

**PATIENT**

Charlie Fiyalko

SPECIES

Feline

BREED

Maine Coon

SEX

FS

AGE

5 years

WEIGHT

11.4 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETWixom Family Pet
Practice**INVOICE**

15566

DATE

11/23/22

PRESENTING CLINICAL SIGNS

Current Medications: Meloxicam 1.5 mg/ml 5# dose by mouth every 24 hours Patient History: Owner reports seeing hematuria for approximately the past 30 days

Abnormal PE/Chem/CBC/UA Results: Mild diffuse calculus. Mild gingivitis UA - SpG 1.050. pH 6, Protein 2+, RBC TNTC, WBC - occasional segmented neutrophils, Transitional cells > 30/hpf - dense chromatin, high cellularity, occasional mitotic figures Abdominal Radiographs - Cranioventral border of the urinary bladder is irregular and bulbous. 1 x 0.7 cm radiodense opacity on the cranial aspect of the urinary bladder.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was subnormal in size owing to lack of urine distention, which prohibited full evaluation of the urinary bladder walls. Generalized thickened urinary bladder walls, more prominent in the ventral to ventroapical urinary bladder with mild nonhomogeneous mural echotexture without evidence of mural mineralization or mural masses. The ventroapical urinary bladder wall width measured 0.5 cm. Minimal primarily anechoic fluid was present with mild accumulated dependent mineral to small solitary calculus measuring 1.1 cm in diameter. The urethra exhibited normal structure and tone to a depth of 2.0 cm. Pinpoint areas of adhered mineral along the ventral apical luminal surface were noted.

No evidence of medial Iliac or sublumbar lymphadenopathy.

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 medullary mineralization, pelvic dilation, or pyelectasia. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

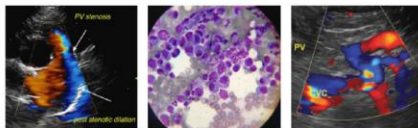
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

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. The spleen measured 1.0 cm width at the level of the hilus.

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.

Gastrointestinal**SPECIES**

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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.

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

- Chronic cystitis pattern with mild luminal mineral to small solitary calculus
- Normal bilateral kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on a sterile urine sample, if possible, is recommended. No overt suspicion of urinary bladder neoplastic criteria, which is thought less likely.

Pending urine C/S results, urinary diet with conservative therapy for chronic cystitis and sonographic monitoring of the urinary bladder would be reasonable. Cystotomy with urinary bladder flush and with urinary bladder mural biopsies for histopathology and tissue C/S may be indicated.

