



## PATIENT

Marvel Tait

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

7 ½ years

## WEIGHT

12.7 lbs

## INTERPRETED BY

Remo Lobetti, BVSc,  
MMedVet (Med),  
PhD, Dipl. ECVIM

## IMAGING PERFORMED BY

Jen Amidon

## HOSPITAL NAME

The Pet Hospital of  
Stratford

## REFERRING VET

Dr. Bashkin

## INVOICE

68322

## DATE

11/4/25

## PRESENTING CLINICAL SIGNS

History: Pt presented in Feb of this year for inappropriate urination. BW: wnl. Nosorb urine sample showed RBC and crystals, no WBC or bacteria noted. Xrays done in Feb to r/o bladder stones were neg for stones. O was in the process of moving at the time, now in new home and has 2 foster kittens that pt doesn't like. O called at end of Oct stating pt has blood in urine - U/A done on nosorb sample, RBC and crystals seen, no bacteria. C/D stress was recommended in April, though o has not put her on the diet yet.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment and a small urolith measuring 0.5 cm in size. Normal thickness and smooth appearance of the wall.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.4 cm, right measured 3.6 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

### *Adrenal Glands*

The adrenal glands are not clearly visualized, but appear to be of normal shape, echogenic appearance and size.

### *Spleen*

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.0 cm in width.

### *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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## ***Gallbladder***

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic. Dilated and tortuous appearance of the common bile duct with no obvious obstruction evident. The bile duct measures 0.6 cm in diameter.

## ***Gastrointestinal***

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

## ***Pancreas***

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## ***Free Abdomen***

Normal mesenteric lymph nodes.

No ascites evident.

## **ULTRASONOGRAPHIC FINDINGS**

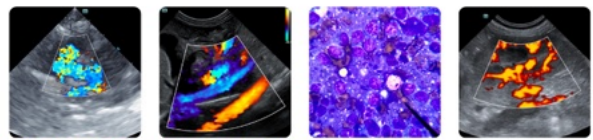
- Urolith.
- Bladder sediment.
- Dilated and tortuous common bile duct.

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

The most likely etiology for the urinary bladder sediment would be crystalluria and hematuria as per the patient's history.

The appearance of the bile duct can be considered an incidental finding.

Management of the urolith would either be medical dissolution or surgical removal.



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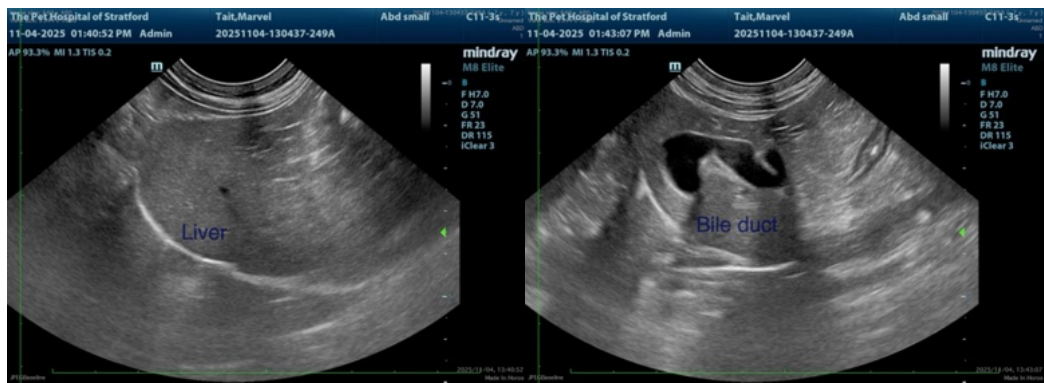
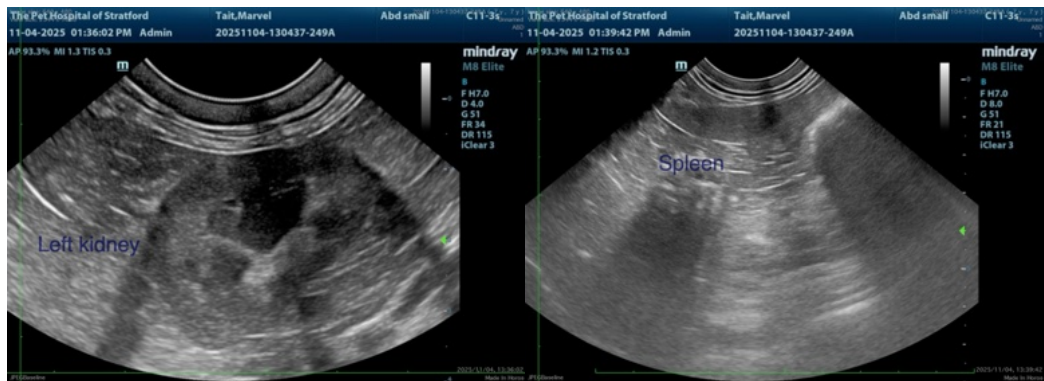
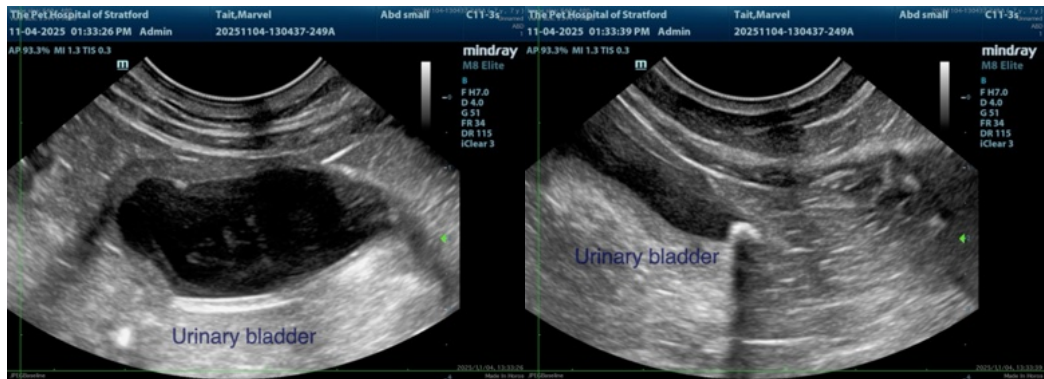
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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