

**PATIENT**

Dave Handford

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

8yr

WEIGHT

8kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Dr Caroline Tan

HOSPITAL NAMEWest Springs Vet
Hospital**REFERRING VET**

Dr Rachel McCann

INVOICE

25050

DATE

06/08/2026

PRESENTING CLINICAL SIGNS

P was a stray. Indoor now. Not on medication.
Intermittent hematuria is main symptom/ concern.
Quiet urine sediment and BCS neg
No reports of VD E/D normal
Abnormal PE/Chem/CBC/UA Results: Labs : unremarkable Urine Culture Neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate, primarily gravity dependent, particulate to hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and 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. Left kidney caudal cortical infarct present. The left kidney measured 4.2 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

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 mildly enlarged. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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 duct was mildly dilated; the common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



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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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.20 cm width.

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

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Pancreas

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.

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Free Abdomen

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

SEX

ULTRASONOGRAPHIC FINDINGS

MN

Primary

AGE

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- Sonographically normal urinary bladder /visible proximal urethra with urine sediment
- Left kidney cortical infarct
- Subjective mild hepatomegaly
- Normal gallbladder with mild non-obstructive cystic duct dilation
- Normal gastrointestinal tract with gastric ingesta- most consistent with food echogenicity

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of lower urinary tract pathology as a contributing factor to the patient's clinical signs. The left kidney cortical infarct is of unclear clinical significance and potentially incidental without evidence of additional bilateral renal pathology.

Given negative urine culture, urinary diet and empirical therapy for potential low-grade idiopathic cystitis may prove beneficial. Monitoring of renal parameters going forward is suggested. Concurrent monitoring of liver enzymes for evidence of cholestasis or inflammatory disease is suggested. Assessment of systemic BP +/- coagulation profile given left kidney cortical infarct is recommended.

