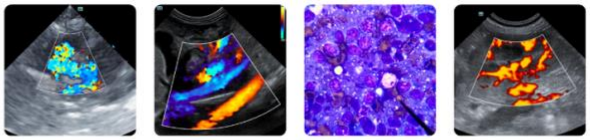

PATIENT

Davinci Sloligo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.48 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Kulczycki

INVOICE

14548

DATE

03/23/26

PRESENTING CLINICAL SIGNS

- Presented Feb 5/26 for 5 day history of hematuria, stranguria and pollakiuria.
- U/A at that time showed infection, crystals, RBC - place on Clavaseptin for 14 days.
- Recheck U/A on Feb 23rd post antibiotics still had abnormalities - placed on Baytril for 14 days (cat had diarrhea on Clavaseptin)
- U/A post Baytril - RBC, WBC (decreased) and crystals still present

Feb 6/26 urinalysis: USG 1.016, ph 9, protein 30mg/dL, WBC 19/hpf, RBC >50/hpf, non-squam epi cells >10/hpf, struvite >50/hpf Feb 23/26 urinalysis: USG >1.050, pH 8, protein 30mg/dL, WBC 2/hpf, RBC >50/hpf, rare cocci, non squam cells 1-2/hpf March 11 urinalysis: USG >1.050, pH 7, protein 30mg/dL, urobilinogen present, WBC 8/hpf, RBC >50/hpf, crystals decrease, non squam cells 1-2/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The ventral urinary bladder wall is mildly subjectively thickened at 3.4 mm in width. The dorsal bladder measures 0.8 mm in width. There is a 5.9 mm in width hyperechoic shadowing urolith present in the urinary bladder. The change is seen to the ventral urinary bladder wall, most likely due to chronic inflammation due to the urinary bladder stone identified.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.1 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 2.6 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 3.0 mm in width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow was evident.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

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Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

Mild jejunal lymphadenopathy was present with a representative node measuring 8.4 mm in length by 2.6 mm in width. These nodes appear only mildly enlarged and most likely reactive, unlikely to be enlarged due to neoplasia. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder urolith.
- Jejunal lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend starting dissolution diets such as Hill's CD or Royal Canin SO for one month. Recheck ultrasound or radiographs to determine if urolith is smaller in size or absent. If dissolution is not occurring with a strict dissolution diet, then recommend cystotomy submitting urolith to the Minnesota Urolith Lab for analysis. The patients' hematuria is most likely due to presence of urolith in urinary bladder. Diagnosis appears good at this time.

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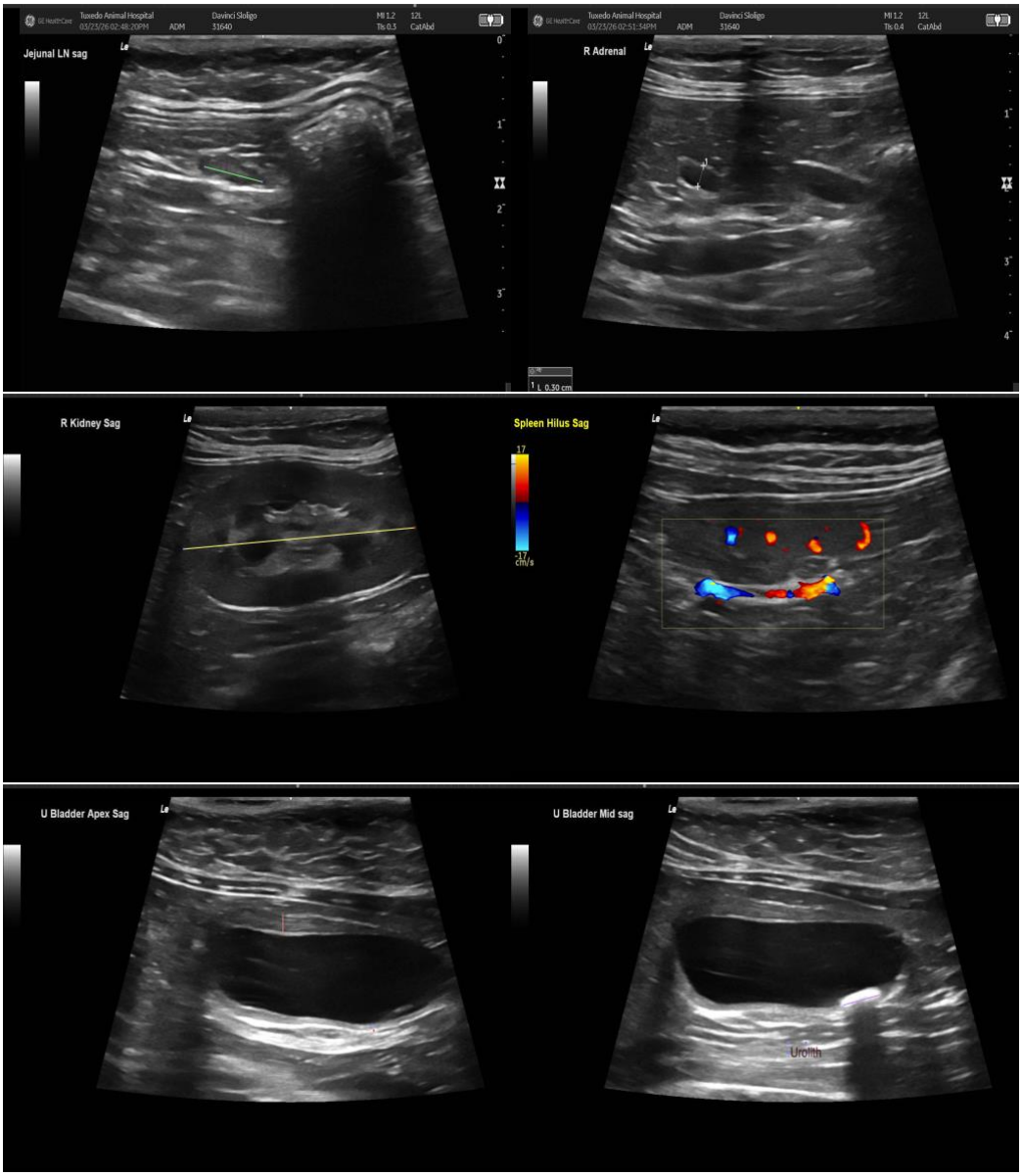

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com