



## PATIENT

Kali Kessell

## SPECIES

Feline

## BREED

Ragdoll

## SEX

Spayed Female

## AGE

5.5 Years

## WEIGHT

9.2 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Robyn Lantz

## HOSPITAL NAME

Eastgate Veterinary  
Clinic

## REFERRING VET

Dr. Robyn Lantz

## INVOICE

12134

## DATE

11/06/25

## PRESENTING CLINICAL SIGNS

The patient presented for a suspected urinary tract infection on 10/23/25. The clinical signs began 10/22 and include frequent trips to the litter box, approximately five times within a half-hour period. The patient has been licking her perineal area excessively, although the frequency of both urination and licking has decreased since yesterday evening. She urinated a few drops on the floor, and no abnormalities were observed. Appetite, defecation, and energy levels are normal. She was observed drinking water yesterday, which is an uncommon behavior for her. She is an indoor-only cat and lives in a multi-pet household. There is no known history of prior urinary tract infections for this patient. Some concern with stress cystitis. Patient improved with Clavamox, onsior and proviable medical management until we had urine results available.

Abnormal PE/Chem/CBC/UA Results: Urinalysis only so far: Collected by cystocentesis pH 8.5 sp gr. 1.055 protein 4+ occult blood 2+ RBCs 21-50/hpf WBCs 2-3/hpf struvite crystals 21-50/hpf

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder presented normal in size and tone. Regional variable to moderate thickened urinary bladder wall primarily involving ventral, ventroapical and apical urinary bladder wall. Asymmetrical lumen surface contour was noted. Focally dependent to nondependent adhered lumen mineral primarily noted along the ventral luminal surface of the ventral to ventroapical urinary bladder wall. Nonobstructive mild mineral in the cystourethral junction lumen. No obvious evidence of proximal urethral obstruction or dilation to a depth of 2.0 cm. Ventral urinary bladder wall measured 0.54 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 3.5 cm in length. The right kidney measured 3.6 cm in length.

### Adrenal Glands

No obvious pathology in the areas of the left and right adrenal glands.

### Spleen

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.

### Liver

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.



## PATIENT

Kali Kessell

## SPECIES

Feline

## BREED

Ragdoll

## SEX

Spayed Female

## AGE

5.5 Years

## WEIGHT

9.2 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Robyn Lantz

## HOSPITAL NAME

Eastgate Veterinary  
Clinic

## REFERRING VET

Dr. Robyn Lantz

## INVOICE

12134

## DATE

11/06/25

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### **Gastrointestinal**

The stomach was moderately distended with variably echogenic, primarily nonshadowing ingesta and fluid.

The visualized segments of small intestine exhibiting intact wall layering and normal wall layer ratio. Primarily empty intestine lumen with mild segmental nonshadowing intestinal ingesta without obstructive pattern to the level of the colon.

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

### **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.

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Chronic moderate cystitis with lumen to adhered mineral.
- Normal bilateral kidneys.

### **Secondary Findings**

- Normal volume liver.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine culture/sensitivity ideally on sterile urine sample is recommended. Currently, if on antibiotics, then 7-10 days post completion of antibiotic therapy. If recurrent documented UTI, potential for embedded infection within the urinary bladder wall may be of concern. Pending additional urinary work up, supportive care for idiopathic cystitis and urinary bladder mineral which may include dietary therapy, increased water intake, environmental enrichment, etc. with clinical monitoring is recommended. Urinary bladder biopsies with urinary bladder flush may be indicated if persistent urinary signs.



