



PATIENT

Skyler Shirinova

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

6Y

WEIGHT

10.4lbs

INTERPRETED BY

Dr. Leticia Utsch MV

IMAGING PERFORMED BY

Jennifer and Jessica

HOSPITAL NAME

Northvale Veterinary
Clinic

REFERRING VET

Dr. Stefanie Simon

INVOICE

74988

DATE

5-13-26

PRESENTING CLINICAL SIGNS

Severe hematuria for the past few weeks...a few incidences of urinating outside the box, but currently only urinating inside the box. No PU/PD or stranguria. Otherwise fine. Treated with Convenia and urinating outside the litter box resolved but hematuria persists. Do the bladder stones need to be surgically removed or can diet dissolve them???

Abnormal PE/Chem/CBC/UA Results: UA::: Cystatin B 232, 2+ struvite crystalluria, USG 1.033, pH 6.5, 3+ proteinuria, 3+ hematuria, >100 RBC, 75-100 WBC, marked cocci, 1+ epi cells, E. Coli sensitive to convenia, all else WNL. CBC/Chem and PE WNL.

RADIOGRAPHIC STUDY OF THE ABDOMEN

Radiographs of the abdomen in three imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

Several moderately radiodense smooth to moderately irregular stones are seen in the urinary bladder and proximal urethra.

No stones are seen in the kidneys. Their size is normal and their shape is regular.

The liver and spleen show normal size and shape.

The stomach is mildly filled with heterogeneous luminal material.

Small intestines are normally filled with fluid and gas. Mild fecal material and gas are seen in the colon.

The peritoneal and retroperitoneal detail appear normal.

Hip joints are slightly incongruent, and small osteophytes are seen in the craniodorsal acetabular borders.

RADIOGRAPHIC DIAGNOSIS

- Multiple radiopaque bladder and proximal urethral stones;
- Mild degenerative joint disease of the hips.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The stones seen are most consistent with struvite urolithiasis, supported by the presence of struvite crystalluria and concurrent bacterial cystitis on urinalysis. These findings likely account for reported clinical signs. Current evidence suggests that feline struvite cystoliths can often be successfully managed with medical dissolution therapy, particularly in non-obstructed patients.

A therapeutic struvite-dissolution urinary diet (preferably canned to increase water intake) is recommended, together with continued targeted antimicrobial therapy based on culture and susceptibility results. Follow-up abdominal radiographs and urinalysis in approximately 2-3 weeks are recommended to assess for reduction in urolith size, as decreased size would support correct prediction of struvite composition and effective dissolution therapy.

If the cystoliths fail to decrease in size, clinical signs worsen, or urinary obstruction develops, minimally invasive retrieval or cystotomy should be considered, as lack of interval change raises concern for non-struvite mineral composition such as calcium oxalate.



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Recommended guideline for supportive management:

<https://drive.google.com/file/d/1N2rt1Ck7gvN00wCATmNbn7QUPY7Fv2Z/view>

Mild hip dysplasia and early secondary degenerative joint disease are seen. If clinically indicated, conservative management may include weight management, physiotherapy, and multimodal analgesia as needed.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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. Leticia Utsch MV

info@sonopath.com