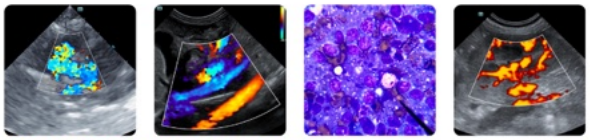


PATIENT

Cory Kim

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 months

WEIGHT

10.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Kim

INVOICE

74173

DATE

4/4/26

PRESENTING CLINICAL SIGNS

- For 2 week P has been straining to urinate with Hematuria\
- Originally went to ER where UTI was suspected, and was told to follow up with the primary veterinarian
- Seen on 3/17 where Chem10/CBC/UA Complete were done
- Followed up for Abdominal Ultrasound
- CBC: LYM 7.29 0.92 - 6.88K/µL HIGH Chem: GLU 219 74 - 159mg/dL HIGH UA Complete: Specific Gravity 1.067 1.015 - 1.060 HIGH Protein 3+ HIGH Blood 3+ HIGH RBC >50 0 - 3HPF HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed concentric wall thickening with embedded mineralization with surrounding ascites. Minor polypoid changes were noted. Concentric wall thickening was noted and measured up to 0.4 cm with bladder sand. This is most consistent with pseudomembranous cystitis. The fluid accumulation at the apex of the urinary bladder may be a urachal remnant.

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. medullary rim sign was noted. The capsules were acceptably uniform without significant irregularities. The left and right kidney measured 4.0 cm.

Adrenal Glands

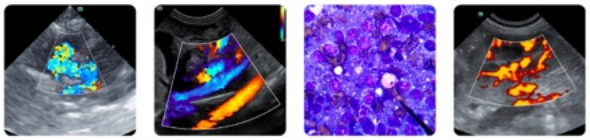
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

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 was 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.



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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

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.

Free Abdomen

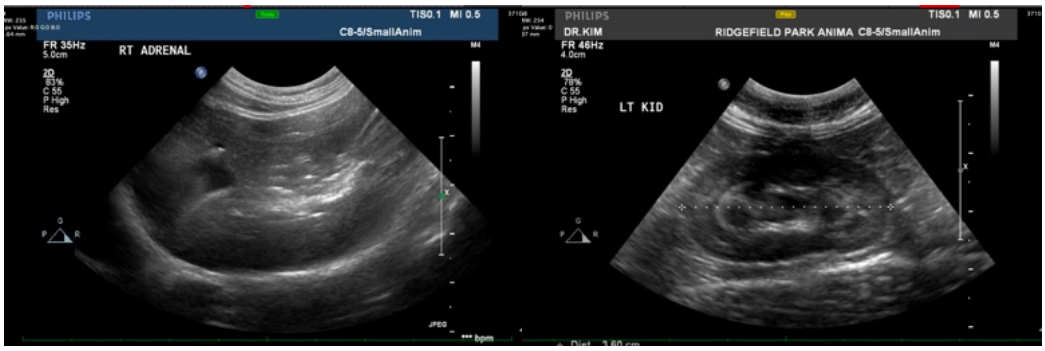
Ascites was noted cranial to the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

Pseudomembranous cystitis pattern with sand and potential urachal remnant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend surgical exploratory in this patient with the objective of resecting portions of the apical ventral bladder wall, normal and retrograde flushing of the bladder. Possible bladder rent in this patient given the slight free fluid. I recommend exploratory surgery with bladder repair and lavage. Histopathology of the bladder is also indicated. Sand analysis and culture are also recommended. Minor potential for neoplasia.



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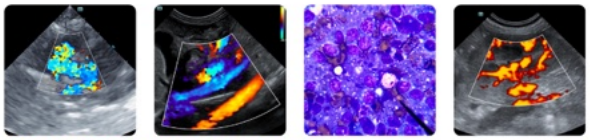

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com