



PATIENT

Stumpy Carrow

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

14 yrs

WEIGHT

9.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Laura Wojcik

INVOICE

12772

DATE

11/5/25

PRESENTING CLINICAL SIGNS

History: Patient has chronic history of hematuria. Has been treated multiple times for UTI with antibiotics and hematuria has not resolved. No obvious bladder stones seen on radiograph, but opacity/mineralization seen within kidney, also potential concern for potential blood clots vs. mass within urinary bladder. Patient is already on prescription kidney diet. AUS to further evaluate for causes of hematuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with normal wall without evidence of inflammation or tumors. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Mild, non-dependent, echogenic to particulate sediment was present without evidence of urine, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The right kidney exhibited adequate size and asymmetrical margination with cortical infarcts. Mild thickened cortex and increased corticomedullary echogenicity. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction with no evidence of pyelectasia present. The renal medullary volume was subjectively reduced. Medullary renolith noted. The right kidney measured 3.9 cm in length. The left kidney exhibited subnormal size and marked asymmetrical margination with cortical infarcts. Mild thickened cortex and increased corticomedullary echogenicity. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction with no evidence of pyelectasia present. The renal medullary volume was subjectively reduced. Medullary renolith noted measuring ~1.0 cm in diameter. The left kidney measured 2.4 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 0.39 cm. The area of the right adrenal gland was free of obvious pathology.

Spleen

The spleen was mildly enlarged in size exhibiting 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 1.3 cm width level of the mid spleen.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Solitary, non-disruptive, non-homogeneous intraparenchymal nodule dorsal to the gallbladder was present measuring 1.1 cm in diameter. The gallbladder was non-



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distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.

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. Small intestine wall measured 0.24 cm.

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

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

- Sonographically normal urinary bladder with mild urine sediment
- Left kidney subnormal in size with marked cortical infarcts and medullary renolith
- Right kidney adequate size, cortical infarcts, chronic renal changes and renal lithiasis
- Hepatic parenchymal remodeling with intraparenchymal nodule

SECONDARY FINDINGS

- Mild splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without evidence of lower urinary tract pathology, the hematuria in this patient is likely deriving from the kidneys. Continued renal support with monitoring of renal parameters and urinalysis is recommended. The hepatosplenic presentation is nonspecific and potentially incidental with hepatic nodular hyperplasia or small granuloma, splenic hyperplasia, hematopoiesis suspected, assuming patient is non-sedated. If patient is non-sedated or evidence of weight loss, screening splenic or hepatosplenic FNA cytology and using 25-gauge needle for further clarification may be considered.



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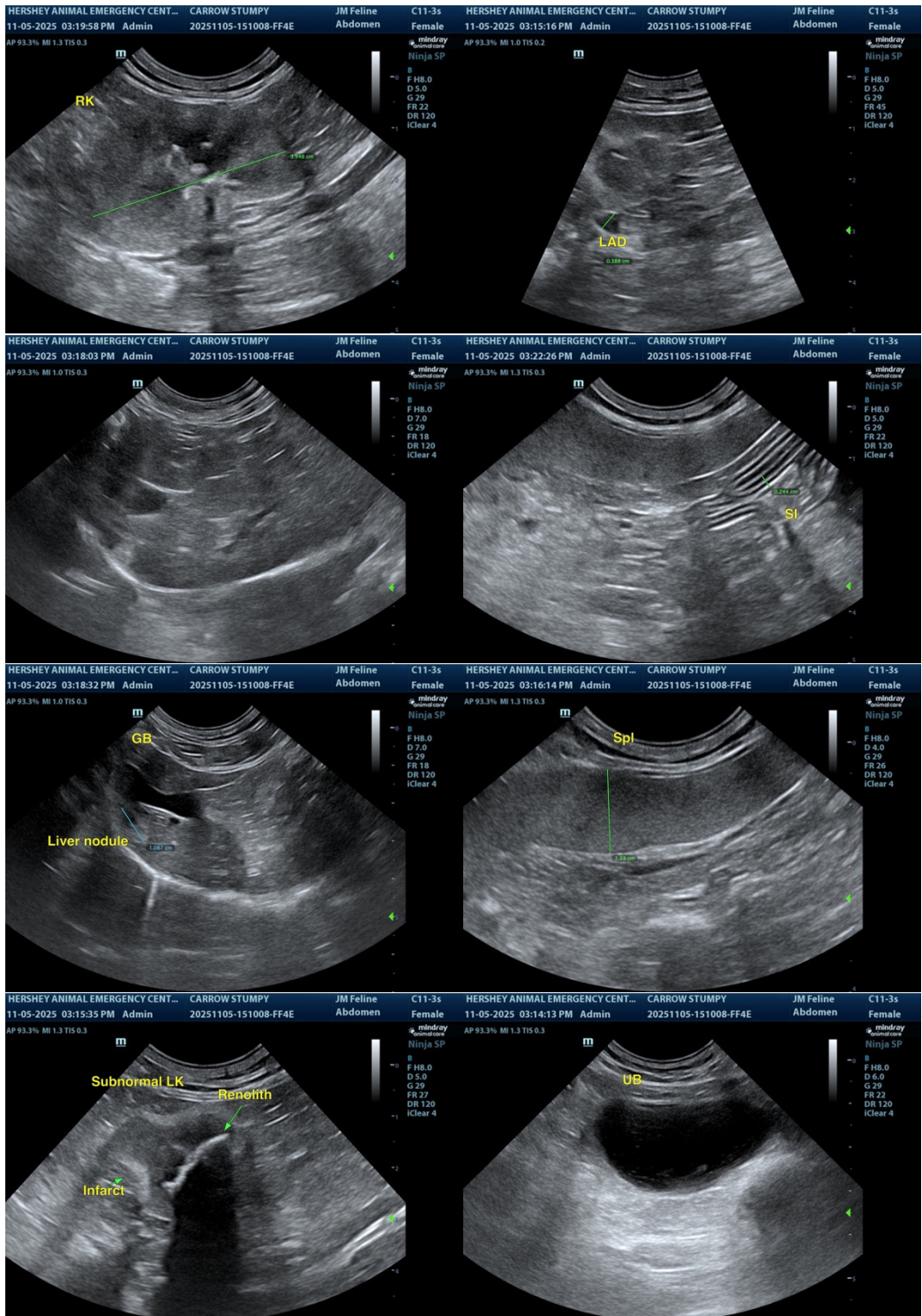
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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