



PATIENT

Winnie Thompson

PRESENTING CLINICAL SIGNS

Cystic calculi. Hematuria. Study limited to urinary system.

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

19

WEIGHT

7.6lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Kitty Corner Cat Clinic

REFERRING VET

Dr. Harris

INVOICE

12989ag

DATE

02/17/2023

LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM

Urinary System

The urinary bladder was normal in size and tone with normal appearance of the bladder walls. The 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 minor dependent particulate sediment and pinpoint dependent mineral. No evidence of inflammatory or neoplastic changes were noted.

Bilateral subnormal size, asymmetrical margination and mild non-uniform cortical hypertrophy exhibiting pinpoint cortical hyperechoic foci was present. Bilateral moderate pyelectasia was present along with marked loss of corticomedullary border demarcation. Mild dilation of the proximal right ureter measuring 0.38 cm was present exiting the right kidney extending distally for ~ 2.0 cm. No obvious evidence of proximal right ureter obstructive criteria i.e., calculi, stricture, mass etc.

The left kidney measured 2.6 cm in length. The right kidney measured 2.5 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Bilateral marked chronic degenerative kidneys with moderate pyelectasia
- Mildly dilated proximal right ureter
- Normal urinary bladder with mild dependent particulate sediment and pinpoint mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although there is no evidence of renal medullary mineral or nephrolithiasis in this study, potential passage of previous mineral into the urinary bladder could be possible. Overt evidence of proximal right ureter obstruction was not present yet sonographic monitoring for evidence of progressive right hydroureter and/or right hydronephrosis is recommended. A urine C/S on a sterile urine sample suggested if not recently done. Without evidence of significant lower urinary tract inflammatory criteria or macrocalculi the hematuria may potentially be originating at the kidney level.



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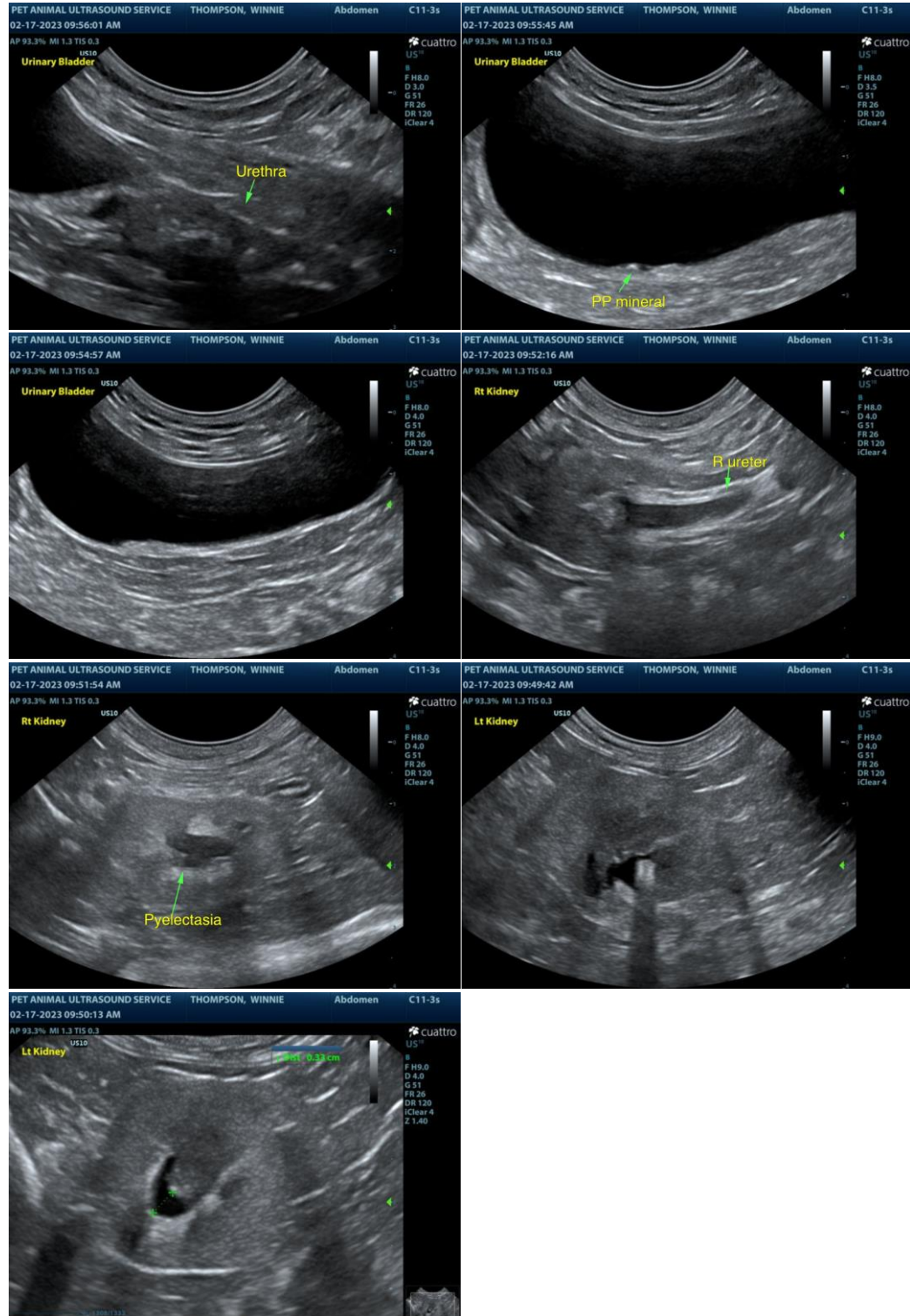
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

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