



PATIENT

Alice Osborne

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

19 Months

WEIGHT

4.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency
 Clinic of the High
 Country

REFERRING VET

Dr. Sulik

INVOICE

73656

DATE

3/13/26

PRESENTING CLINICAL SIGNS

P is spayed. P initially presented to ER on March 10th for straining to urinate and frequently going to the litter box. There are 2 cats in house and they share 1 litterbox. Collected urine today for UA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a thickened ventral wall, measuring approximately 0.30 cm, with the rest of the wall maintaining a normal thickness and smooth appearance. A scant amount of floating hyperechogenic sediment is present. No uroliths evident.

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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 3.4 cm. Right kidney measures 3.7 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 1.15 cm in length x 0.36 cm and 0.35 cm in width. Right measures 0.98 cm in length x 0.37 cm and 0.32 cm in width.

Spleen

Normal size (0.80 cm in width) 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.

Liver

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

Gallbladder

Small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

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. Moderate amount of ingesta present within the stomach, compatible with a recent meal.



PATIENT

Alice Osborne

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

19 Months

WEIGHT

4.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency
 Clinic of the High
 Country

REFERRING VET

Dr. Sulik

INVOICE

73656

DATE

3/13/26

Pancreas

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder thickening.

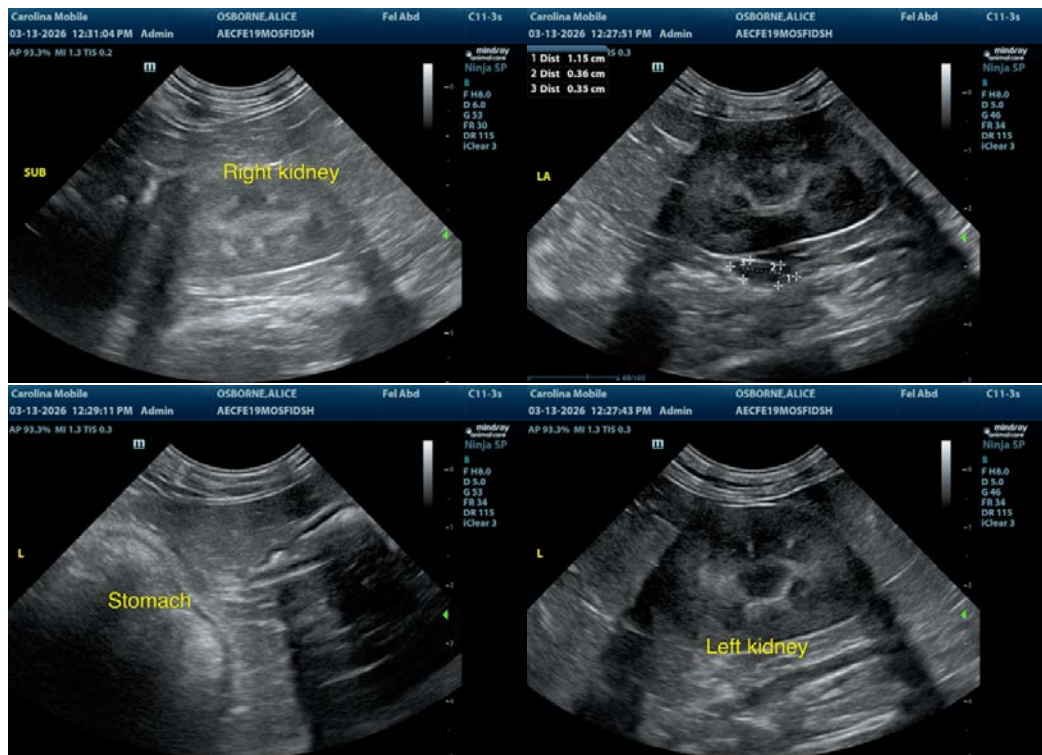
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder thickening would be bacterial cystitis, with granulomatous disease being a possible differential diagnosis, and neoplasia being a highly unlikely differential diagnosis.

Further assessment needs to be based on the pending urinalysis results but should include urine culture.

A catheter assisted aspirate/biopsy of the thickened urinary bladder wall could be considered for cytology/histopathology and culture.

