



PATIENT

Boo Kenney

PRESENTING CLINICAL SIGNS

Recurrent, chronic hematuria. Placed on gabapentin last week.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Urinalysis from last week showed high RBC numbers, low WBC numbers, high protein (no UPCr available), USG 1.035. No recent blood work.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. Generalized variably thickened bladder wall exhibiting homogenous echogenicity primarily in the ventral and apical bladder was present measuring 0.25 cm in width. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Minimal anechoic urine was present in the lumen with mild luminal hyperechoic sand to mildly shadowing mineral along with particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus.

SEX

MN

AGE

4yr

Normal size and margination was 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. Probably right kidney focal cranial infarct. Potential for medullary mineral was present. An intermittent to discrete 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 with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.2 cm in length. The right kidney measured 3.9 cm in length.

WEIGHT

11lb

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

IMAGING PERFORMED BY

Sorbo

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 0.40 cm width.

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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 0.72 cm in width at the level of the hilus.

REFERRING VET

Bradley

Liver/Gallbladder

INVOICE

13389ag

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.

DATE

04/04/2023

Gastrointestinal



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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.

SPECIES

Feline

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.

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

Pancreas

BREED

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

MN

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

AGE

4yr

- Cystitis with luminal sand/mineral/particulate debris.
- Non-specific discrete bilateral medullary rim sign with cranial right kidney cortical infarct.
- Normal liver.

WEIGHT

11lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for C/S if evidence of inflammatory cells is recommended if not recently done. Correlation with assessment of renal parameters is suggested.

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(Canine and Feline)

Empirical therapy for idiopathic cystitis which may include urinary diet, environment enrichment, anti-anxiety medication if clinically indicated with continued monitoring of urination and UA is recommended. Sonographic reassessment of the urinary bladder is indicated if evidence of progressive urinary signs and/or hematuria.

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REFERRING VET

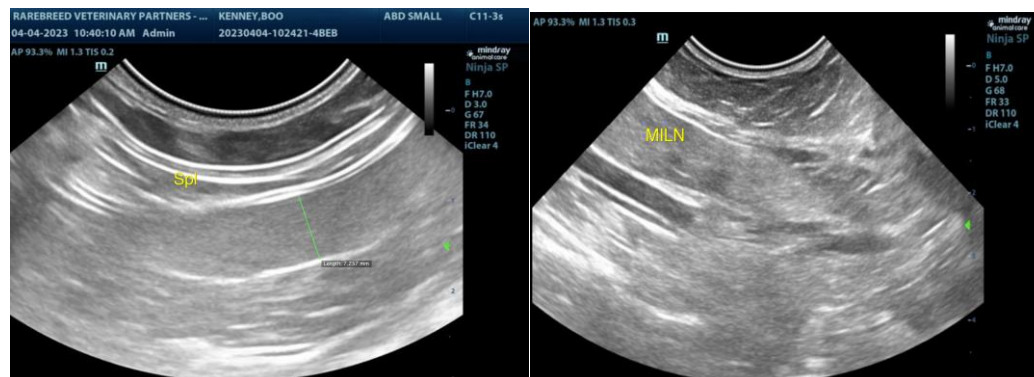
Bradley

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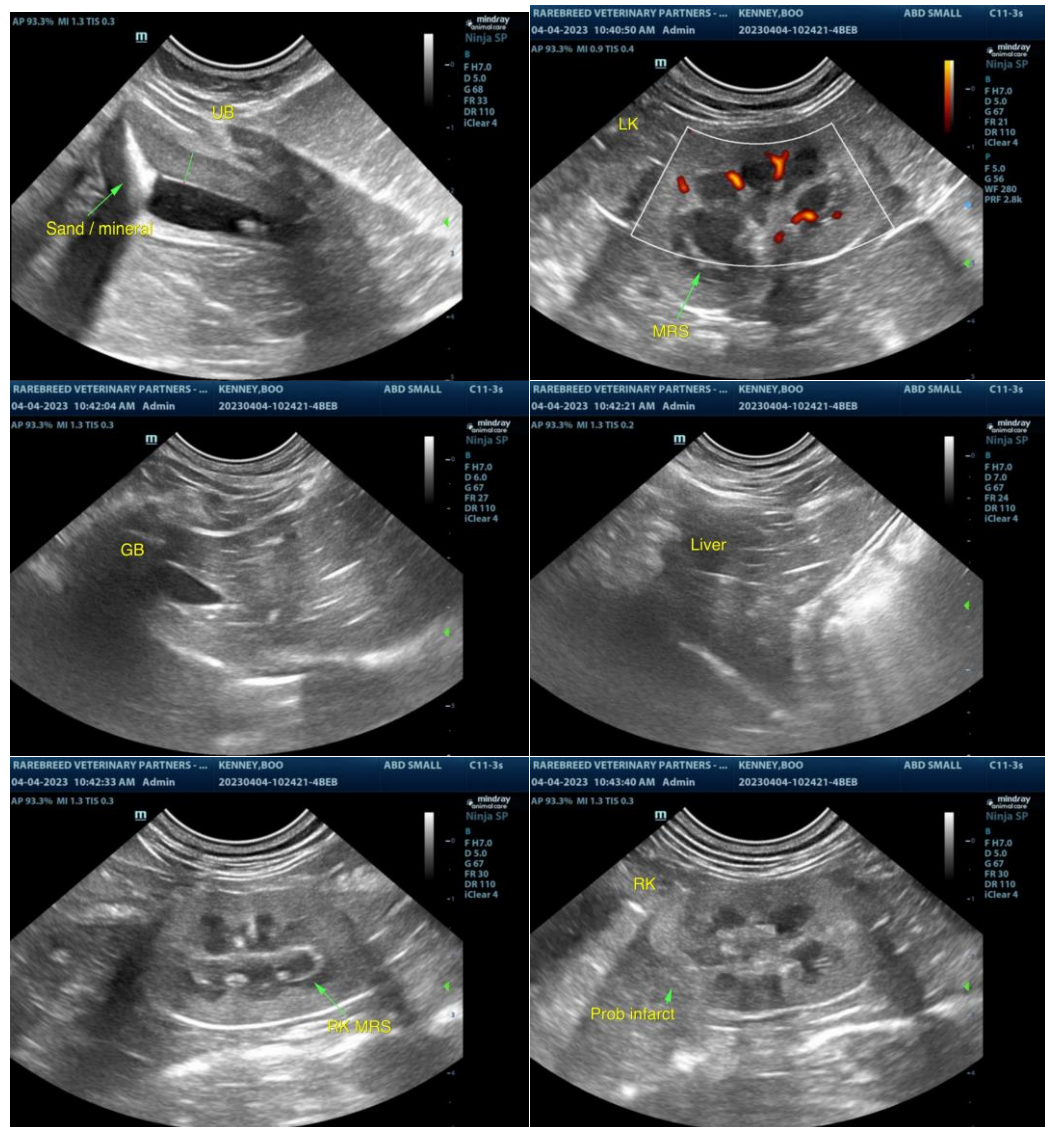
Bradley

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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.

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