



**PATIENT**

Kitty Cat Jones

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

12 years

**WEIGHT**

10.55 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Countryside AC

**REFERRING VET**

Dr. Cox

**INVOICE**

14553

**DATE**

8/10/22

**PRESENTING CLINICAL SIGNS**

Recurrent hematuria - r/o: cystitis, stones, neoplasia, unresolved UTI alopecia on ears dental disease, fractured 104, 404

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone. Generalized variably thickened urinary bladder wall was present exhibiting asymmetrical luminal surface contour with maintained homogeneous mural echogenicity. The urinary bladder wall width measured 0.69 cm. Mild anechoic urine with pinpoint hyperechoic luminal to potentially adhered foci consistent with pinpoint mineral were present. No evidence of macro calculi. The urethra exhibited overtly normal structure and tone to a depth of 2.0 cm. Mild regional hyperechoic omentum and scant free fluid were present around the urinary bladder.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained with uniform hyperechoic cortex with mildly enhanced corticomedullary border demarcation. The left kidney measured 4.7 cm in length. The right kidney measured 4.6 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

**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. The spleen measured 0.84 cm width at the level of the hilus.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.



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***Gastrointestinal***

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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. The gastric body wall width measured 0.25 cm.

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The small intestine exhibited intact yet generalized prominent to mildly thickened wall layering owing to generalized propensity for prominent to mildly thickened muscularis layer. The small intestinal wall width measured 0.30 cm.

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

**SEX**

***Pancreas***

MN

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 were evident.

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***Free Abdomen***

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Intermittent midabdominal mesenteric lymph nodes present. The lymph nodes were mildly prominent, essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.52 cm width. No omental masses were noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Chronic cystitis pattern with minor likely adhered luminal mineral
- Mild pericystic reactive mesentery and scant free fluid
- Nonspecific chronic renal changes exhibiting uniform cortex hyperechogenicity
- Intact yet generalized prominent to mildly thickened small bowel walls
- Intermittent subjectively benign / reactive mesenteric lymph nodes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, the presentation of the bladder was suggestive of chronic cystitis with neoplastic criteria considered a less likely differential diagnosis. Chronic interstitial or bacterial cystitis are possible, given the unresolved UTI. Recheck urine C/S with appropriate antibiotic therapy, ideally based on C/S results, could be considered if not recently done. Urinary bladder biopsies for histopathology and tissue C/S may be indicated. Empirically, continued therapy for idiopathic / interstitial cystitis would be reasonable.

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The small Intestine exhibited mural changes which may suggest underlying inflammatory disease / IBD. However, given no reported GI signs or weight loss in this patient, this finding is nonspecific. Monitoring for evidence of gastrointestinal signs and weight loss going forward is suggested.



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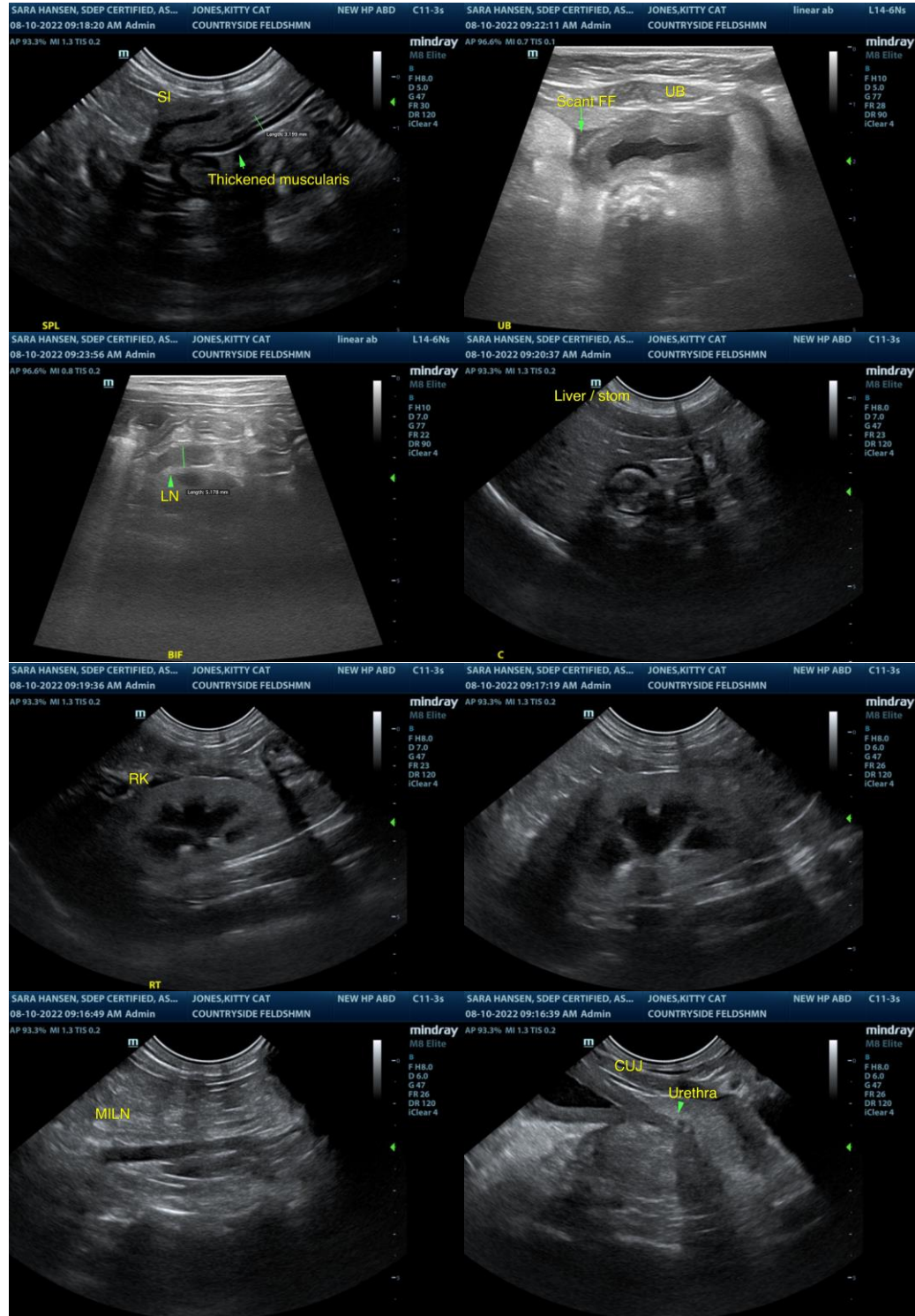
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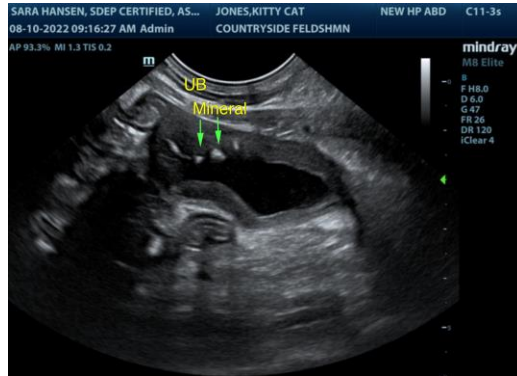
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**