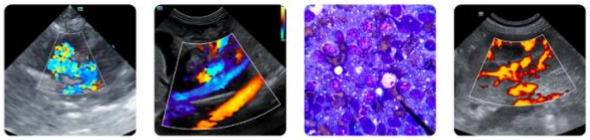

PATIENT

Ozzy Rivera

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years 4 Months

WEIGHT

11.75 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Daphne Flessas

HOSPITAL NAME

Millis Animal Hospital

REFERRING VET

Dr. Daphne Flessas

INVOICE

16823

DATE

06/19/26

PRESENTING CLINICAL SIGNS

Recurrent hematuria, no other concerns. Not responding to onsior or antibiotics.

Abnormal PE/Chem/CBC/UA Results: RBC 100+ in urine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The trigone and proximal urethra have a normal ultrasonographic appearance. No calculi are identified, and there is no evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 3.81x2.46 cm, with a cortical thickness of 0.38 cm in the sagittal plane. The renal cortex demonstrates slight diffuse hyperechogenicity. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.86x2.62 cm, with a cortical thickness of 0.40 cm in the sagittal plane. The renal cortex demonstrates slight diffuse hyperechogenicity. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

PRIMARY FINDINGS

- Scant suspended echogenic foci within the urinary bladder lumen.
- Mild bilateral renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urine is predominantly anechoic with scant suspended echogenic foci, likely representing cellular debris and/or microscopic hemorrhagic material.
No convincing ultrasonographic explanation for the patient's recurrent hematuria is identified. The urinary bladder, trigone, and proximal urethra appear unremarkable, with no evidence of cystic calculi, focal mural lesions, polypoid cystitis, or neoplasia.
Given the recurrent nature of the hematuria and the absence of a significant structural abnormality on the current examination, feline idiopathic cystitis is considered the main differential.

Mild bilateral cortical hyperechogenicity is present with preservation of normal renal architecture and corticomedullary definition. The clinical significance of this finding is uncertain and may represent mild or early renal change. No other significant renal abnormalities are identified.

Recommendations

- Urine culture is recommended if not previously performed.
- Environmental and stress-related factors should be reviewed, as feline idiopathic cystitis remains the main differential consideration.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.

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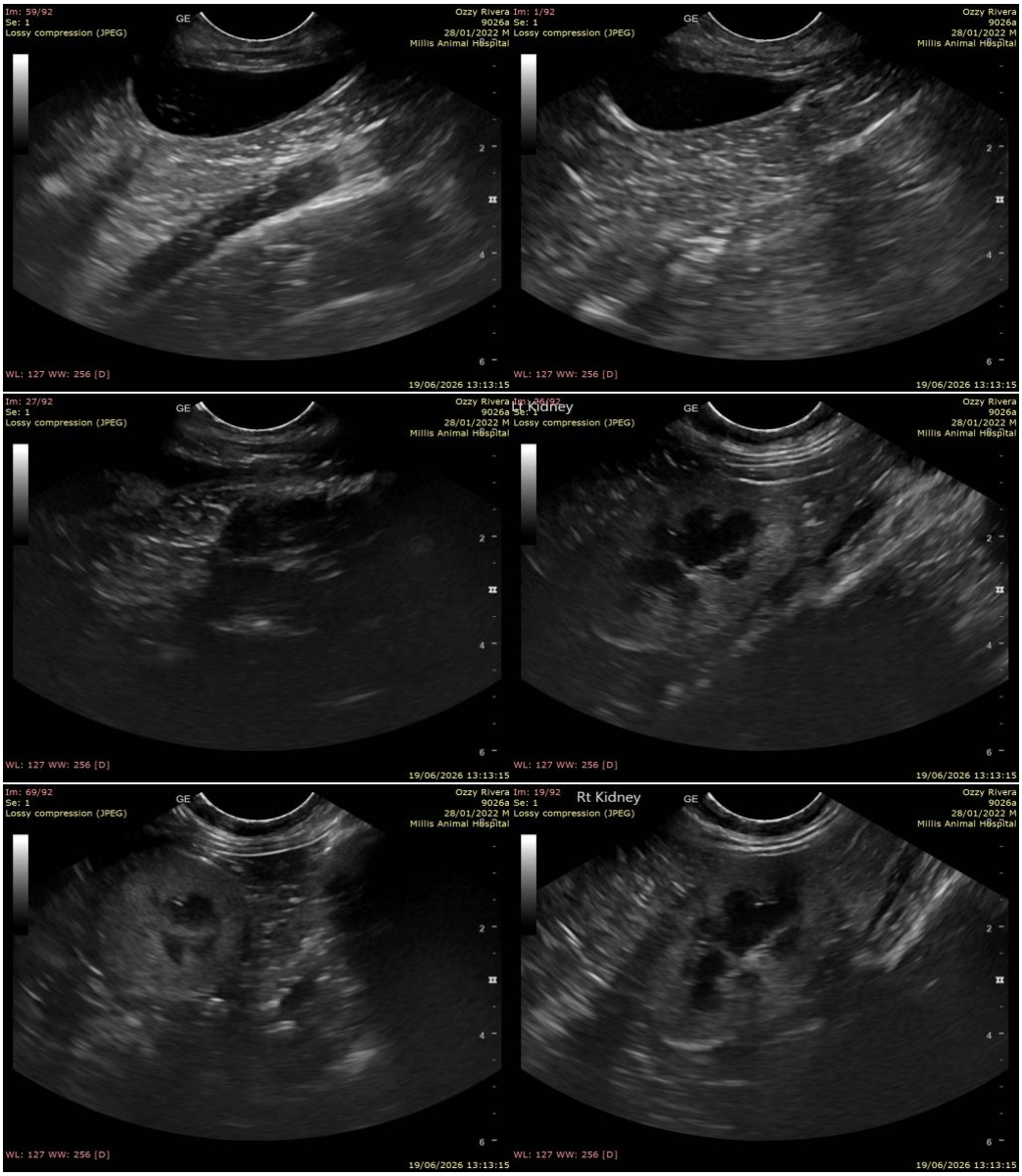

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com