



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
 Lily Carter

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

- Intermittent, sporadic, red/brown or overtly bloody urine noted in the litterbox as often as every day, or as infrequently as once per week.
- First presented on Dec 3rd, 2025 for the above,
- Intermittent, rare history of diarrhea previously, most recently in October 2025, resolved prior to this presentation and has not reoccurred since.
- MMs slightly pale, stressed in clinic but handles quite well
- Abdomen: Bladder is moderately full. No organomegaly or mass effects. No pain on palpation. Colon was difficult to palpate due to patient's size.
- Urogenital: A small amount of blood staining is present around the vulva.
- Current Medications
- None at this time, previously treated initially with stress diet and pheromones, then convenia and onsiar - with no observable improvements.

AGE

11 Years

WEIGHT

6.74 kg

Abnormal PE/Chem/CBC/UA Results: CBC - Dec 3rd, 2025 - PLT: 79×10^9 (150-600) - Plateletcrit: 0.14% (0.17-0.86) - Remainder of CBC wnl, Chem 15 idexx panel all WNL Urinalysis Sp. Grav: 1.041 pH: 6.5 Protein: 500mg/dL Glucose: negative Ketones: negative Blood/hemoglobin: 250 Ery/uL Bilirubin: Negative On visual review - 50+ RBCs/hpf and 20+ WBCs/hpf, no evidence of bacteria or crystals noted on sample

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The right kidney was normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. Hyperechoic shadowing in renal pelvis with no dilation consistent with non-obstructive nephrolithiasis. The right kidney measured 4.53 cm in length.

The left kidney has a smooth capsule and with mild hazing of corticomedullary definition. Hyperechoic shadowing in renal pelvis with no dilation consistent with non-obstructive nephrolithiasis. The left kidney measured 3.38 cm in length. The left kidney is significantly smaller than the right kidney which likely indicates at least partial left renal atrophy.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The left adrenal gland measured 0.45 cm in thickness. The right adrenal gland measured 0.34 cm in thickness.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion

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Dr Brittany Sinclair,
 BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Neill

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or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

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The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

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Gastrointestinal

The stomach was distended with gas and ingesta. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas and ingesta throughout. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral nephroliths with mild left renal atrophy.
- Normal urinary bladder.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Renal changes are likely age-related degenerative changes. Correlate clinical significance with blood work/urinalysis findings and clinical signs. Nephroliths may act as a nidus of infection and predispose to urinary tract infections. They can also cause sterile inflammation leading to renal hematuria. They have the potential to move into the ureters or bladder causing obstructive uropathy.

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There are no ultrasonographic changes to the urinary bladder. This patient may suffer from feline lower urinary tract syndrome. Urine culture and sensitivity is warranted to treat any underlying infection properly, with repeat culture at the end of antibiotic treatment to ensure clearance. Ultimately FLUS is most often a sterile process which can be difficult to control. Stress reduction is



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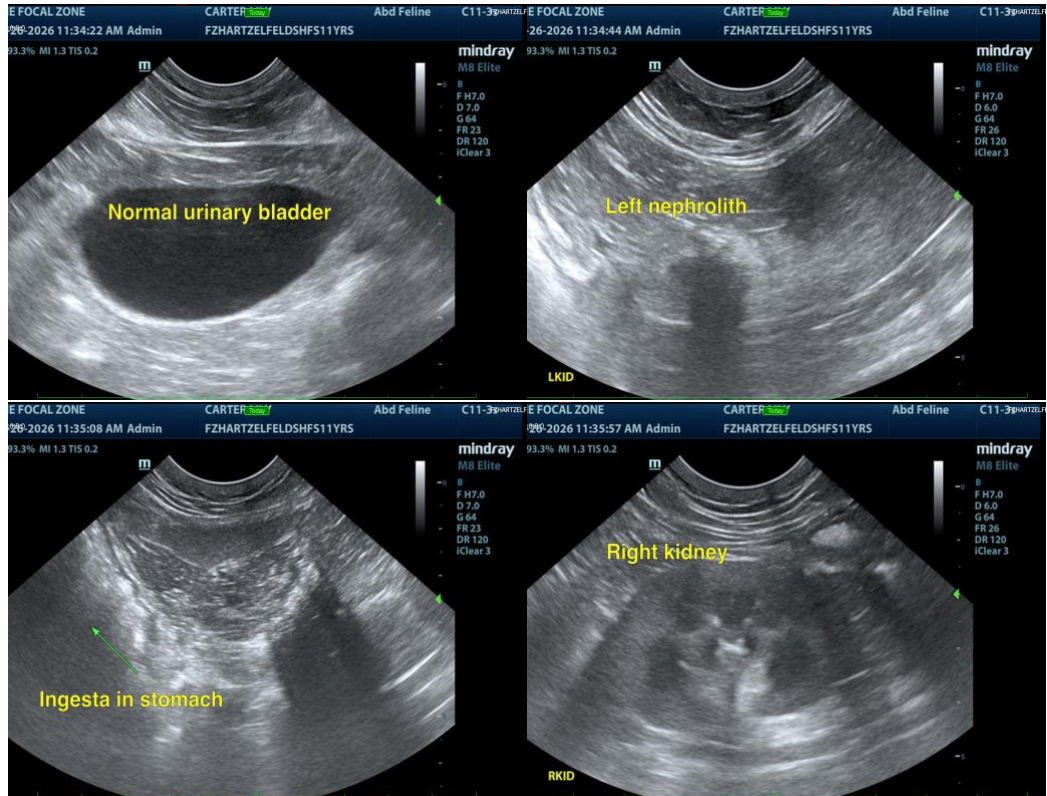
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important and pheromone therapy (Feliway) or anxiolytic medications (gabapentin, fluoxetine, etc) may be of use. Promotion of increased water intake with canned food and access to water fountains and urinary health diets (hills c/d, royal canin urinary S/O, purina proplan UR, etc) may be useful but must be fed exclusively to be effective. Increasing the number of litter boxes and being fastidious about changing the litter, as well as placing litter boxes in stress free areas, away from other pets, high traffic areas or noisy appliances can be helpful.



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.

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