PATIENT

David Bonder

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

10.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Smith

INVOICE

36682

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: Hematuria, BAR, some straining in litterbox
Abnormal PE/Chem/CBC/UA Results: R/O cystic calculi, cystitis, Urine RBCs 4+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The apex of the **urinary bladder** revealed a slight polyp, measuring 0.5 cm. A small bladder calculus was noted with minimal acoustic shadowing, measuring 0.24 cm. The bladder wall, at minor repletion, measured 0.4 cm, with minor thickening. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. Iliac trifurcation was unremarkable.

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 4.0 cm. The right kidney measured 4.0 cm.

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. The right adrenal gland measured 0.4 cm. The left adrenal gland measured 0.4 cm.

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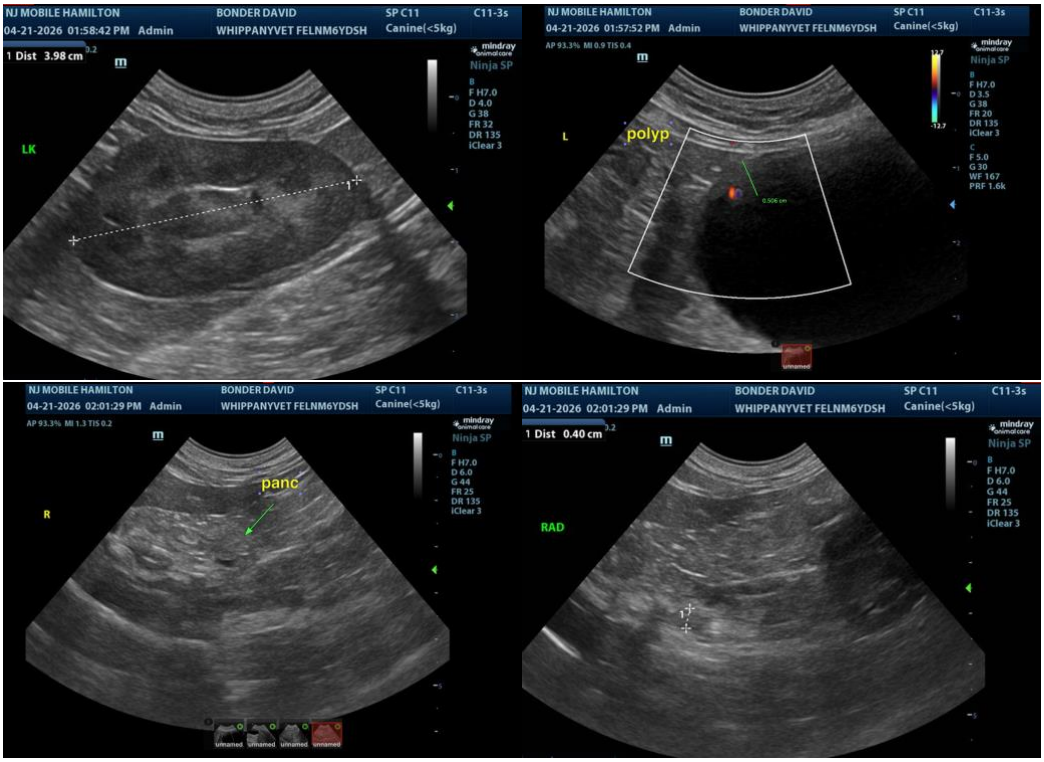
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Slightly thickened bladder wall with small bladder calculus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, stone analysis and bladder wall biopsy would be appropriate to assess for underlying cause of inflammatory component. This is likely pseudomembranous cystitis or possible bacterial cystitis. I do recommend sonogram just prior to surgery, if surgery should be performed, as the acoustic shadowing is minimal in this bladder calculus. I recommend ensuring that it doesn't dissolve on its own. Otherwise, medical management could be considered based on urinalysis results.



