



**PATIENT PRESENTING CLINICAL SIGNS**

**Samantha Errera** Reason for Visit: blood in urine History: 2 y 5 m domestic shorthair presented for having bloody urine. pet goes in a bathtub. today the urine did not appear bloody tinged but o had an apt anyway . indoor only. Pet was on Urinary S/O in February and they ran thru the special food and when finished went back on Purina . C/S/V/D: no E/D/U/D: wnl Diet: purina FAS Score: 2-3 super scared but sweet Current Medications (dose and frequency): no Heartworm Prevention / Flea Prevention: none Known Allergies and Medical Conditions: urinary issues Microchip ID: / No microchip

**SPECIES** Feline Abnormal PE/Chem/CBC/UA Results: Vital Signs Weight: 10.7 lbs Temp: pass HR: 168 RR: 42 MM/CRT: <2 p/m Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; clean no debris AU; No cough on tracheal palpation. Oral Cavity: mild dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Tense non painful abdomen Uro/Perineum: N

**BREED** DSH Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. BCS 5/9

**SEX** SF Neurological: Appropriate Fecal: Diagnostic Testing Needed: UA - qns, abd rads Declined

**AGE** 2 Years, 5 Months Diagnostics/Treatments: Findings: Assessment: hematuria r/o FIC, urolithiasis, UTI, other Treatment Plan: Treatment Declined: Prescriptions to Dispense: Dietary (food) Recommendations: Urinary SO Recheck Needed: Follow-up Care: Additional Comments: Discussed with Os that since we are unable to get a urine sample, recommend drop off so we can run a UA and do abd rads. Also Reminded Os to keep urinary diet in stock so there's no lapse since Ps hematuria coincides with stopping the urinary diet.

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

**INTERPRETED BY** Radiographs of the abdomen in two orthogonal imaging planes are provided for review.

**RADIOGRAPHIC FINDINGS**

The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity.

**REFERRING VET** Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

Dr. White

The stomach is in its anticipated position and presents normal content.

**INVOICE** 57312 The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

**DATE RADIOGRAPHIC DIAGNOSIS**

3-20-23 • Normal abdomen

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**  
DPC Veterinary  
Hospital



**PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Samantha Errera

The radiographic study of the abdomen presents without abnormalities, explaining the presenting clinical signs, there is no evidence of radiopaque calculi throughout the urinary tract. A potential here can be feline idiopathic cystitis, rule out renal hemorrhage (e.g. idiopathic renal hemorrhage) as source for the pigmenturia as well.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

SF

**AGE**

2 Years, 5 Months

**INTERPRETED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

Dr. White

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.

**INVOICE**

57312

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**DATE**

3-20-23