Specific therapy would be dependent on an etiological diagnosis.





PATIENT

Alice Osborne

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

19 Months

WEIGHT

4.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency
 Clinic of the High
 Country

REFERRING VET

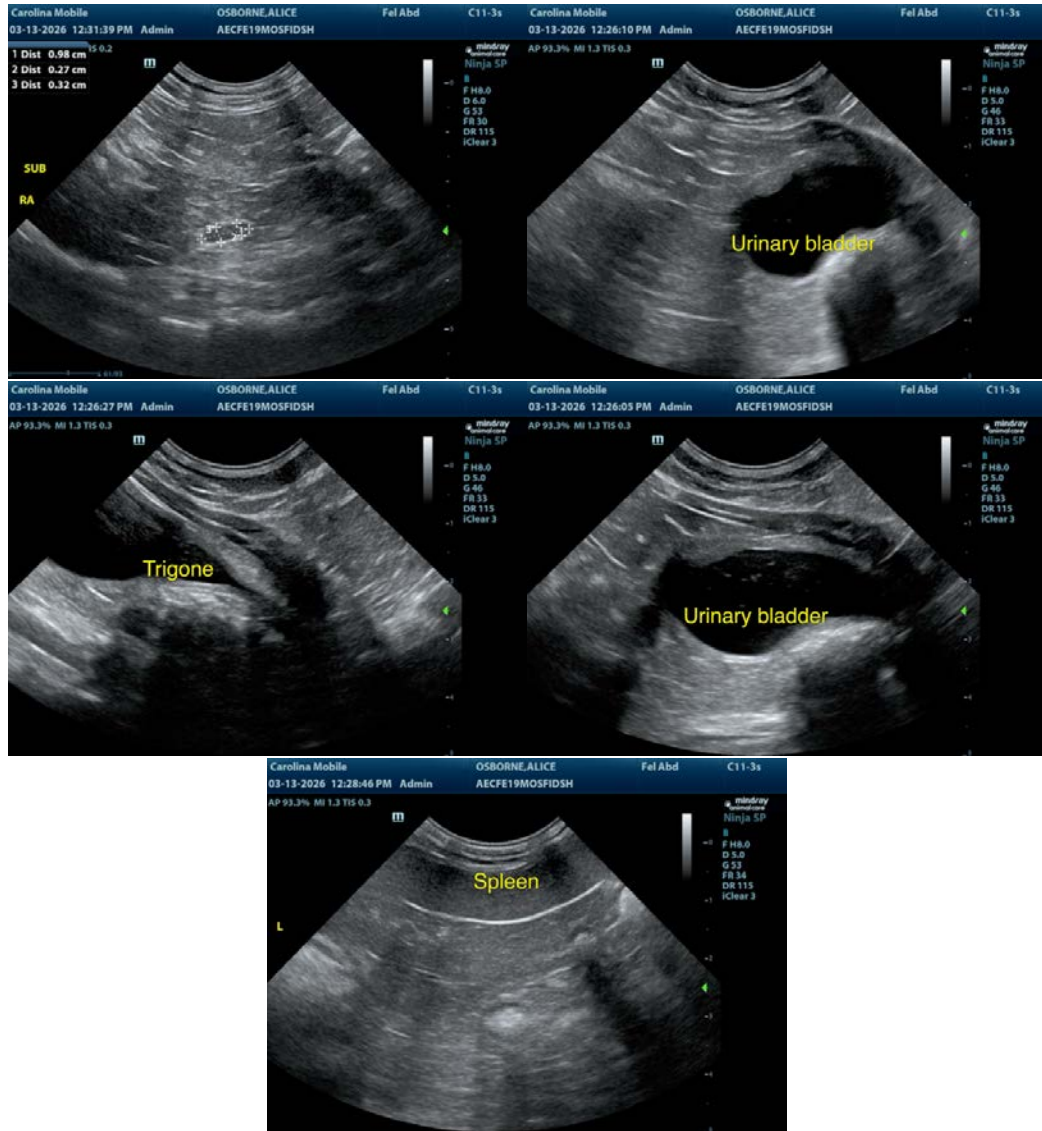
Dr. Sulik

INVOICE

73656

DATE

3/13/26



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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
info@sonopath.com