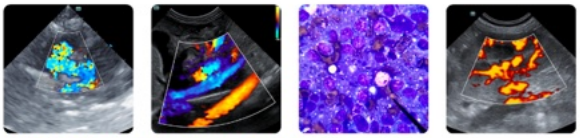


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Gabrielle Tanit

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

12 years

WEIGHT

9 lbs

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

71115

DATE

2/2/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: hematuria, stranguria, polakiuria - r/o: stress cystitis, UTI, crystalluria, neoplasia, open
- ABNORMAL Labwork Values: specific gravity 1.040, pH = 6, < 1 wbc< 1 epi cells, no bacteria, no crystals, no glucose, 42 rbc
- Current Medications: Buprenex Oral, 0.1mL BID; Onsior 6mg, 1 BIW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented with normal wall thickness and wall layering. There was no evidence of discrete masses. There was a large amount of hyperechoic, suspended cellular debris within the urine. There was a single, hyperechoic, distal shadowing urolith that measured 0.17 cm in width within the lumen of the bladder.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 3.42 cm and the right kidney was 4.05 cm in length.

Adrenal Glands

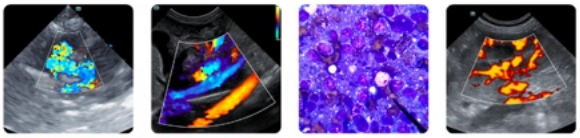
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was 0.7 cm by 0.33 cm and the right adrenal gland was 0.79 cm by 0.37 cm in size.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.



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Gastrointestinal

The **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. Evaluation of the intestinal tract found a prominent muscularis layer throughout with an average wall width within the jejunum of 0.31 cm. There were no regions with loss of normal wall layering and no discrete masses present. The mesenteric lymph nodes were not enlarged in the images provided. There was no evidence of free abdominal effusion present.

Pancreas

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

ULTRASONOGRAPHIC FINDINGS

- Moderate to severe amount of hyperechoic, suspended cellular debris within the urine.
- Single, discrete, distal shadowing urolith within the lumen of the bladder.
- Prominent muscularis layer throughout the small intestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient has a large amount of cellular debris and a single, hyperechoic urolith within the lumen of the bladder. These changes likely explain the presenting clinical signs of hematuria, stranguria and pollakiuria. It is recommended to obtain a cystocentesis urine sample to submit for urinalysis and urine culture.

Based upon these results, a treatment plan for diet can be considered. It is not recommended at this time to pursue a cystotomy since there is only a single, small, urolith that would likely be difficult to identify at the time of surgery. It is also important to increase water consumption which can be performed with recommending a water fountain or adding water to canned diet over feeding dry.

This patient should be carefully monitored for the development of any underlying vomiting, diarrhea, anorexia or weight loss since there is a prominent muscularis layer. This may be individual variation; however, there is some concern that this could represent emerging underlying inflammatory bowel disease or early GI lymphoma.

A recheck abdominal ultrasound is recommended in 4-6 months should be considered in order to continue monitoring this patient for any evidence of change or progression. At that time if there is any evidence of enlarged mesenteric lymph nodes it would be recommended to pursue sampling for a cytologic diagnosis.

If abnormal clinical signs develop then feeding a hypoallergenic diet with daily probiotics should be considered.

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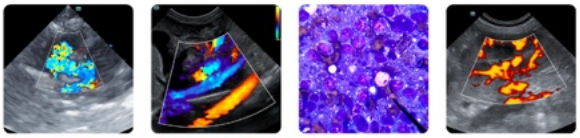

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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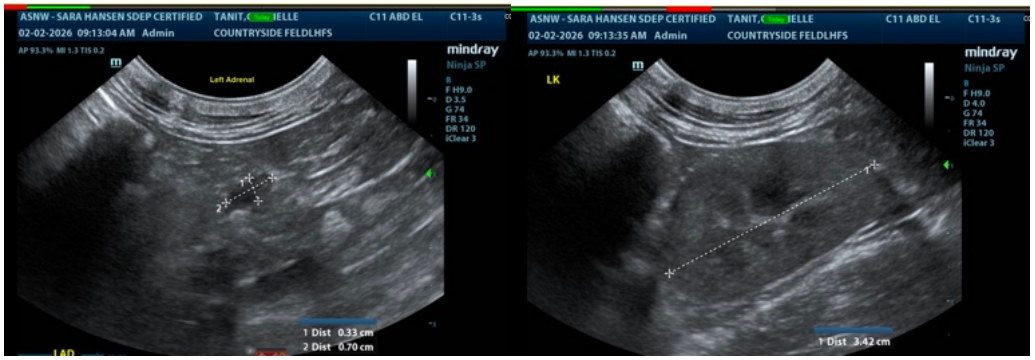

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@sonovet.com