

**PATIENT**

Tabby Bruce

**PRESENTING CLINICAL SIGNS**

straining in litter box

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Free Catch UA today: Dark yellow, cloudy, SpGr >1.050, pH 7.0, prot 500mg/dl, WBC 8/hpf, RBC >50/hpf, Unclassified crystals 1-5/hpf, Struvite crystals 21-50/hpf

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

DSH

**Urinary System**

The urinary bladder was mildly subnormal in size owing to lack of urine distention. The ventral urinary bladder wall measured 0.3 cm in width. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate dependent to non-dependent regionally adhered luminal mineral along the ventroapical bladder wall. No evidence of macrocalculi. No urinary bladder tumors. The ureteral papillae were normal. The ureters were not visible which is normal.

**SEX**

FS

**AGE**

8yr

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Bilateral pinpoint discrete medullary mineral was present. The left kidney measured 3.7 cm in length. The right kidney measured 0.37 cm in length.

**WEIGHT**

9lb

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands****INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

**Spleen****IMAGING PERFORMED BY**

Sarah Pender CVT

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**HOSPITAL NAME**

SVS Imaging QC

**Liver/Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Rigg

**Gastrointestinal****INVOICE**

12677ag

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

**DATE**

01/11/2023

Normal visible colon wall layers were present with apparent formed feces in lumen.



**PATIENT**

**Pancreas**

Tabby Bruce

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SPECIES**

Feline

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DSH

- Mild to moderate dependent to focally adhered urinary bladder mineral, suspect mild potentially chronic cystitis
- Normal bilateral kidneys-no evidence of pyelonephritis

**SEX**

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urine C/S on a sterile urine sample suggested to assess for underlying infection. Urinary diet and empirical cystitis/FIC protocol with assessment of clinical response and sonographic monitoring of the bladder mineral would be reasonable. Urinary bladder flush may ultimately be indicated.

**AGE**

8yr

**WEIGHT**

9lb

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Sarah Pender CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

