kidney had subnormal blood flow, near end stage degenerative right renal changes.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.25 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of



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normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Slight fluid filled gastric lumen. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

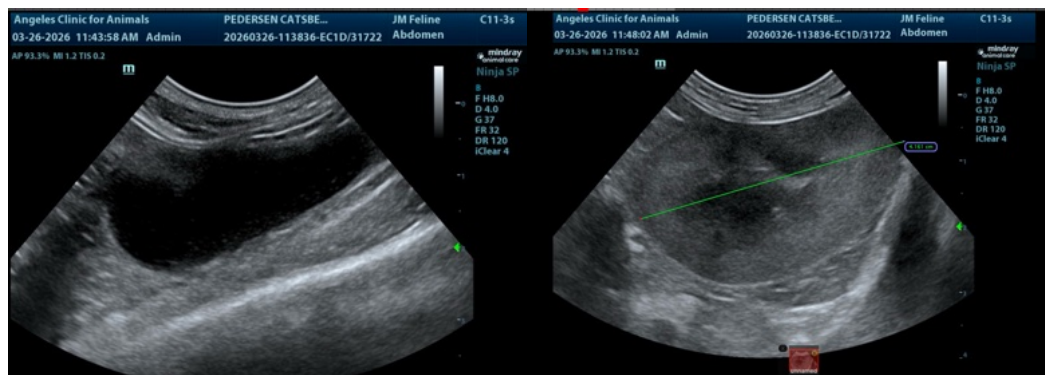
Unremarkable left kidney.

Small right kidney with subnormal blood flow and slight pyelectasia.

Inflammatory bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the slight pyelectasia in the right kidney and calculus it is possible that this patient may be passing calculi periodically, yet non-obstructive at the time of the sonogram. Management for underlying UTI is indicated. There was no evidence of lower urinary tract disease noted from a structural standpoint.





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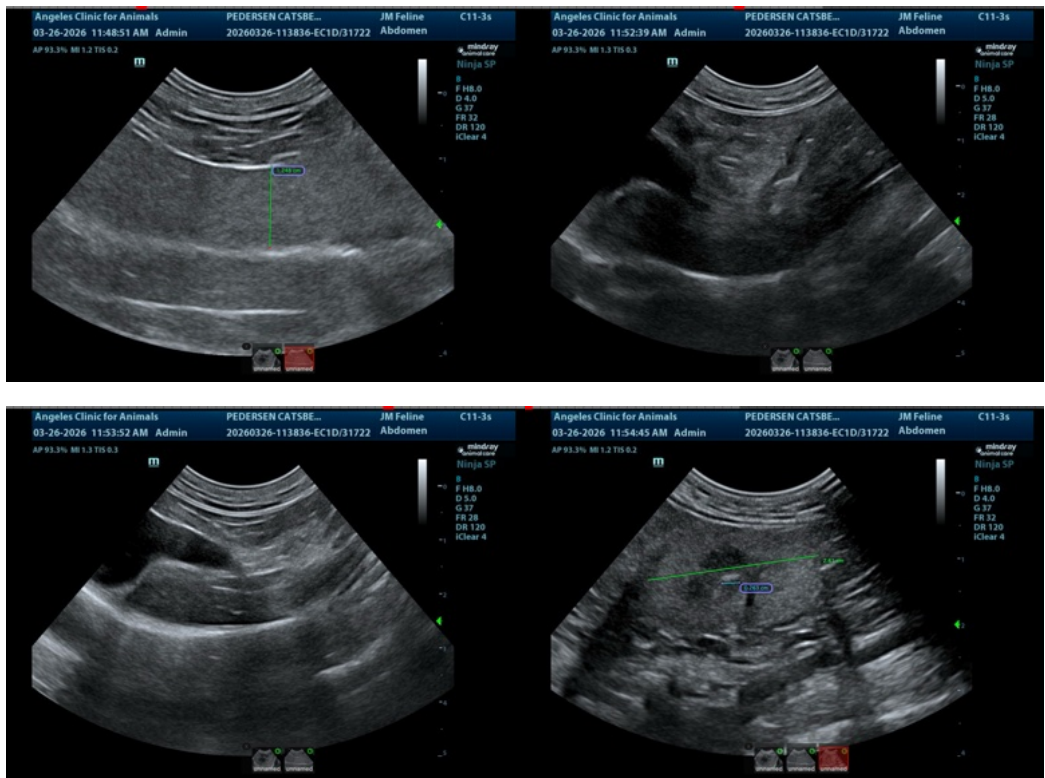
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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