



PATIENT

Minnie Sclisizzi

PRESENTING CLINICAL SIGNS

Minnie is a 3 year old spayed DSH presented for blood in urine for a few days, no straining. - Owner noticed small amount frequently.

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE ABDOMEN

Right/left lateral and ventrodorsal views of the entire abdomen and closeup view of the caudal abdomen and pelvis in left lateral position totaling 4 images available for review.

BREED

Domestic Shorthair

RADIOGRAPHIC FINDINGS

Wet fur artifact noted in the ventral and caudal abdomen.

SEX

Female

The urinary bladder is mildly distended. A 9 x 2.5 mm sized ovoid smoothly delineated mineral opacity is seen superimposed onto the urinary bladder consistently in the available images. No evidence of calculi throughout the pathway of the urethra or ureters is seen.

AGE

3 Years

No evidence of radiopaque calculi is noted associated with the kidneys.

Size, shape, and opacity of the liver are considered within normal limits.

The stomach is postprandial.

The small intestine presents aerophagia and hypersegmentation with no evidence of abnormal dilation or plication.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

A moderate amount of fecal matter is seen in the colon.

RADIOGRAPHIC DIAGNOSIS

- Radiopaque urinary bladder calculus.

HOSPITAL NAME

Beaches-Fallingbrook
Veterinary Clinic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings do support the presence of feline lower urinary tract disease with a radiopaque urinary bladder calculus likely to represent either struvite or oxalate. At this time, there is no evidence of lower urinary tract obstruction. Concurrent cystitis is considered likely. Consider further workup by means of ultrasound with sterile urine sampling and full urinalysis including culture and sediment as well as sediment/crystal analysis if not performed already.

REFERRING VET

Dr Sam Shahsavari

INVOICE

52686

DATE

7-4-22



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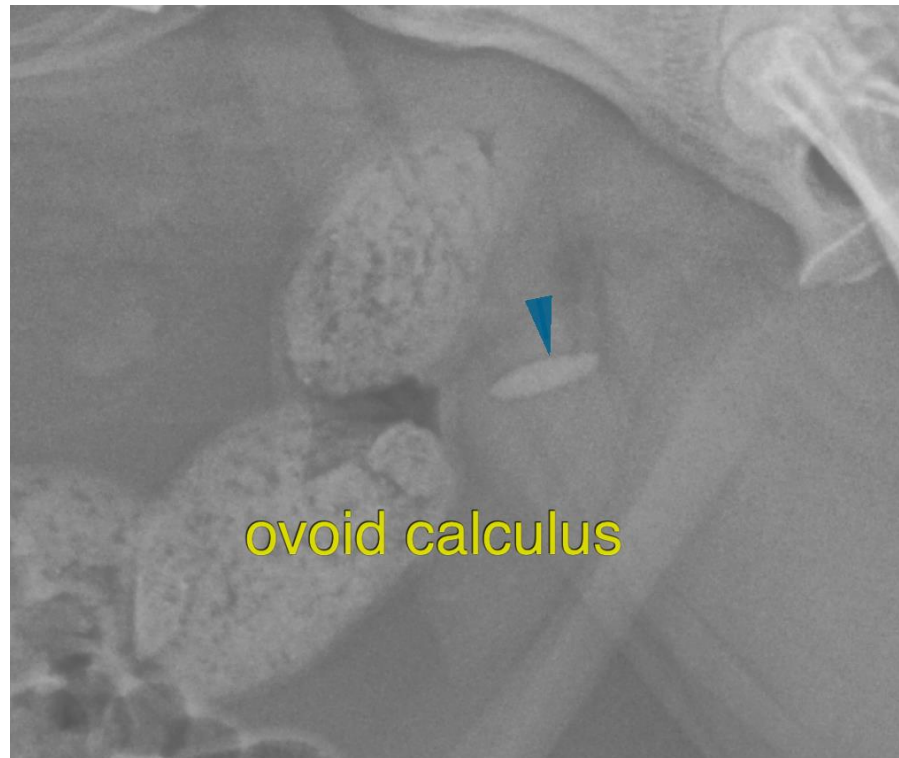
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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