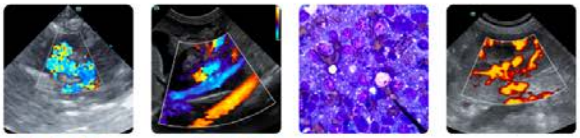

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Zooky Nightingale

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

3.8 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Yates Veterinary Hospital

REFERRING VET

Dr. Brown

INVOICE

75052

DATE

5/12/26

PRESENTING CLINICAL SIGNS

Zooky presented for urinary changes, including hematuria and periuria (bathtub, laundry basket etc). Occasional vomiting of clear fluid. She has been slowly losing weight (is overweight, but the weight loss has been unintentional), owners report appetite as normal. Current Medications: Onsior 6mg, Clavamox 62.5mg, Gabapentin 100mg

Abnormal PE/Chem/CBC/UA Results: See attached Primary Question to Be Answered in This Exam Concern for CaOx urolith (our in-house US was a bit suspicious for an opacity), given the high blood calcium (owners declined ionized Ca) and CaOx crystals in her urine, concern for idiopathic hypercalcemia vs hypercalcemia of malignancy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder has a low urine volume. The walls are diffusely thickened with maintenance of wall layering. No specific masses visualized. There are multiple hyperechoic shadowing cystoliths visualized within the lumen, including one in the proximal urethra measuring 0.56 cm in diameter. There are multiple other mineral opacities within the pelvic urethra consistent with cystoliths. These do not appear obstructive currently.

The right kidney has normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Right kidney measures 3.6 cm.

The left kidney a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Pinpoint areas of cortical mineralization noted. Left kidney measures 3.17 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 0.32 cm in thickness. Right measures 0.34 cm in thickness.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a 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

The liver is subjectively normal in size with normal contours and structure. There is age 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.

Gall bladder 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 contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. 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. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Free Abdomen

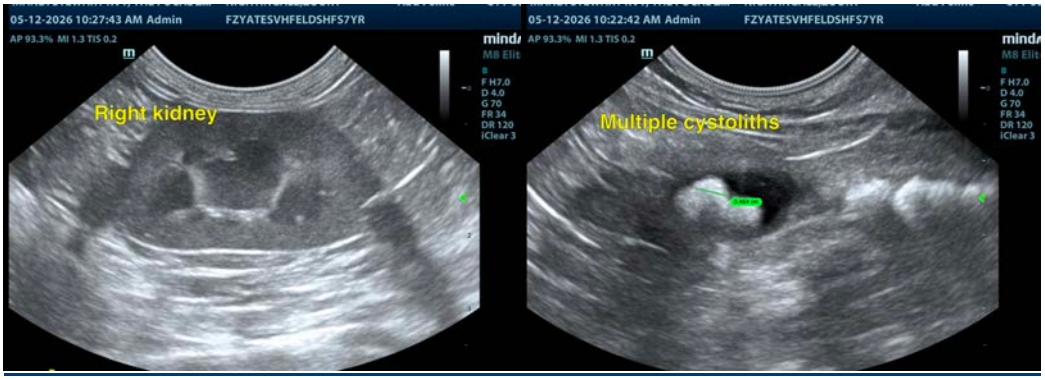
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Cystoliths
- Mild nephrocalcinosis noted in the left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary bladder cystoliths are the likely cause of hematuria and crystalluria. They may lodge in the urethra causing obstruction, with male pets carrying a higher risk due to smaller urethral size. Given the hypercalcemia and calcium oxalate crystalluria, calcium oxalate stones are more likely and are not amenable to medical dissolution. If small enough in relation to patient size, urohydropulsion under general anesthesia may successfully remove stones – this could be attempted but these stones are suspected to be too large based on ultrasonographic measurement. Surgical removal of stones should be considered.



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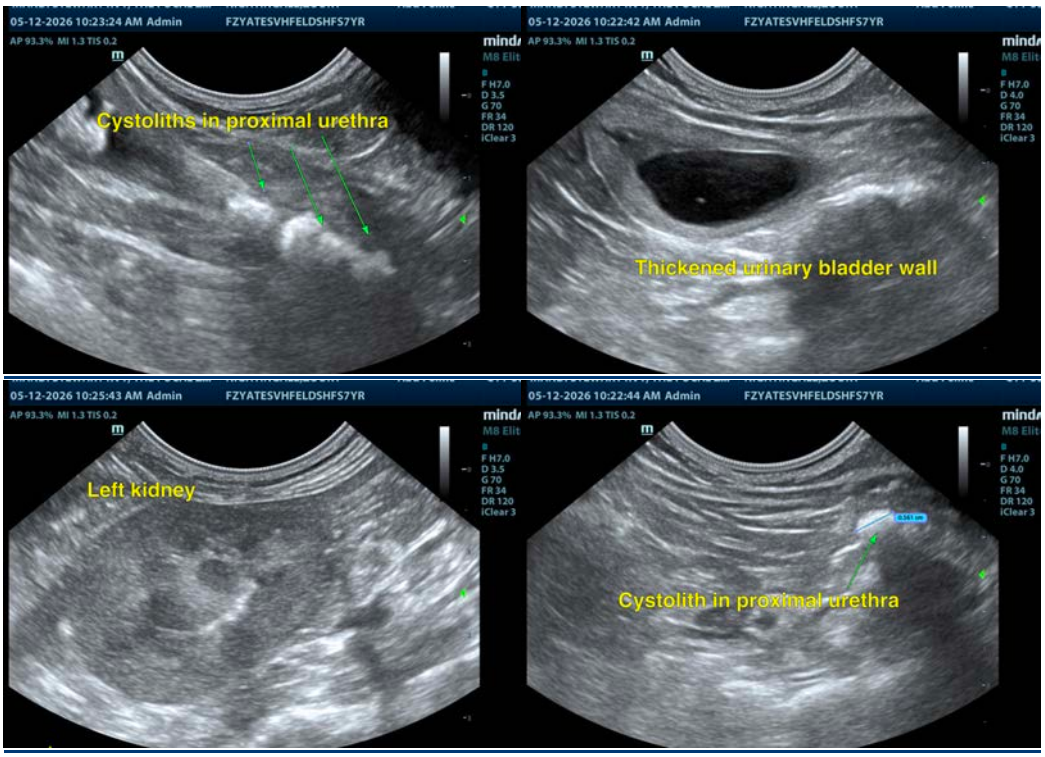

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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