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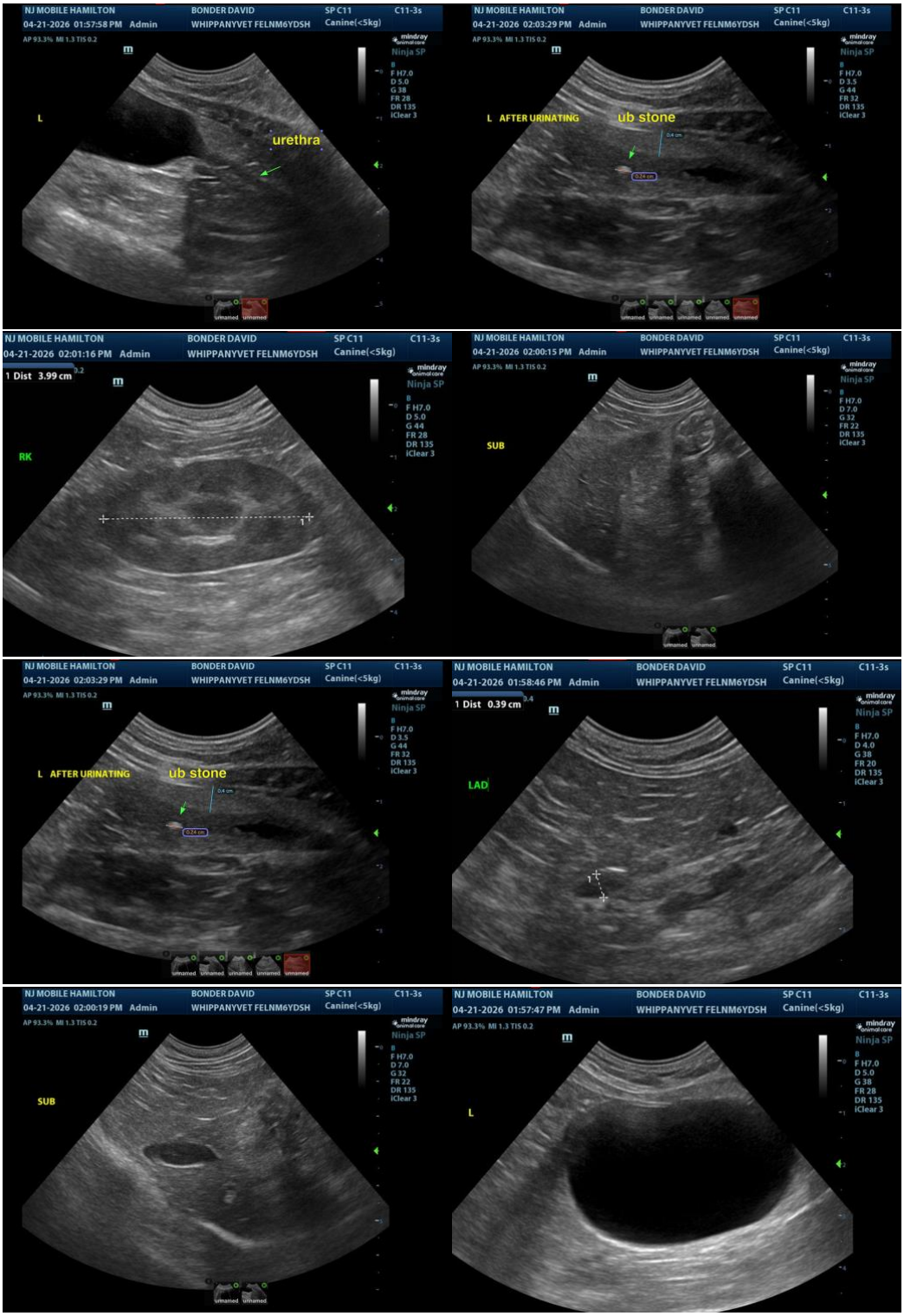

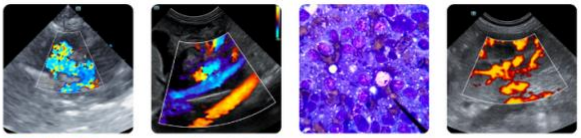

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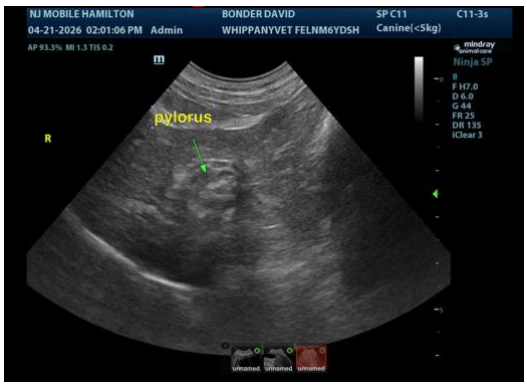

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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info@SonoPath.com