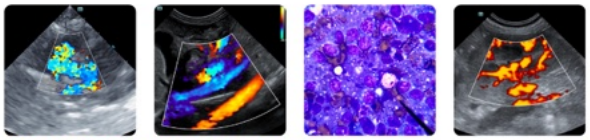


PATIENT

Salem Courtemanche

SPECIES

Feline

BREED

Persian

SEX

Neutered male

AGE

5 years

WEIGHT

8.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. DeGelorm

INVOICE

74507

DATE

4/15/26

PRESENTING CLINICAL SIGNS

History: P was with a UTI on 2026-04-06 and treated with a Convenia injection without improvement. He has a hx of urinary issues, typically stress-associated, with no prior obstruction. Current signs include increased vocalization, dysuria, reluctance to use the litter box, and occasional urinary accidents. The owner reports episodic inability to urinate during flare-ups, sometimes requiring placement in the litter box. Clavamox and gabapentin were recently started for suspected FLUTD, after which accidents have not recurred in the past week. Appetite is good with no vomiting. Stress is a suspected trigger, with a recent household visitor preceding the latest episode. Past anti-anxiety medication (possibly buspirone) was discontinued due to sedation. Appetite is good, though he tends to eat more at night. No vomiting reported.
CLINICAL SIGNS: Increased vocalization, dysuria, litter box avoidance, intermittent urinary accidents. Episodic difficulty urinating. Stress-associated flare-ups
MEDICATIONS: Convenia injection given last week, Clavamox 62.5 mg PO BID, Gabapentin 50 mg PO BID.
USG 1.050, Urine protein 30mg/dL; urine blood 3+

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.

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.

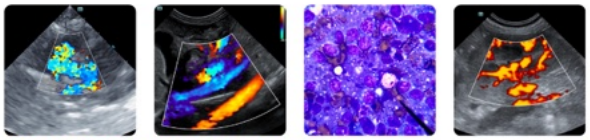
Normal renal size (left measured 3.8 cm, right measured 3.8 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Color flow pattern was normal.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.47 cm in width.

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 0.9 cm in width.



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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

The gallbladder is full 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. A moderate amount of ingesta is present in the stomach compatible with a recent meal.

Pancreas

The visible sections of the pancreas are of 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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder sediment would be incidental debris, hematuria and crystalluria with bacterial cystitis a highly unlikely differential diagnosis.

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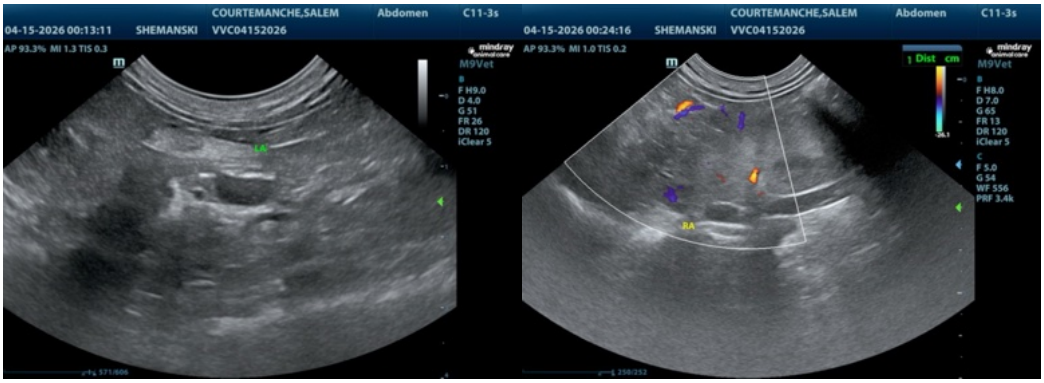
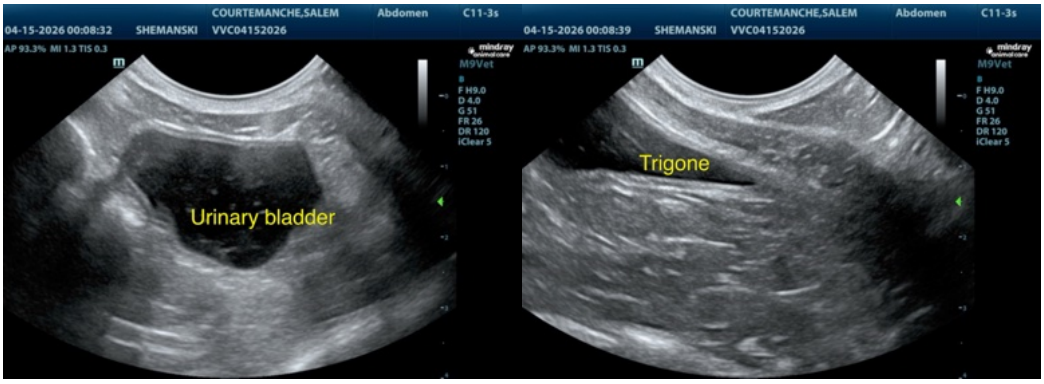
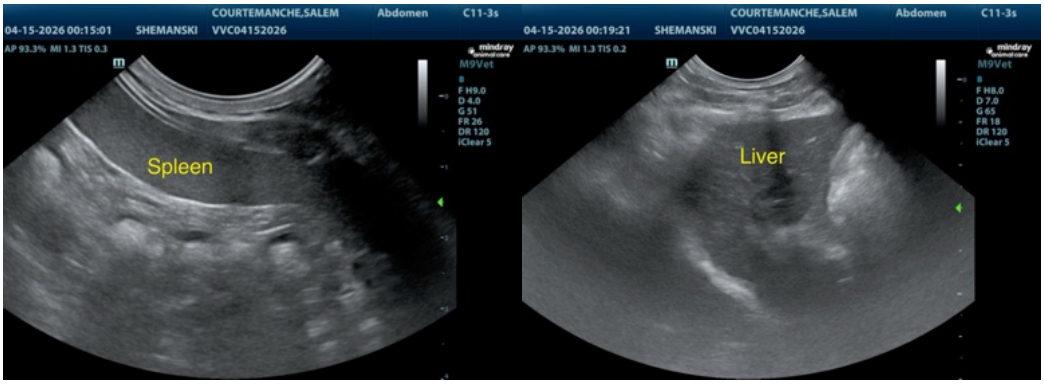
The most likely etiology for this patient would be feline interstitial/idiopathic cystitis with management being environmental enrichment, feeding a urinary specific diet and limiting stressful episodes (if possible).







