**PATIENT**

Scotty Healy

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

~16 Weeks 2 Days

**WEIGHT**

3.98 lbs

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, LVT

**HOSPITAL NAME**

Incline Veterinary Hospital

**REFERRING VET**

Kateryna Sovik, DVM

**INVOICE**

72861

**DATE**

2/9/26

## PRESENTING CLINICAL SIGNS

Was adopted one week prior to the appointment on 1/12/26. Hematuria began the day after his neuter surgery, which was one week ago. The urine was initially bright red, but this morning was more rust-colored with what appeared to be sediment. A round of Clavamox was prescribed to the pet at this appointment. Then the pet was seen again on 1/22/26 for a recheck after finishing a full course of clavamox. The client has not visually observed blood in the urine recently but notes it was previously seen intermittently. No straining to urinate according to the owner. An Urinalysis was ran and Blood was still found in the urine. Collect a sterile urine sample via cystocentesis on Monday (in 72 hours) for culture and sensitivity, as the lab requires the patient to be off antibiotics for at least 72 hours. The pet then came back for a tech appointment to have the culture sent out. The next time that the pet was seen was on 2/5/26 for a recheck of persistent hematuria. Client reports continued, intermittent hematuria. Some days, bright red blood is noted 2-3 times. Other days, the urine appears pink or normal yellow.

Hematuria - r/o UTI, stress-induced cystitis, congenital renal/urinary tract disease, others.

Abnormal PE/Chem/CBC/UA Results: Urinalysis (sediment exam) performed on sample collected today: - WBC: 23 - RBC: 50 cells - Epithelial cells: >10 - Bacteria: Suspect rods, wasn`t confirmed on bacteria confirmation test - Urine culture: Sample submitted for culture with bacteria confirmation tests. Results pending. Another urine culture was sent out and results are pending. RBC 5.84 6.54 - 12.20 M/µL LOW HCT 29.7 30.3 - 52.3 % LOW HGB 9.1 9.8 - 16.2 g/dL LOW PLT * 131 151 - 600 K/µL LOW CREA 0.4 0.6 - 1.6 mg/dL LOW GGT 2 0 - 1 U/L HIGH LABS attached.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** presented sand, a grouping of which measured 5.0 mm. The pelvic urethra revealed a slight calculus at 0.12 cm, appears small enough to pass. Other calculi also noted in the pelvic urethra.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Left kidney measured 3.4 cm with slight pinpoint mineralizations up to 0.11 cm, non-obstructive. Right kidney measured 3.45 cm.

### *Adrenal Glands*

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Right measured 0.37 cm. Left measured 0.25 cm.

### *Spleen*

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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### *Liver*

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Duplicated gallbladder noted. The portal vein revealed normal size at 0.45 cm prior to its branching. All 3 branches into the liver were identified without pathology. Portal vein to vena cava ratio was 1:1. Intrahepatic vascular volume was normal. Vena cava measured 0.40 cm. Aorta measured 0.40 cm.

### *Gastrointestinal*

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted.

### *Pancreas*

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### *Free Abdomen*

Prominent mesenteric lymph nodes noted (juvenile), measuring 1.23 cm x 0.75 cm.

## ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sand/calculi and urethral calculi.
- Minor renal mineralization, otherwise structurally normal kidneys.
- Structurally normal liver, no evidence of macroscopic shunting.
- Duplicated gallbladder.
- Prominent mesenteric lymph nodes (juvenile).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of macroscopic shunting present. Bile acid profile indicated if not already performed. If elevated, then eventual liver biopsy at cystotomy would be appropriate to assess for microvascular dysplasia/portal hypoplasia.

Management for UTI and potential dissolution protocol warranted based on urinalysis results, or eventual cystotomy once the patient is grown.

Medical management based on stone/sand analysis recommended. Strongly recommend recheck sonogram of the urinary tract prior to eventual surgery to ensure that the calculi are persistently present.

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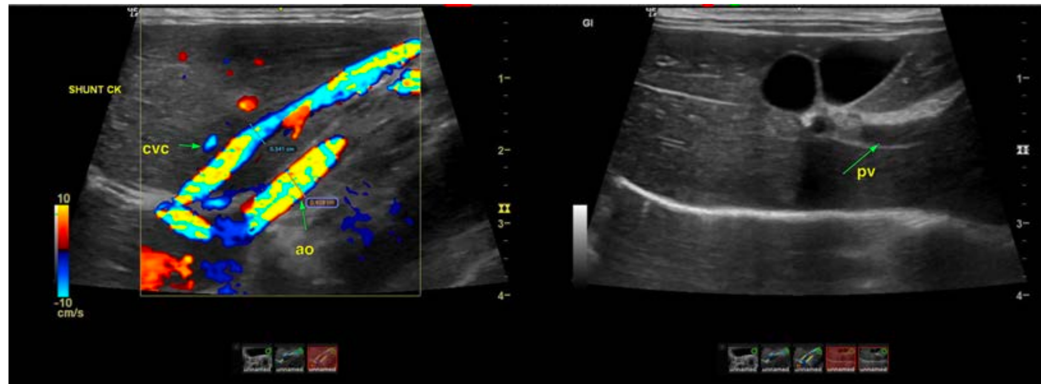


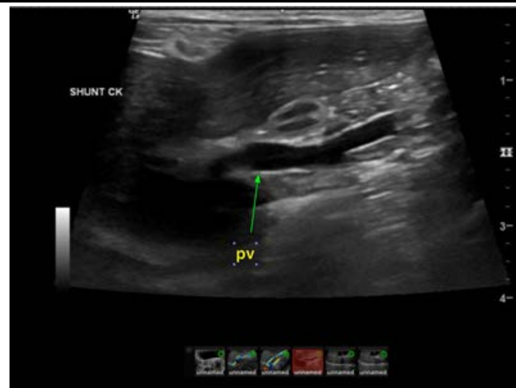


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Eric Lindquist**, DMV, DABVP(CFM), Cert. IVUSS,
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