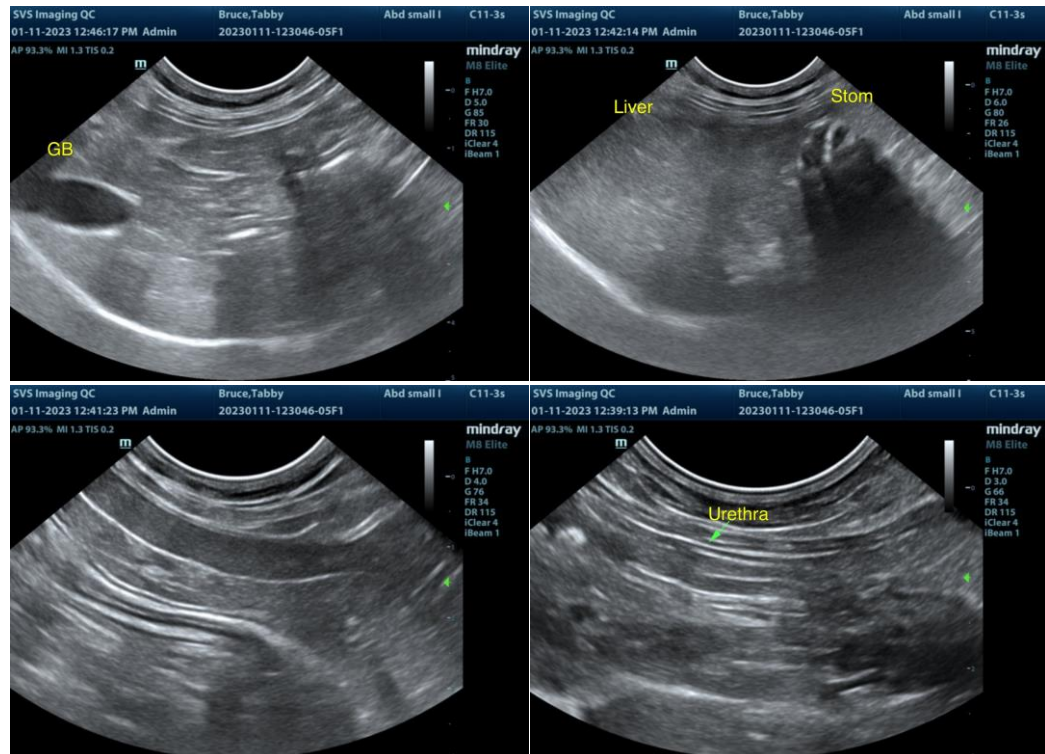
Dr. Rigg

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Feline

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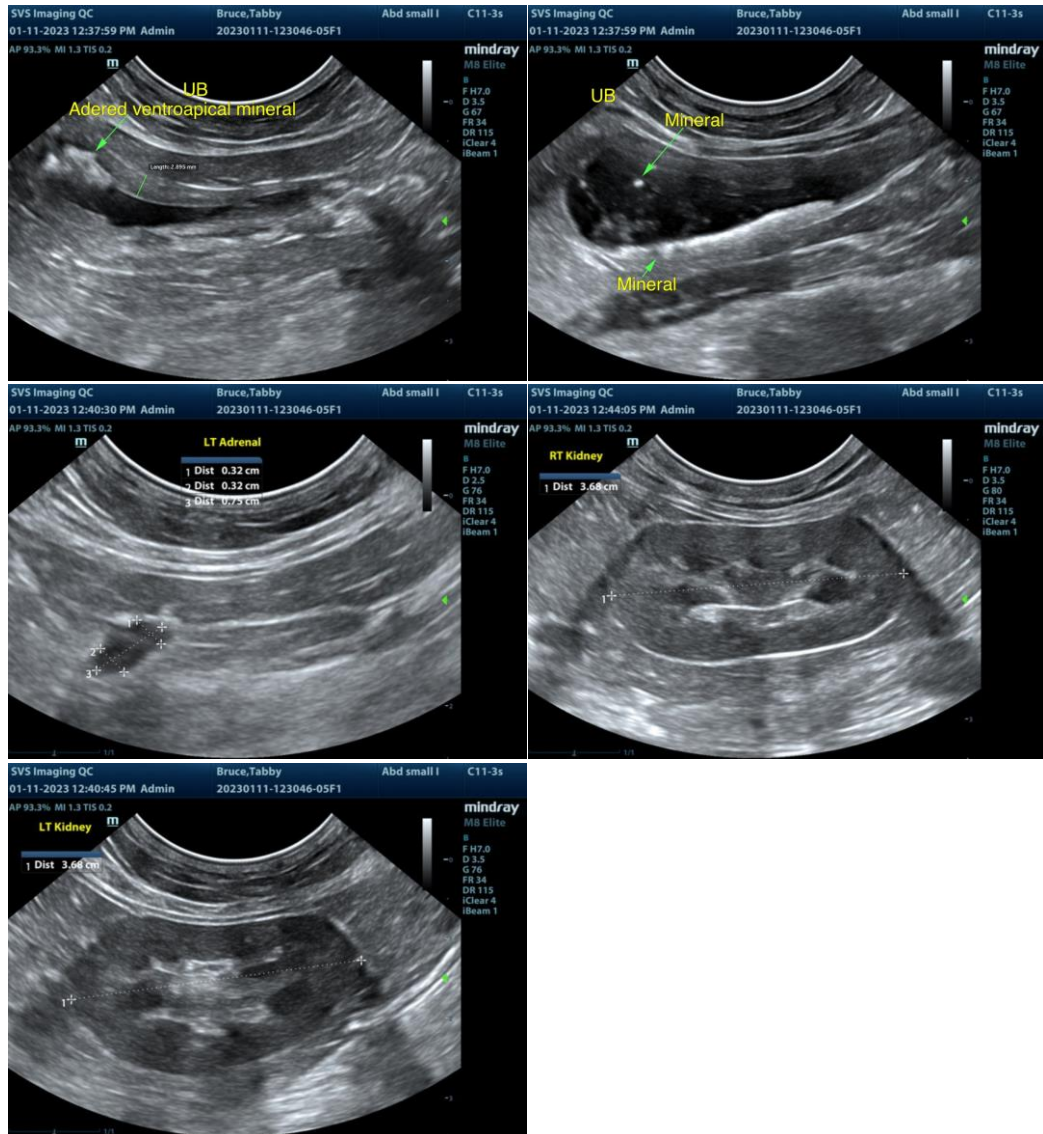
Dr. Rigg

**INVOICE**

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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