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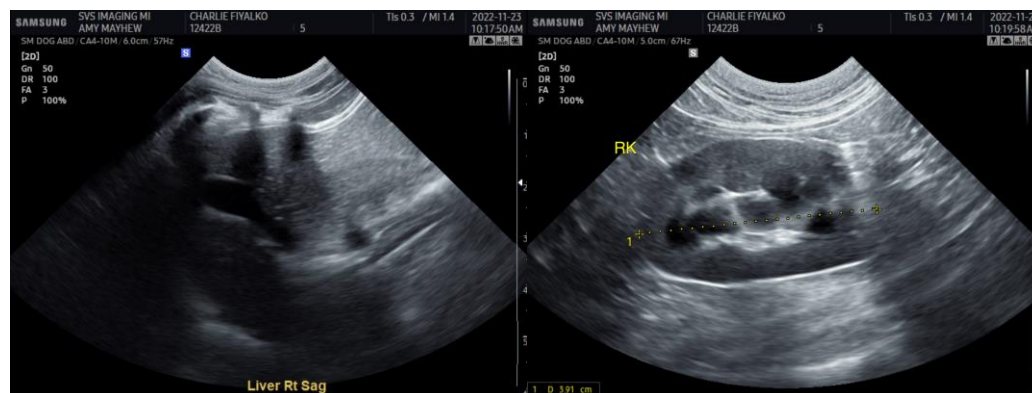
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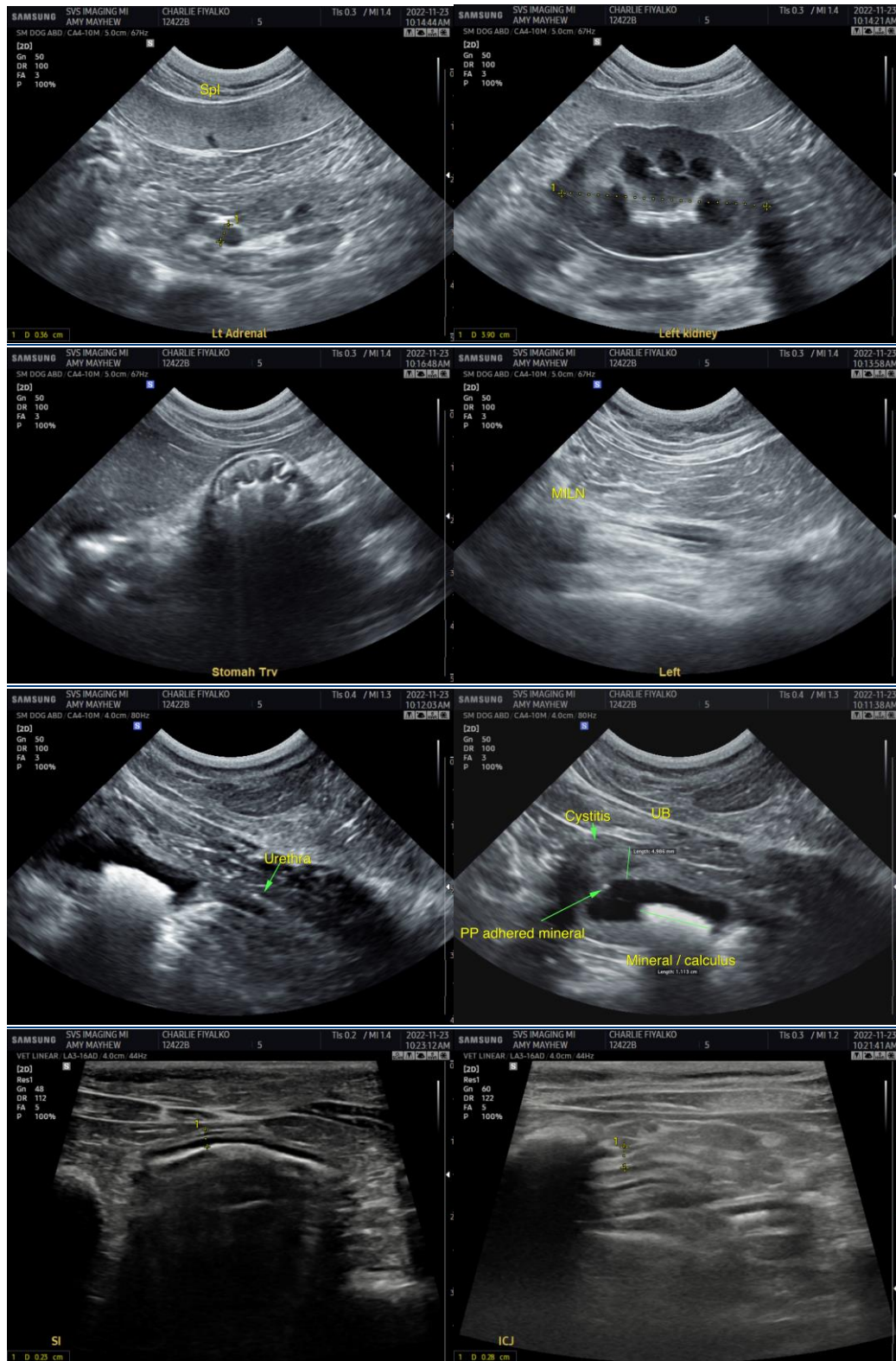
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com