



PATIENT	PRESENTING CLINICAL SIGNS
Agador Spartacus Apperman	Hx of recurrent UTI / inappropriate urination. U/S for cysto- saw what appeared to be stones vs other bright area at bottom of bladder.
SPECIES	Current meds: Convenia inj. (0.45ml), onsior inj (0.45ml) 10/6
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. No overt evidence of neoplastic criteria was noted. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Minimal anechoic urine was present in the lumen with moderate primarily dependent mineral/sand and minor non-dependent particulate sediment which may indicate concurrent mineral, cellular debris/protein, crystalline debris or mucus. The ventral urinary bladder wall measured 0.34 cm in width. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
SEX	
FS	
AGE	
7yr	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. The left kidney measured 4.0 cm in length. The right kidney measured 3.6 cm in length.
WEIGHT	
10lb	The area of the aortic trifurcation was free of pathology.
INTERPRETED BY	Adrenal Glands
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 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.
IMAGING PERFORMED BY	Spleen
Jessica Miller	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	Liver
Andover Animal Hospital	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.
REFERRING VET	
Dr. Bihlear	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
INVOICE	Gastrointestinal
11818ag	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.
DATE	
10/10/2022	



PATIENT

Agador Spartacus
Apperman

The small intestine presented intact wall layering with a primarily 1:3 muscularis/mucosa ratio. Segmental mildly prominent muscular layer was [present without evidence of intestinal wall thickening, loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

SPECIES

Feline

The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.27 cm width.

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

BREED

DSH

Pancreas

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.

SEX

FS

Free Abdomen

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

AGE

7yr

ULTRASONOGRAPHIC FINDINGS

- Moderate urinary bladder mineral/sand with likely mild cystitis
- Sonographically unremarkable bilateral kidneys

WEIGHT

10lb

Secondary

- Intact yet subjective segmental mildly prominent small bowels walls

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine C/S on a sterile urine sample even with current antibiotic protocol may be considered to assess for underlying UTI with guidance for antibiotic therapy based on C/S results. Empirical therapy for idiopathic cystitis with urinary diet and assessment of clinical response with sonographic monitoring of the urinary bladder for evidence of resolution of bladder mineral/sand would be reasonable. Potentially cystotomy with urinary bladder flush +/- bladder biopsies for histopathology and C/S may be indicated.

**IMAGING
PERFORMED BY**

Jessica Miller

Given the lack of reported GI signs the subjective mildly prominent small bowel walls are likely a patient variant. Monitoring for GI signs and weight loss going forward could be considered.

HOSPITAL NAME

Andover Animal
Hospital

REFERRING VET

Dr. Bihlear

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IMAGING PERFORMED BY

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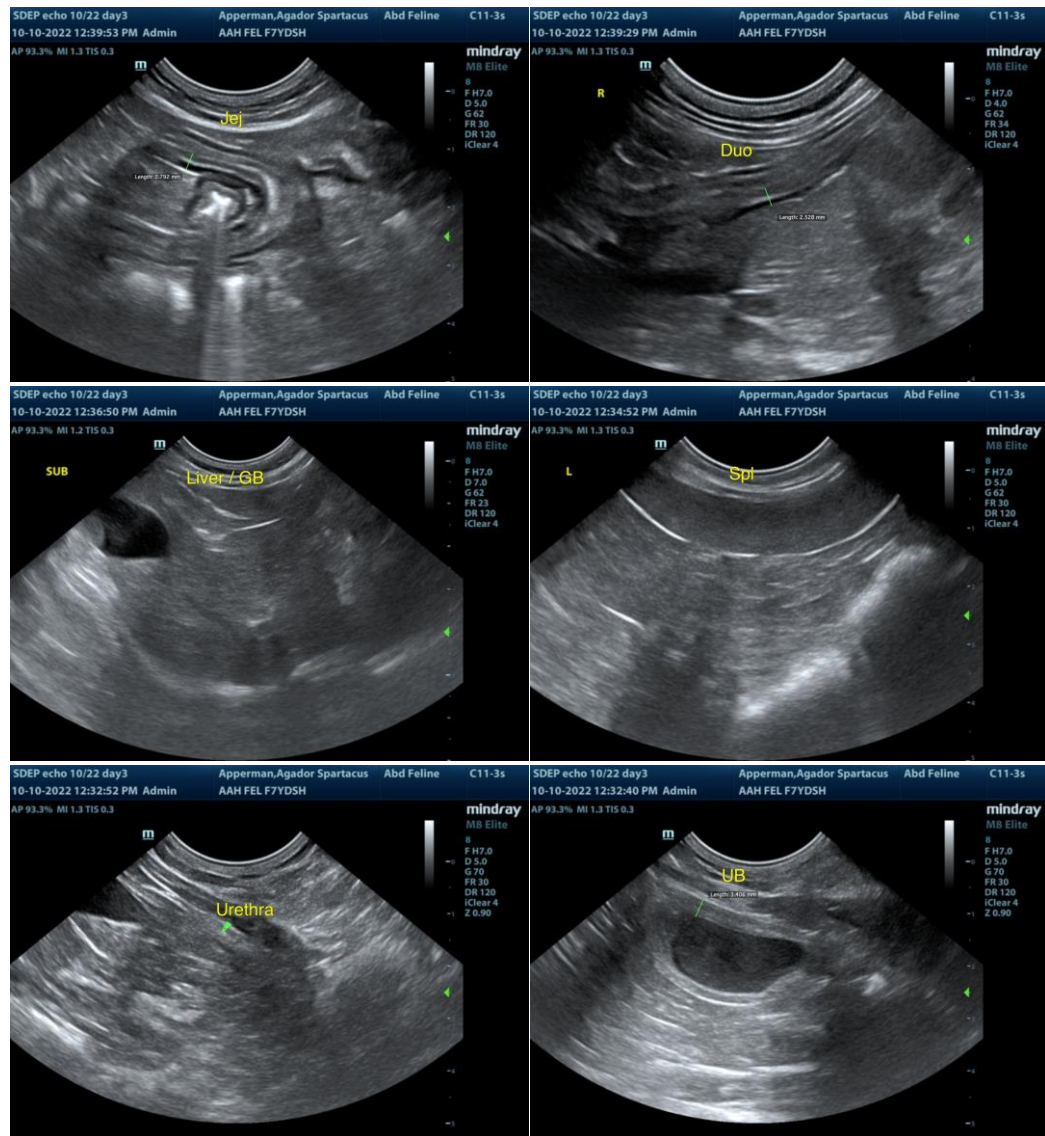
Dr. Bihlear

