



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Leo Syborski	Feb 10 jumped off balcony and has had strange behaviour since. Feb 14 had hematuria and struvite crystals on urinalysis which was seen again in March. Previous history of struvite crystaluria and has been on RC urinary SO diet.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Hematuria with struvite crystalluria
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DLH	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
MN	<b>Kidneys</b>
<b>AGE</b>	Normal size and subtle areas of asymmetrical 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 hyperechoic corticomedullary band, consistent with a 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. The left kidney measured 4.6 cm in length. The right kidney measured 4.7 cm in length.
6yr	<b>Aortic Trifurcation</b>
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
9.6kg	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
Dr. Barthelemy	<b>Liver/Gallbladder</b>
<b>HOSPITAL NAME</b>	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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Britannia Kingsland Vet Clinic	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	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.
Dr. Rondot	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.
<b>INVOICE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
13214ag	
<b>DATE</b>	
03/17/2023	



## PATIENT

### Pancreas

Leo Syborski

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.

## SPECIES

Feline

### Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## BREED

DLH

### ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder with minor sediment.
- Bilateral non-specific renal medullary rim sign.

## SEX

MN

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral specifically urinary tract pathology as a definitive cause of the patient's clinical signs. Potential for low-grade cystitis/idiopathic cystitis or idiopathic renal hematuria possible. Urine C/S if not recently done suggested on a sterile urine sample.

## AGE

6yr

## WEIGHT

9.6kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Barthelemy

## HOSPITAL NAME

Britannia Kingsland  
Vet Clinic

## REFERRING VET

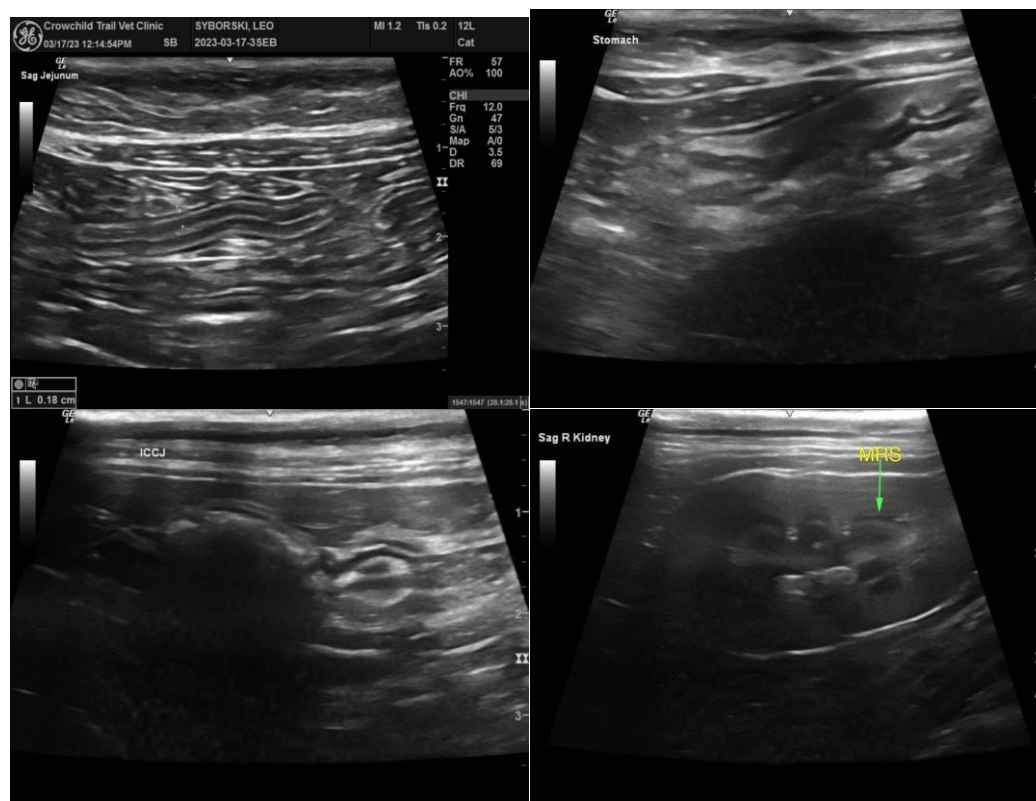
Dr. Rondot

## INVOICE

13214ag

## DATE

03/17/2023





**PATIENT**

Leo Syborski

**SPECIES**

Feline

**BREED**

DLH

**SEX**

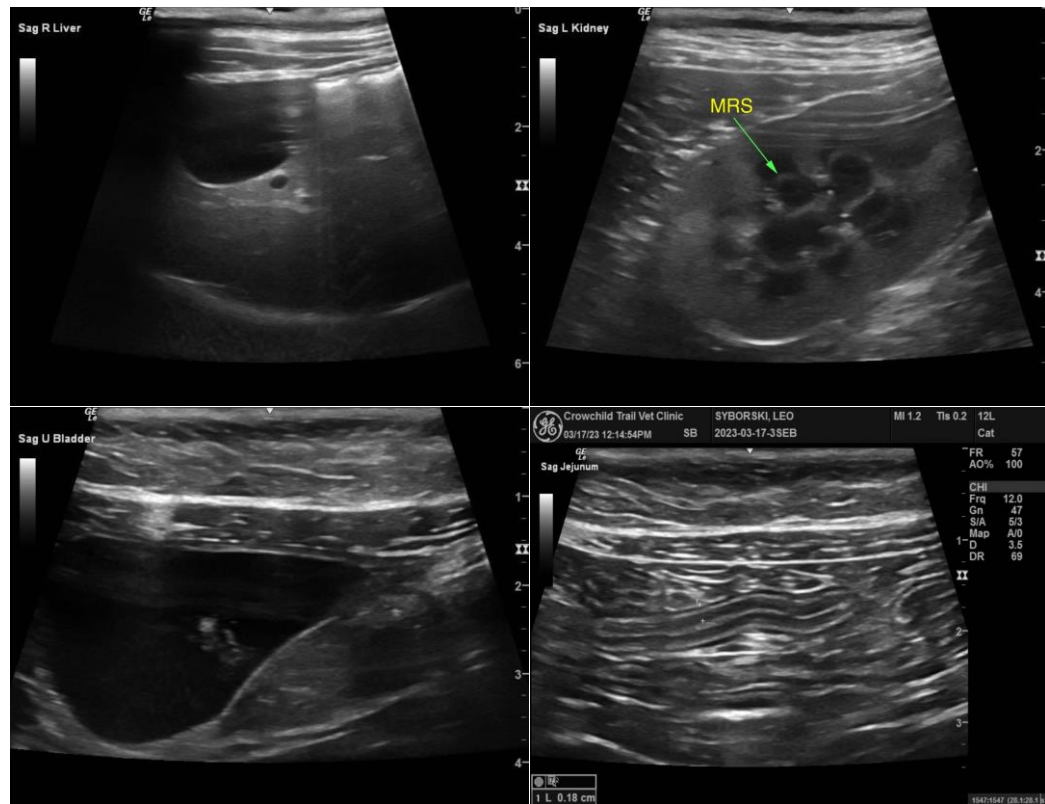
MN

**AGE**

6yr

**WEIGHT**

9.6kg



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Barthelemy

**HOSPITAL NAME**

Britannia Kingsland  
Vet Clinic

**REFERRING VET**

Dr. Rondot

**INVOICE**

13214ag

**DATE**

03/17/2023

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)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)