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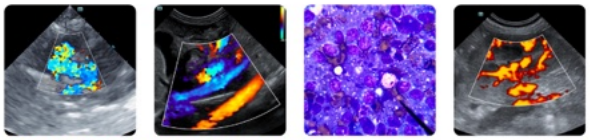

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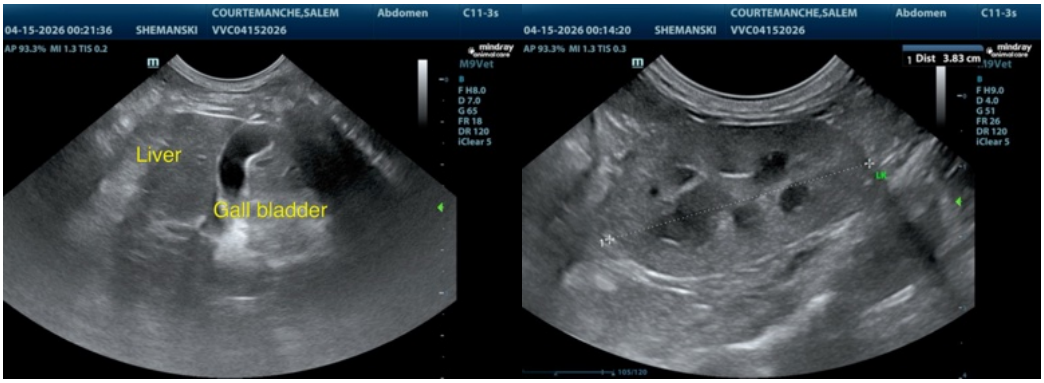

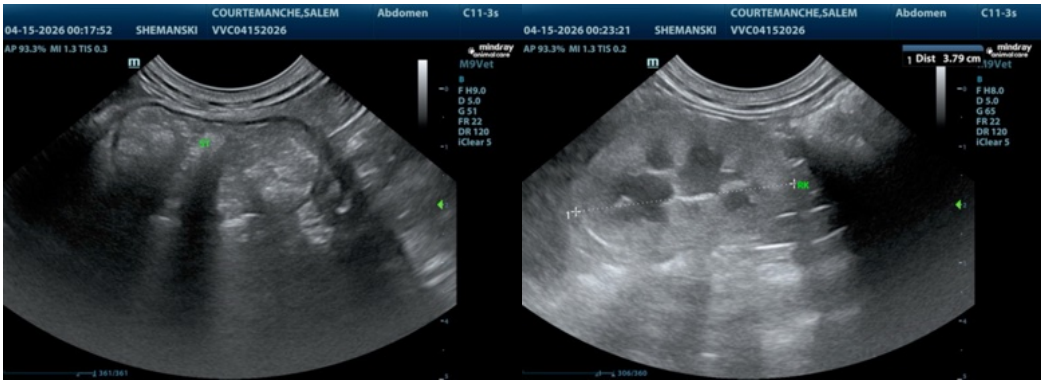

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com