## PATIENT

Kali Kessell

## SPECIES

Feline

## BREED

Ragdoll

## SEX

Spayed Female

## AGE

5.5 Years

## WEIGHT

9.2 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Robyn Lantz

## HOSPITAL NAME

Eastgate Veterinary  
Clinic

## REFERRING VET

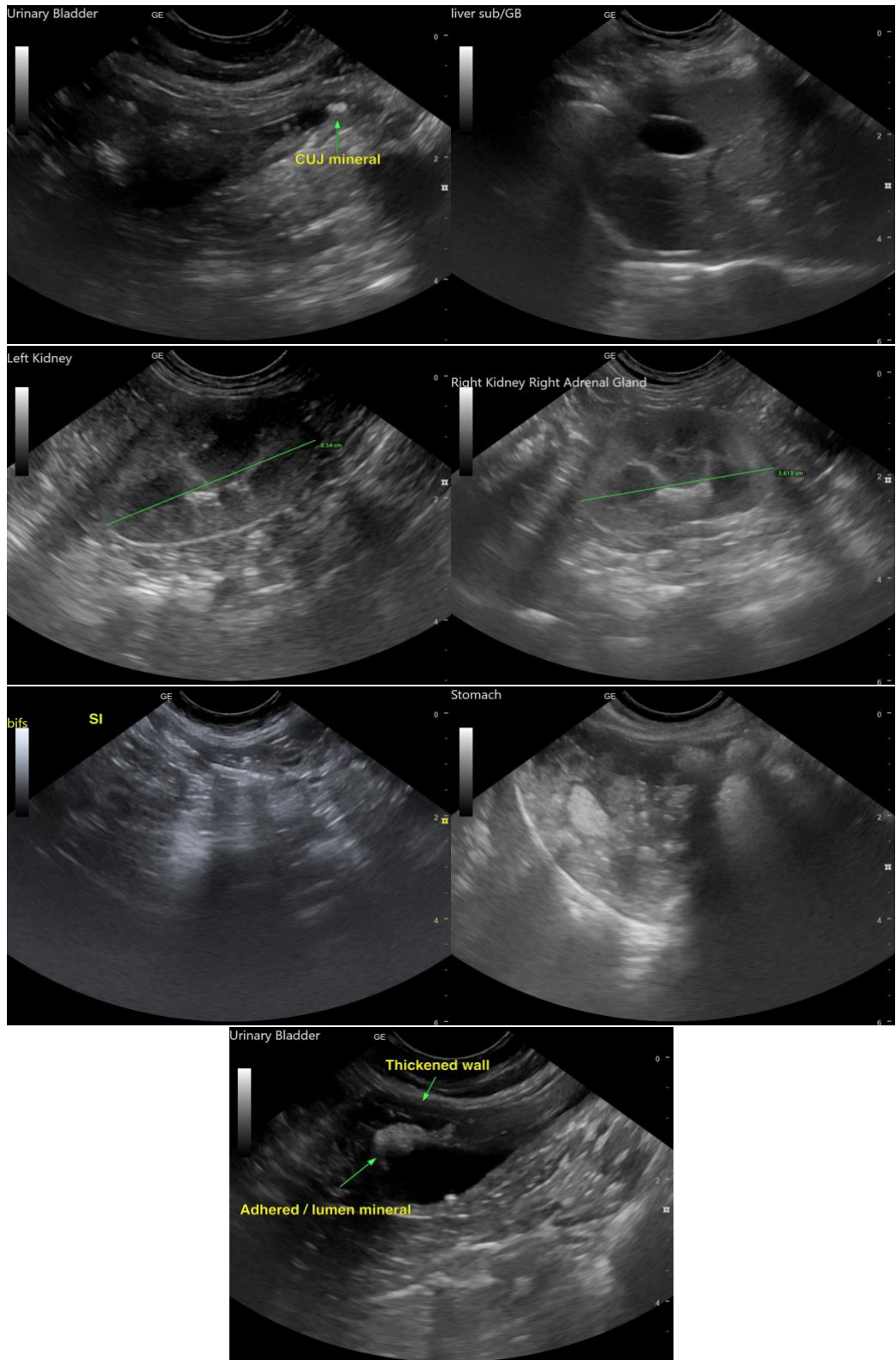
Dr. Robyn Lantz

## INVOICE

12134

## DATE

11/06/25





## PATIENT

Kali Kessell

## SPECIES

Feline

## BREED

Ragdoll

## SEX

Spayed Female

## AGE

5.5 Years

## WEIGHT

9.2 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Robyn Lantz

## HOSPITAL NAME

Eastgate Veterinary  
Clinic

## REFERRING VET

Dr. Robyn Lantz

## INVOICE

12134

## DATE

11/06/25

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](mailto:info@SonoPath.com)