



PATIENT

Tteokbukki Rubio

SPECIES

Feline

BREED

DLH

SEX

Male

AGE

6Y

WEIGHT

14lbs

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Carmen

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Mucera

INVOICE

73322

DATE

1-14-26

PRESENTING CLINICAL SIGNS

The patient presents to the clinic for radiographic imaging as requested to complement the clinical evaluation. The owner reports that the cat has been urinating blood and the primary care vet previously prescribed antibiotic treatment; however, there has been no clinical improvement.

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Right/left lateral and ventrodorsal views of the thorax and abdomen totaling 6 images available for review in jpg format.

RADIOGRAPHIC FINDINGS

Abdomen

There is no evidence of abdominal effusion. The abdominal serosal detail is maintained.

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic tail is not seen.

Moderate urinary bladder distension is seen. Evidence of complete lower urinary tract obstruction is not seen radiographically. The bladder contains a moderate amount of mineral material consistent with microliths or sand. No radiographically detectable mineral material is seen in the kidneys, ureters, or urethra.

The stomach is postprandial.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

Thorax

The surrounding bony structures are within normal limits.

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity. The intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.



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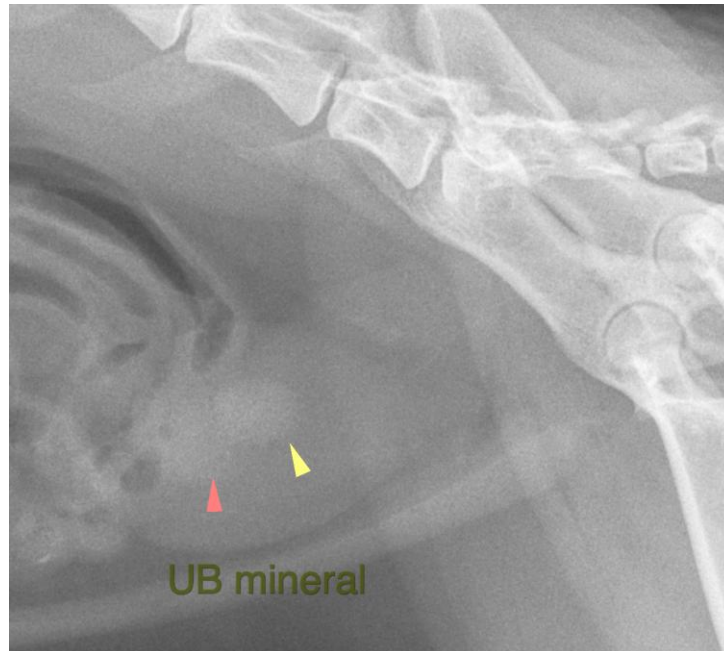
1-14-26

RADIOGRAPHIC DIAGNOSIS

- Urinary bladder microlithiasis
- Moderate urinary bladder distension.
- Thoracic radiographs unremarkable.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Male cats are at higher risk for lower urinary tract disease, especially for urethral obstruction and urolithiasis as well as idiopathic cystitis. Hematuria correlates to bladder irritation from crystals, microliths, or inflammation/infection. Radiographically, the current process appears to be confined to the urinary bladder even though nonopaque material cannot be ruled out in the upper urinary tract. The failure to respond to antibiotics may support noninfectious lower urinary tract disease. However, there may also be no sufficient overlap between the microorganism sensitivity spectrum and specific medication. Urinalysis and urine culture can be considered if not performed already. Dietary and fluid management are recommended. Ultrasound should be considered if further evaluation of the bladder wall, urethra, or mineral material is required. Monitoring for urethral obstruction is advised. Consider follow up imaging after medical or dietary management to assess for potential resolution of microliths.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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