

## PATIENT

Gypsy Wolfe

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

10 years

## WEIGHT

6.2 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah  
Barthelemy

## HOSPITAL NAME

Britannia Kingsland  
Vet Clinic

## REFERRING VET

Dr. Radcliffe

## INVOICE

10906

## DATE

5/21/26

## PRESENTING CLINICAL SIGNS

No clinical signs. Persistent hematuria in both cysto and free catch urine samples

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate urine sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Borderline bilateral renomegaly was noted in the kidneys with mild asymmetrical renal margination. Mildly thickened hyperechoic cortex was present with enhanced corticomedullary border demarcation. Adequate medullary volume was present. Pinpoint areas of medullary mineral were noted. No evidence of pyelectasia was noted in either kidney. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length.

### *Adrenal Glands*

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width and the right adrenal gland measured 0.48 cm width.

### *Spleen*

The spleen was borderline enlarged, measuring 1.1 cm width at the level of the mid-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.

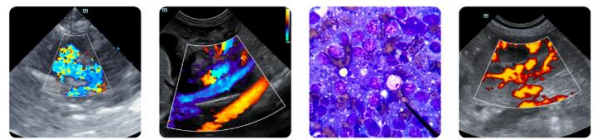
### *Liver/ Gallbladder*

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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.



## PATIENT

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

Gypsy Wolfe

## Pancreas

## SPECIES

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.

Feline

## BREED

## Free Abdomen

DSH

Visualized mesenteric lymph nodes were sonographically normal. No effusion was noted.

## SEX

## ULTRASONOGRAPHIC FINDINGS

FS

- Normal urinary bladder and visible proximal urethra with mild urine sediment
- Bilateral borderline / renomegaly exhibiting mild thickened hyperechoic cortex
- Borderline splenomegaly

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

There is no evidence of urinary bladder or urethral pathology indicating potential for renal hematuria. The kidneys may suggest nonspecific nephritis, such as interstitial nephritis or other. There is no evidence of renal neoplastic criteria, which is considered less likely. Urine C/S on a sterile urine sample to rule out infection is suggested if not done. Given that the patient is non-clinical, and if hematuria is microscopic without underlying infection, continued monitoring of renal parameters and urinalysis would be reasonable.

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Borderline splenomegaly suggests benign criteria and is potentially incidental or secondary to sedation if non-reported, incidental hyperplasia, hematopoiesis, or possible splenic inflammation. FNA cytology of the spleen may be considered if clotting status is appropriate and using a 25-gauge needle, if there is persistent splenomegaly or evidence of weight loss.

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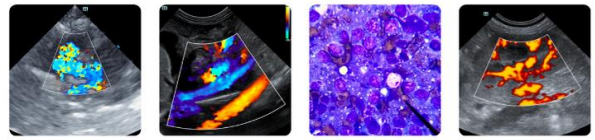
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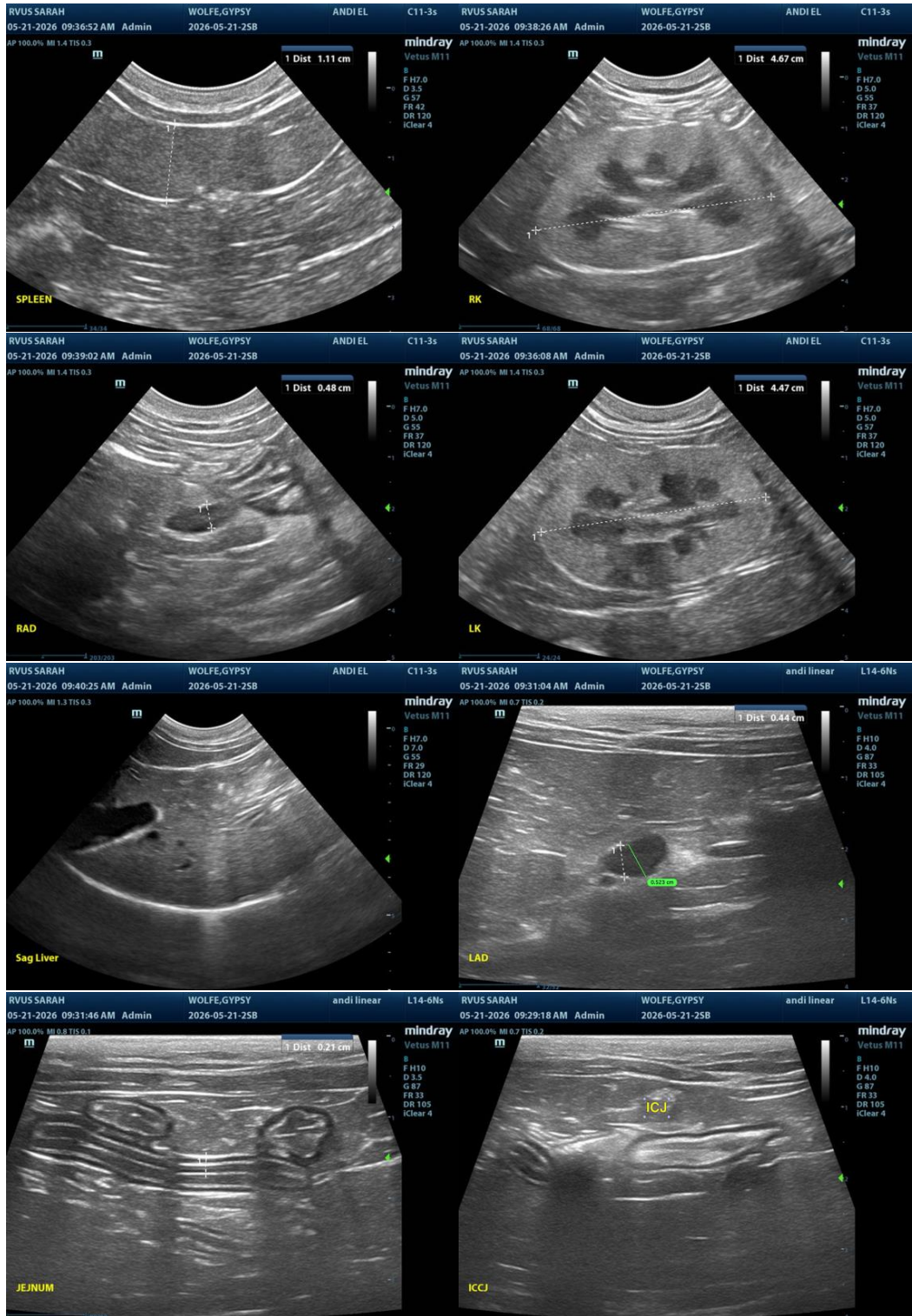
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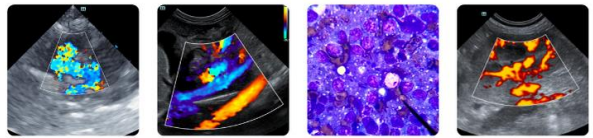
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)