



**PATIENT**

Camille Schaeffer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

11 years

**WEIGHT**

14.4 lbs.

**PRESENTING CLINICAL SIGNS**

House call vet in our area referred her: "We have a mutual patient named Camille, owned by Karen Neely and Steve Schaeffer. Camille has a recent history of intermittent bloody urine. Her urinalysis is normal except for the presence of red blood cells. She also has a history of chronic recurrent sinusitis. We would like Camille to have an abdominal ultrasound to evaluate her urinary system. Our main reasoning is to be sure she does not have evidence of cancer and/or cystic calculi. She is not symptomatic."

Abnormal PE/Chem/CBC/UA Results: hematuria pending cbc chem and TT4

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone. Regional, mildly prominent homogeneous urinary bladder walls were noted measuring approximately 0.40 cm wall width. Anechoic urine was present with mild focal primarily dependent potentially adhered mineral. No evidence of macro calculi or urinary bladder tumors was noted. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Dr. Brita Kiffney

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A subtle to intermittent hyperechoic corticomedullary band, consistent with a subtle to intermittent medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. No evidence of left or right pyelectasia or pyelonephritis was noted. The left kidney measured 3.7 cm length. The right kidney measured 3.6 cm length.

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**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

**REFERRING VET**

Dr. Brita Kiffney

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



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normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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**Pancreas**

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Minor cystitis pattern with mild focal dependent potentially adhered luminal mineral
- Bilateral mild to intermittent nonspecific renal medullary rim sign

**IMAGING PERFORMED BY**

Dr. Brita Kiffney

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine C/S ideally on a sterile urine sample is recommended to assess for or rule out underlying infection. Empirically, therapy for cystitis / feline idiopathic cystitis with potential urinary diet and sonographic monitoring of the urinary bladder mineral and clinical response would be reasonable. Correlation with a pending CBC/Chemistry panel and T4 levels with possible as-needed urinalysis monitoring going forward is suggested. No evidence of upper or lower urinary tract neoplastic criteria.

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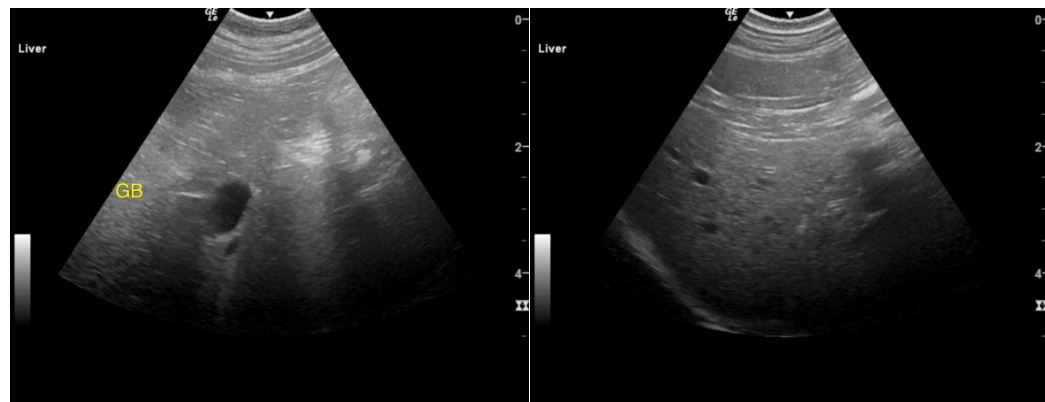
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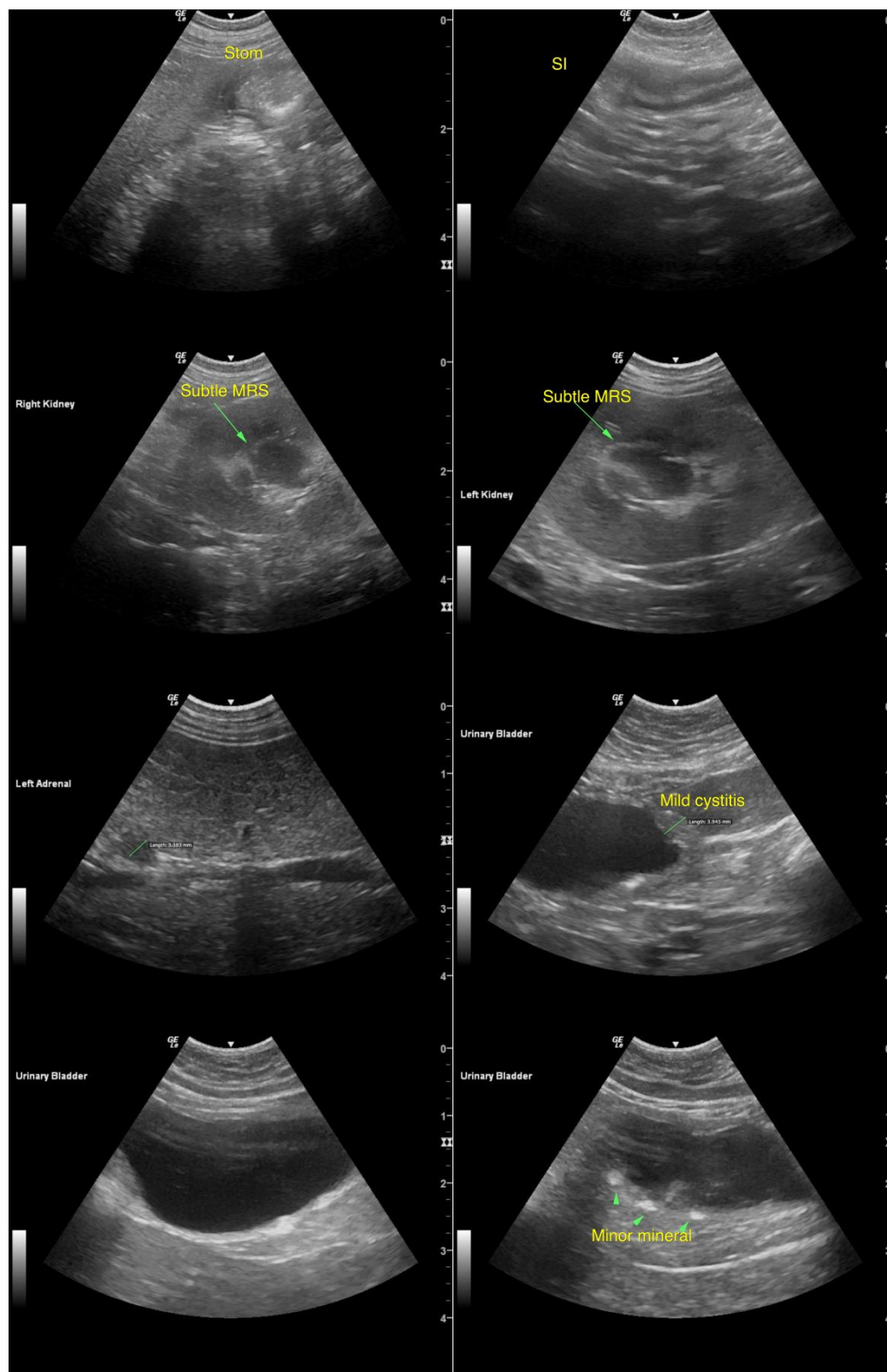
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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.

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**info@SonoPath.com**

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