



**PATIENT**

Ari Schiff

**SPECIES**

Feline

**BREED**

Egyptian Mau

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

9.28 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Littleton AH

**REFERRING VET**

Dawn Brooks, DVM

**INVOICE**

14638

**DATE**

4/7/22

**PRESENTING CLINICAL SIGNS**

History: History of bladder and kidney stones. Previously had urinary obstruction with cystostomy performed (no stone found). Previous ultrasound of bladder showed possible stone in bladder. Has been on Rx Urinary Diet since. Ultrasound of urinary system to confirm if stone(s) present due to conflicting information.

**LIMITED ULTRASONOGRAPHIC EXAMINATION**

The urinary bladder was mildly subnormal in size owing to lack of urine distention. 1 to possibly 2, dependent small calculi were present, an example measured 0.25 cm in diameter. Concurrent, nondependent probable sediment to mucus was present in the urinary bladder with mild anechoic primarily anechoic urine. The urethra was normal in structure and tone to a depth of 2.0 cm, without evidence of urethral mineral.

Both kidneys were normal in size and margination with maintained 1:3 cortex to medulla ratio. Minor loss of corticomedullary border demarcation was noted in both kidneys. Nonobstructive small medullary renoliths were noted in the left kidney. A central medullary small renolith (0.40 cm in diameter) was noted in the left kidney. Focal minor areas of right kidney medullary mineral were noted. No evidence of pyelectasia was present. The right kidney measured 4.1 cm. The left kidney measured 4.3 cm.

**ULTRASONOGRAPHIC FINDINGS**

- Solitary to possible 2, small cystic calculi with probable concurrent nondependent bladder sediment/mucus
- Mild age-related renal changes with small nonobstructive left kidney renoliths and concurrent focal minor right kidney medullary mineral

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Without evidence of overt signs of cystitis, the visualized solitary to possible 2 small cystic calculi may not be a clinical issue. Continued urinary diet would be reasonable, although dissolution of the calculi, depending on type, may not be possible. Correlation with urinalysis monitoring +/- culture and sensitivity, if evidence of inflammatory cells, is suggested. No evidence of left or right pyelonephritis.

Recheck sonogram suggested if clinical signs of stranguria/dysuria or similar.





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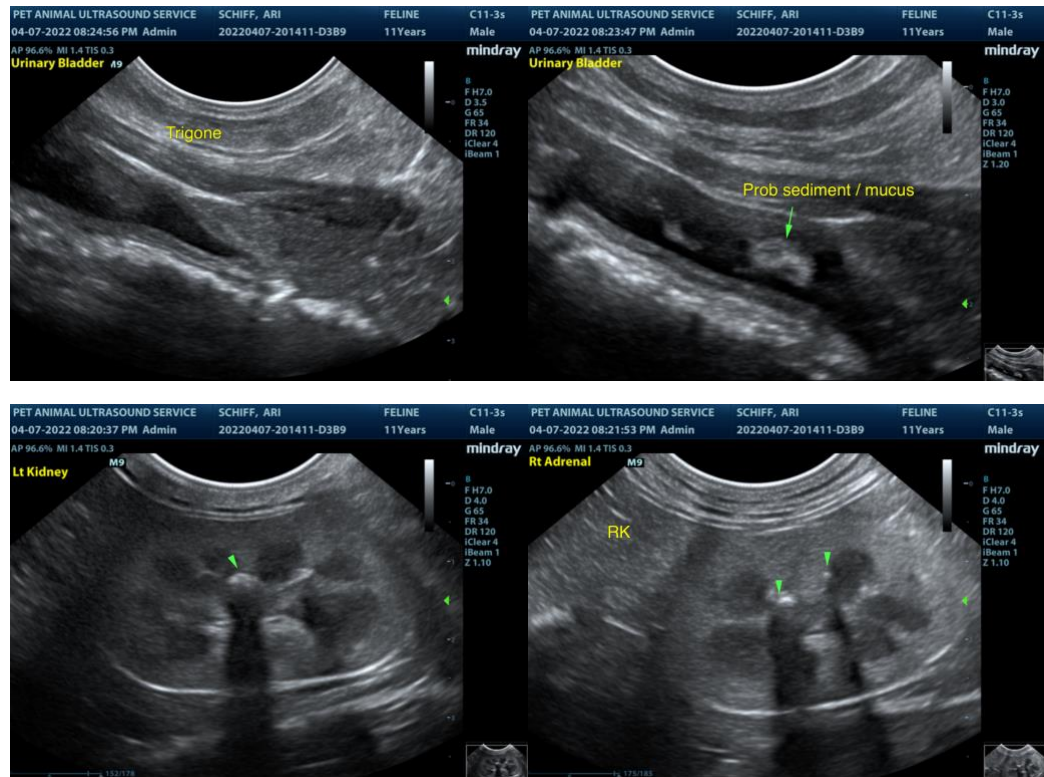
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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