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**IMAGING
PERFORMED BY**

Jessica Miller

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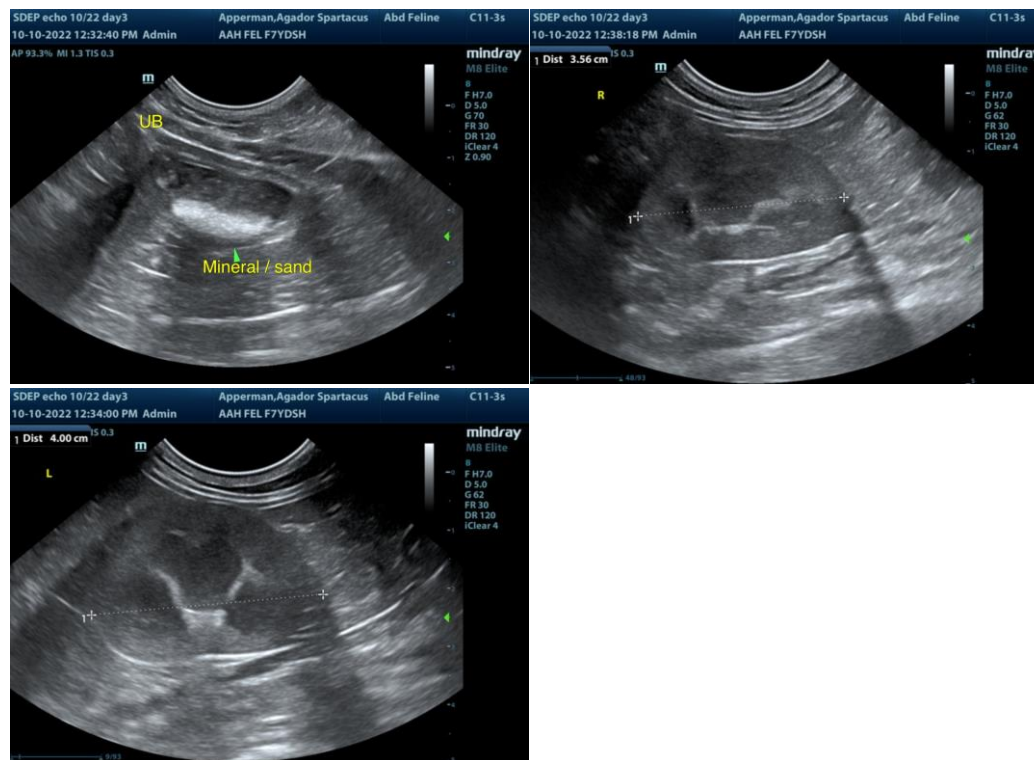
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INVOICE

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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)

info@SonoPath.com