

**DATE PRESENTING CLINICAL SIGNS**

2/4/2022 History: Hope presented on 1/27 for pollakiuria & stranguria. X-rays were taken and show possible stones in the bladder but can't tell for sure due to overlay of colon +/- small intestine. Not able to obtain a urine sample that day. Placed on Buprenex, Gabapentin and Prazosin but still straining. U/A brought in today, shows a lot of wbcs.

**PATIENT**

Hope Schmidt Current Medications: gabapentin 12.5mg po BID, Buprenex 0.1ml bid, Prazosin 0.5mg BID.  
Lab Results: U/A had s.g.=1.040, dipstick neg for blood, pH=6.5, sed: TNTC wbcs, few crenalated rbcs (kit4cat sample).

**SPECIES**

Feline Radiographs: Attached separately.  
Date of Previous IntraPet Ultrasound: 7-30-2019.

**BREED**

DSH Sedation: Torbugesic IV.  
Stat Report: Not requested.  
Imaging Performed By: Stephanie Pearce RDCS, RVT.  
\*\*This study was limited to the urinary tract. There is a potential for pathology in organs that were not visualized.

**SEX**

Spayed Female

**LIMITED ULTRASONIC EXAMINATION**

**AGE**

7-1-2008 The urinary bladder is mildly distended. The wall is variably thickened (up to 0.49 cm) with at least polypoid-like lesion arising from what appears to be the dorsal wall. The walls in the region of the cystourethral junction are thickened and slightly irregular. A small to moderate amount of echogenic debris is observed within the lumen. No cystic calculi are seen. The proximal urethra is thickened (0.53 cm in diameter).

**WEIGHT**

6lb 3oz. The left kidney is small in size (3.04 cm in length) with a normal shape and smooth peripheral contours. There is poor corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
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(Small Animal  
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The right kidney is normal in size (3.51 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

Cat Sense Feline  
Hospital

- The bladder wall changes are most consistent with polypoid cystitis/urethritis. However, infiltrative neoplasia cannot be completely excluded.
- Bilateral degenerative renal changes with nonobstructive nephrolithiasis.

**REFERRING VET**

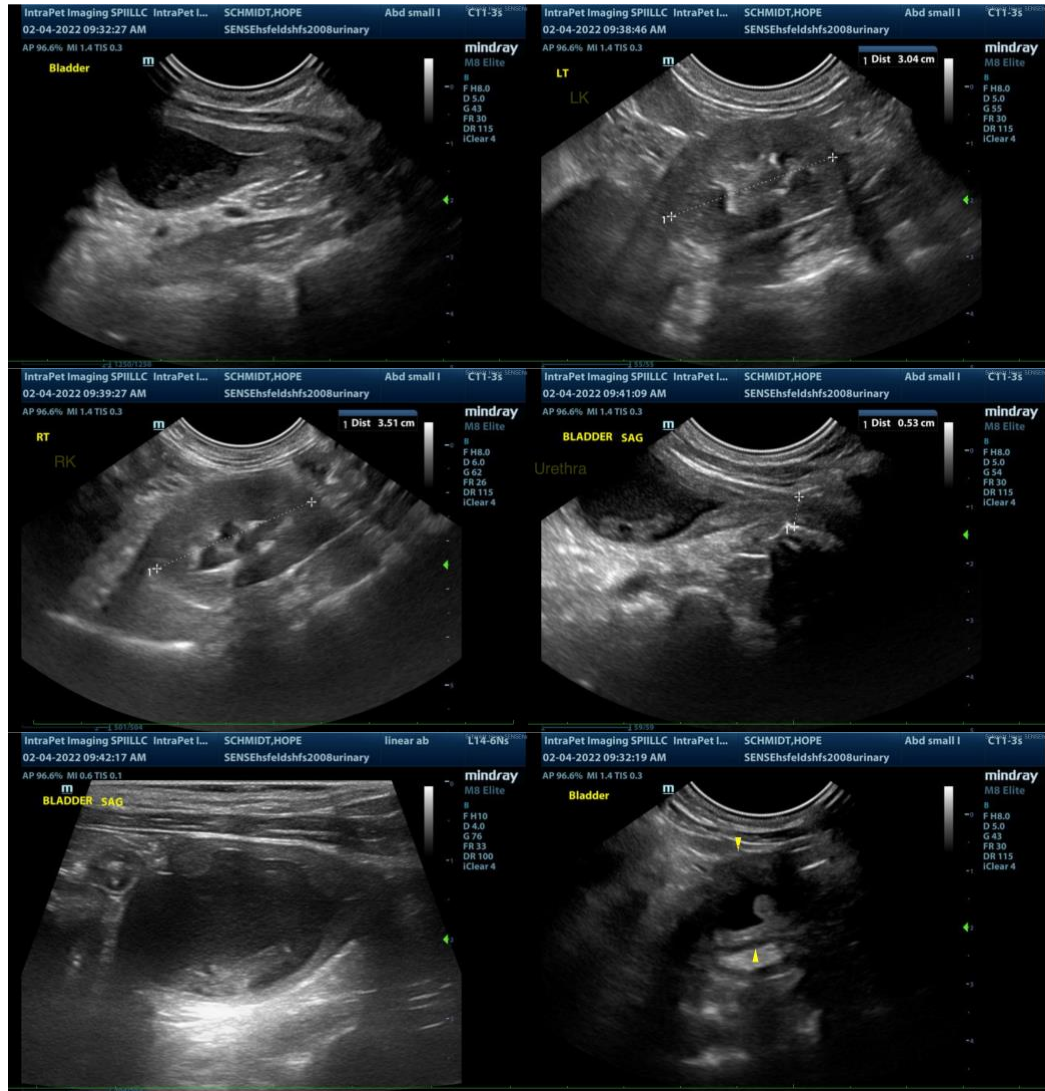
Dr. Sinclair

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urine culture and sensitivity is recommended. Consider empirical treatment for a urinary tract infection while awaiting test results. If clinical signs persist, consider a bladder wall biopsy to rule out neoplasia.

**INVOICE**

10284



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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