

**PATIENT**

Miko Frolyak

**SPECIES**

Feline

**BREED**

British Shorthair

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

5.12 kg

**INTERPRETED BY**

Brittany Sinclair DVM,  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

East Credit VH

**REFERRING VET**

Dr. Gardiner

**INVOICE**

36776

**DATE**

2/9/26

**PRESENTING CLINICAL SIGNS**

- Was seen in October for inappropriate urination with hematuria. Was stressed with family coming over. Increased visiting to litterbox with straining and smaller amounts of urine output noted. Overgrooming of legs and belly noted - recurrent concern
- Bladder not palpable on PE. Urinalysis done (see attached results). Culture negative
- Single metacam injection given. Rx. Gabapentin. Hematuria responded to pain medication
- Discussed scan rads / u/s
- Discussed potential causes for his signs, including sterile cystitis, urinary crystals, stones, or less likely, polyps/masses.
- Owner has recently phoned indicating that hematuria has returned and would like to pursue further investigation / diagnostics

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder contains minimal urine, and walls are diffusely thickened, likely, at least in part, from pseudohypertrophy. There are two curvilinear shadowing objects visible within the urinary bladder lumen, one measuring at least 0.7 cm in length, the other measuring 0.57 cm, most consistent with cystoliths.

The kidneys were both 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. No evidence of pelvic dilation was present. The right kidney measured 4.59 cm in length. The left kidney measured 4.34 cm in length. Hyperechoic, shadowing foci present in left renal parenchyma and calyces consistent with nephrocalcinosis.

**Adrenal Glands**

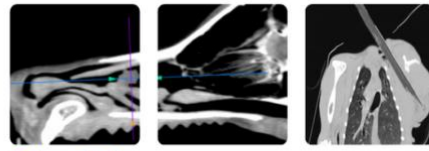
Right adrenal gland was visualized on still image only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. The right adrenal gland measured 0.46 cm in thickness.

Left adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The left adrenal gland measured 0.39 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 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.

***Gastrointestinal***

The stomach contains minimal luminal contents. 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. 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.

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.

***Pancreas***

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

***Lymph Nodes***

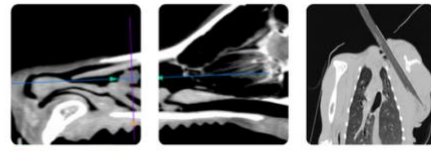
No clinically significant lymphadenopathy or abnormalities noted.

**ULTRASONOGRAPHIC FINDINGS**

- Two cystoliths
- Mild left nephrocalcinosis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urinary bladder cystoliths may lodge in the urethra causing obstruction, with male pets carrying a higher risk due to smaller urethral size. They may also act as a nidus of infection and inflammation. Dissolution diets (hills c/d, royal canin urinary S/O, purina proplan UR, etc) may be tried if struvite stones are suspected with serial imaging used to monitor progress. If small enough in relation to patient size, urohydropulsion under general anesthesia may successfully remove stones. Surgical removal of stones should be considered if risk of urethral obstruction is unacceptable or dietary therapy is not successful.



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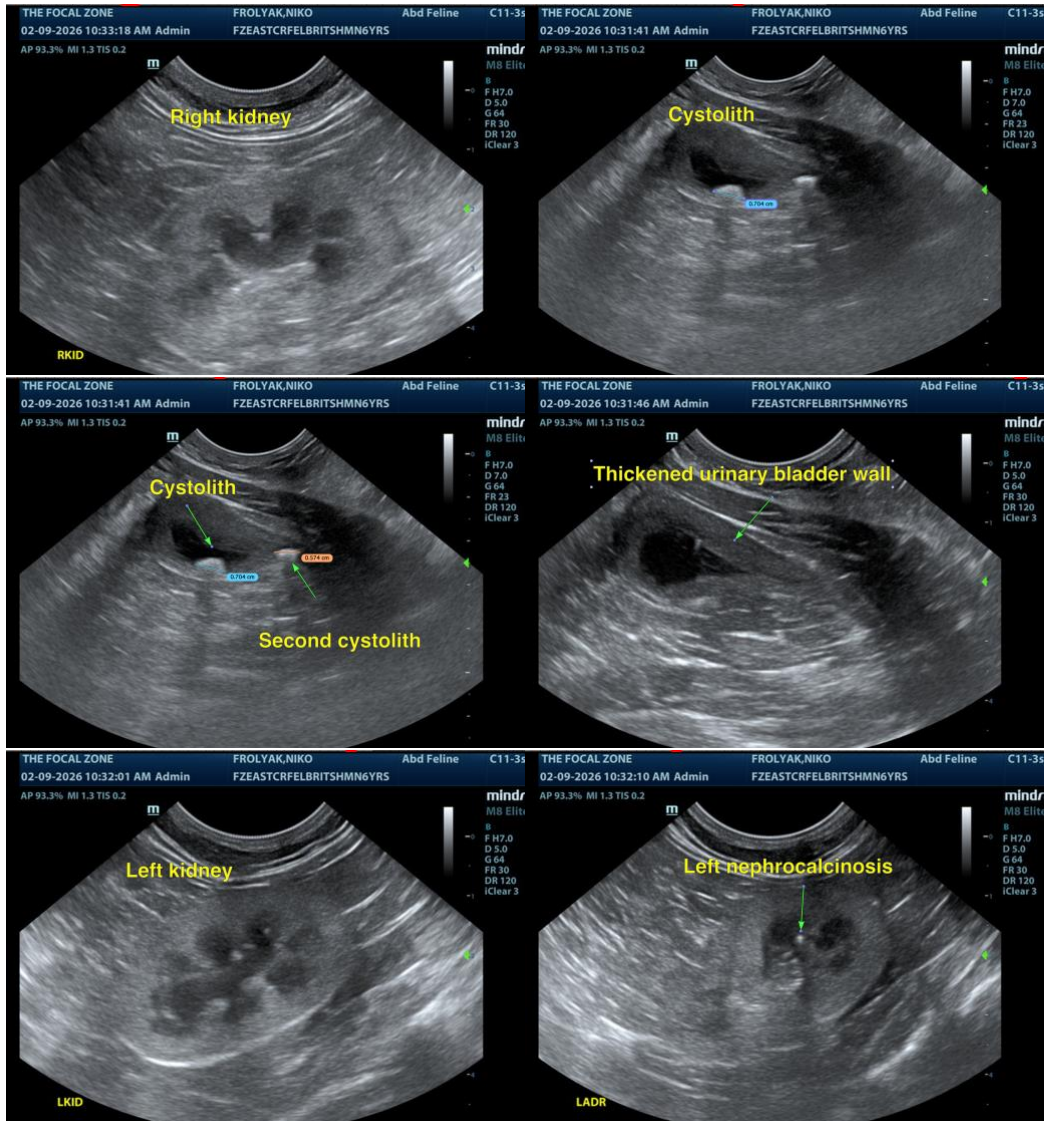
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com