



**PATIENT PRESENTING CLINICAL SIGNS**

Pong Hoang Daily drops (one or two) of red blood in litterbox. no frequenturia, no pain response in litterbox, no change in drinking habit antibiotic trial with clavaseptin did not change the hematuria.  
Abnormal PE/Chem/CBC/UA Results: U/A Collection Cystocentesis Colour Straw Clarity Clear Specific Gravity 1.015 pH 6.5 Urine Protein neg Glucose neg Ketones neg Blood / Hemoglobin neg Bilirubin neg Urobilinogen norm White Blood Cells <1 /HPF Red Blood Cells <1 /HPF Bacteria, Cocci None detected Bacteria, Rods None detected Squamous Epithelial Cells None detected Non-Squamous Epithelial Cells <1 /HPF Hyaline Casts None detected Non-Hyaline Casts None detected Calcium Oxalate Dihydrate Crystals None detected Struvite Crystals None detected Ammonium Biurate Crystals None detected Bilirubin Crystals None detected Unclassified Crystals None detected

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

16 Years

**WEIGHT**

5.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Downtown AH

**REFERRING VET**

Dr. Ahn

**INVOICE**

33162

**DATE**

12/2/21

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm. Potential for emerging, non-obstructive medullary mineral versus potential fibrosis.

The right kidney was markedly subnormal in size with no discernable corticomedullary architecture. Asymmetrical margination noted associated with the right kidney. The right kidney measured 1.5 cm in length. Parenchymal mineralization was associated with the right kidney. No evidence of left or right retroperitoneal inflammation.

**Adrenal Glands**

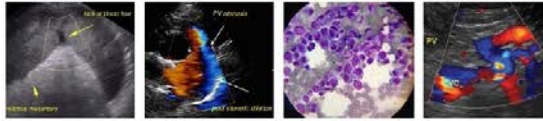
The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm. The right kidney measured 0.67 cm.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.69 cm. 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.

**Liver**

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 normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



**PATIENT** *Gastrointestinal*

Pong Hoang 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.

**SPECIES** 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.

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

**BREED** *Pancreas*

DSH 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.

**SEX** **ULTRASONOGRAPHIC FINDINGS**

Spayed Female

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Left kidney mild chronic renal changes with suspect mild emerging non-obstructive medullary mineral
- Right kidney marked subnormal size with loss of corticomedullary architecture and dystrophic mineralization

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16 Years

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A definitive cause of the mild hematuria (given the lack of lower urinary tract pathology) was not definitively evident. Potentially, some degree of hematuria may be deriving from the right kidney given the significant chronic degenerative changes with mineralization. The right kidney is likely non-functional. The possibility of urethral or vaginal vault pathology as potential cause of the mild hematuria cannot be definitively excluded. Underlying infectious may be considered less likely given the lack of response to previous antibiotic trial, yet urine culture and sensitivity on sterile urine sample 7 days post-antibiotic therapy may be considered for further clarification. Baseline UPC level suggested for further renal staging.

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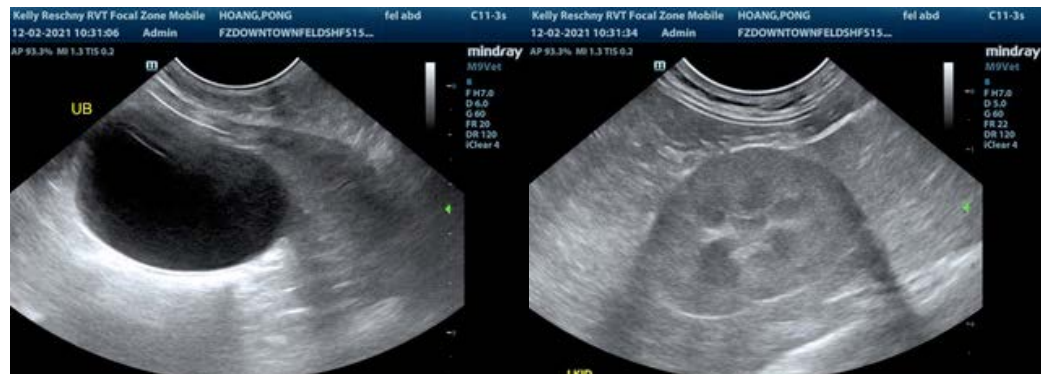
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**PATIENT**

Pong Hoang

**SPECIES**

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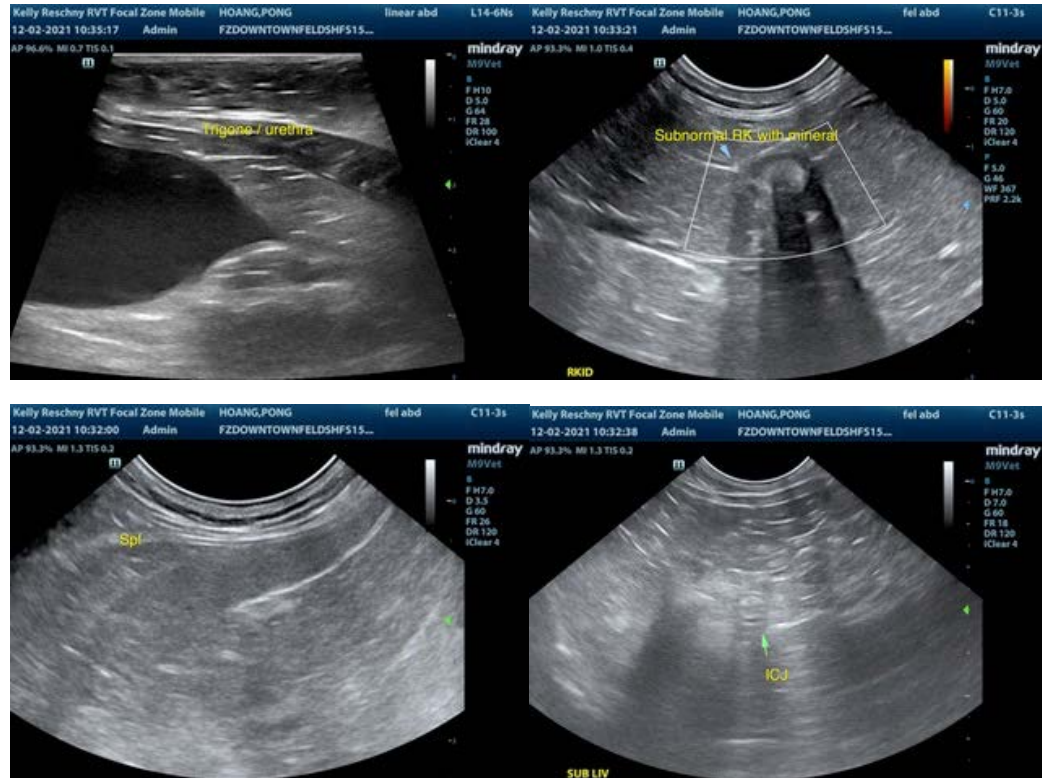
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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