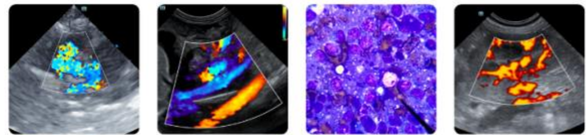


PATIENT

Wednesday Williams

SPECIES

Feline

BREED

Sphynx

SEX

Spayed Female

AGE

3 Years 10 Months

WEIGHT

7.9

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Parthenia

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Parthenia

INVOICE

15148

DATE

04/16/26

PRESENTING CLINICAL SIGNS

Dysuria. Hematuria. This is a recurrent issue

Abnormal PE/Chem/CBC/UA Results: Severe dental calculus. CBC/CHEM --WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a thickened ventral wall measuring up to 0.90 cm at the apical ventral aspect of the bladder. The urethra was visible to a depth of 2.0 cm. This presentation is most consistent with pseudomembranous cystitis. A trace amount of suspended bladder sand was present measuring 1.0 cm. Further images demonstrated the bladder in an empty state.

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. The left kidney measured 3.6 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

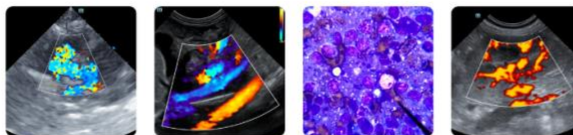
Liver

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 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. 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



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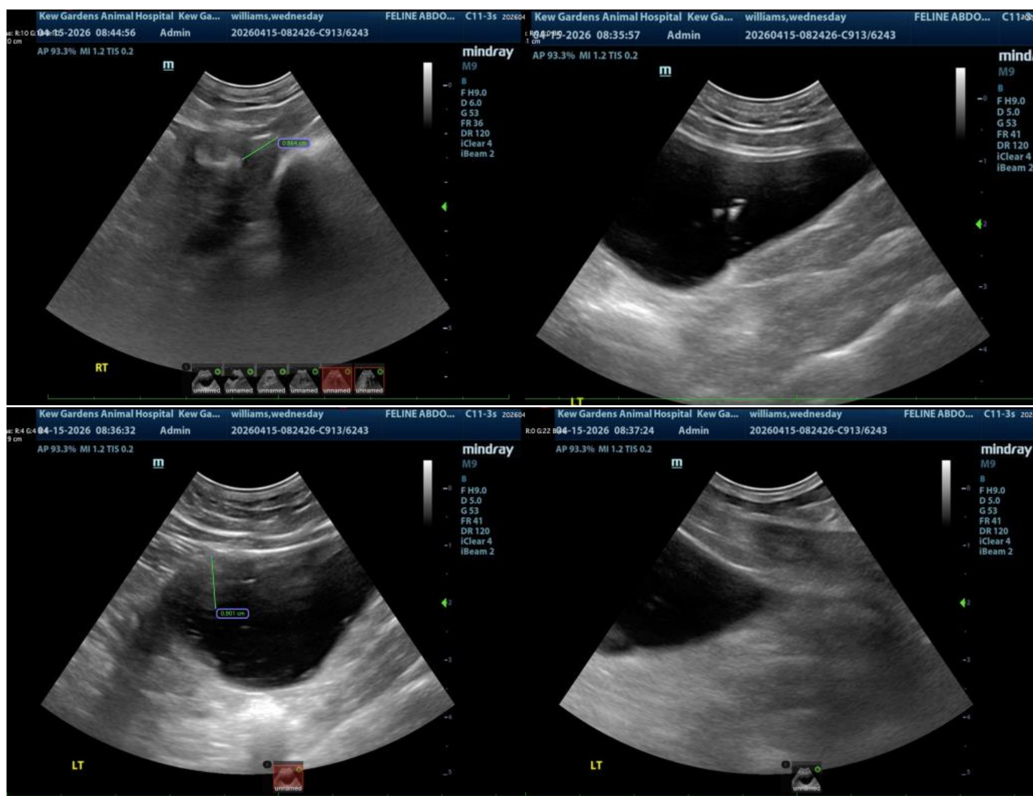
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

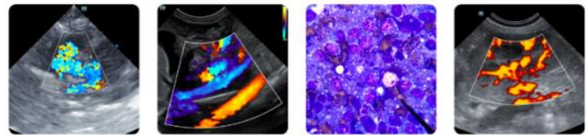
ULTRASONOGRAPHIC FINDINGS

- Bladder wall thickening with bladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management could be considered in this patient, or cystotomy with objective bladder wall biopsy and sand analysis. Retrograde flushing of the bladder is indicated. Recommend sonogram just prior to surgery to ensure the presentation is similar. Bladder wall biopsies are essential for long-term management.





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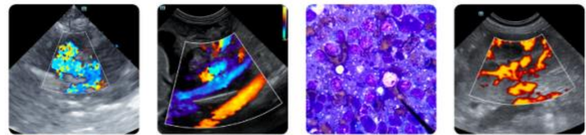
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



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