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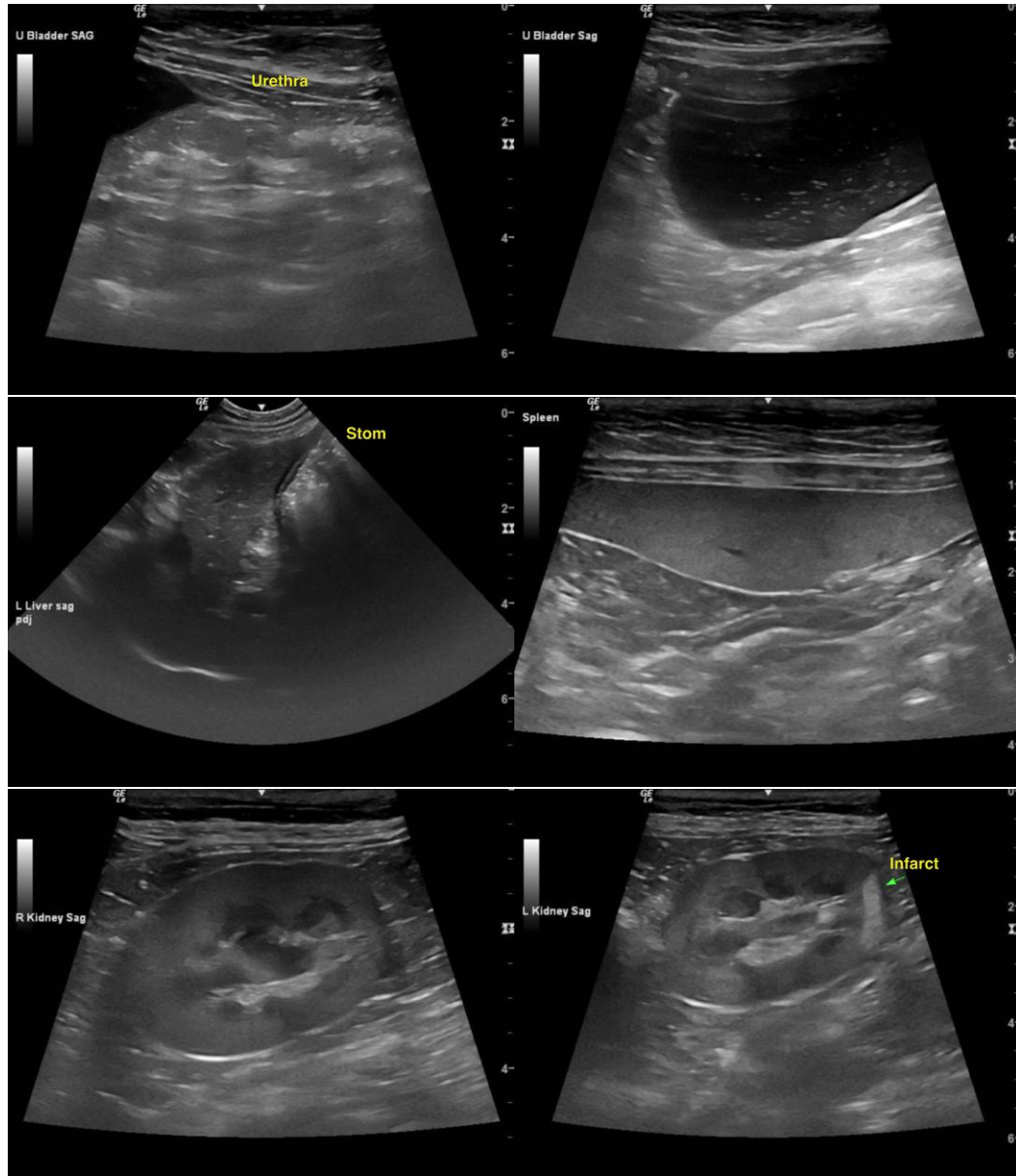
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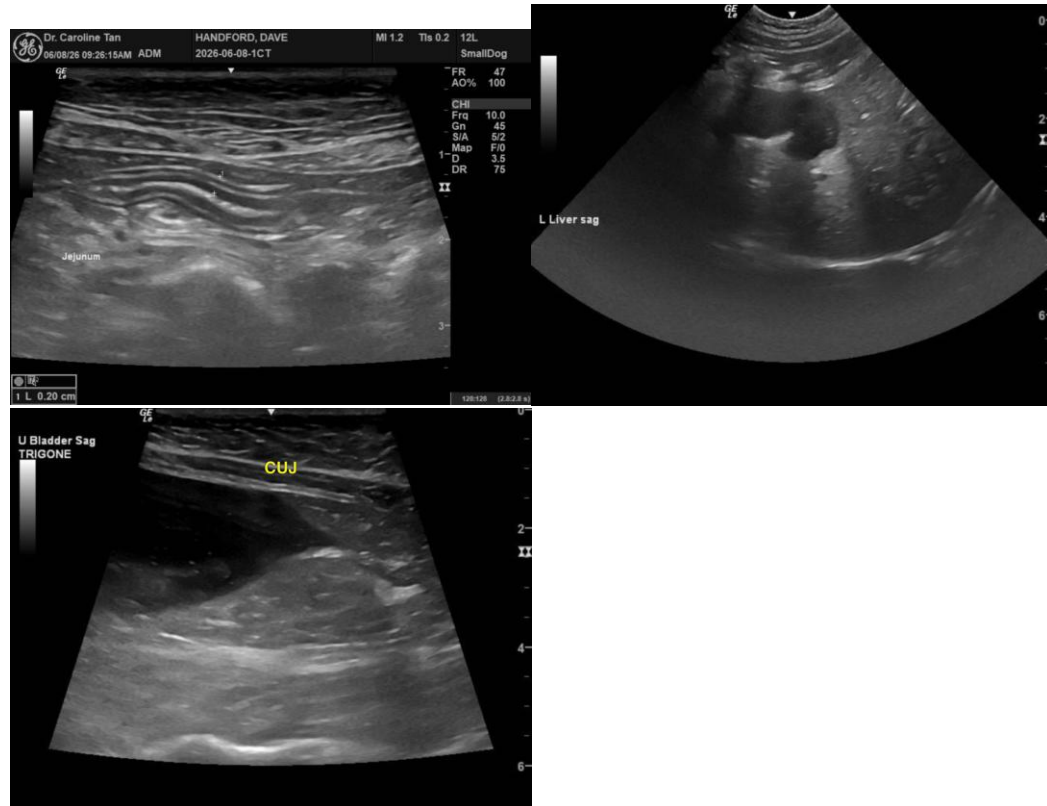
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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