



**PATIENT**

Delilah MacAskill

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

7.2 kg

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hamilton Region  
 Emergency Clinic

**REFERRING VET**

Dr. Pask

**INVOICE**

12058

**DATE**

11/04/25

**PRESENTING CLINICAL SIGNS**

Presented today for blood in urine and history of chronic vomiting which has been increasing with frequency lately. She is indoor only and lives with one other cat who is acting normal. PE - No lip smacking or drooling but occasional exaggerated swallow, not wanting to walk around exam room but sitting and standing normally, blood present at vulva, slightly tense on abdominal palpation but tough to assess bladder due to BCS. Start Clavaseptin

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is subjectively mildly thickened with a hyperechoic and irregular mucosal layer. The bladder lumen is minimally distended with anechoic urine and a mild amount of suspended echogenic debris. There is at least one hyperechoic shadowing urolith within the urinary bladder apex. The visible trigone and proximal urethra appear patent with no overt evidence of obstruction.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 4.1 cm. The right kidney measures 4.66 cm.

**Adrenal Glands**

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.47 cm. The right adrenal gland measures 0.45 cm.

**Spleen**

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 0.90 cm at the hilus.

**Liver**

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

**Gastrointestinal**

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no



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evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

**Pancreas**

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

**Free Abdomen**

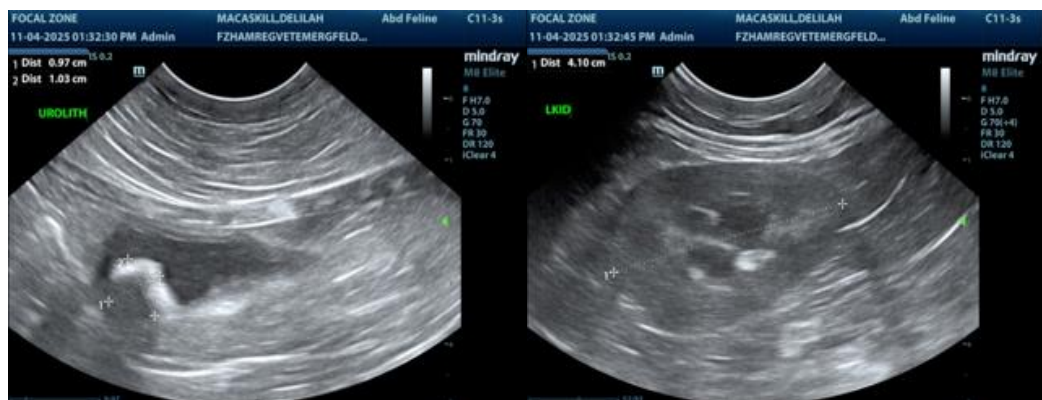
There is no significant lymphadenopathy or free fluid.

**ULTRASONOGRAPHIC FINDINGS**

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- There is thickening of the cranioventral and craniodorsal urinary bladder wall with mucosal changes and echogenicity consistent with suspended debris. This is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathology but is not overtly suspected based on this pattern.
- There are multiple uroliths within the urinary bladder lumen with acoustic shadowing. Depending on the nature of some stones, they may be dissolved with diet change alone. Others require surgical intervention. Many stones require analysis after cystostomy in order to ascertain the composition, as well as identify concurrent bacterial infection that can be undetected on urine culture alone.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection. Also consider a cystostomy with stone analysis and culture for further evaluation and long term management of the urinary stone formation.





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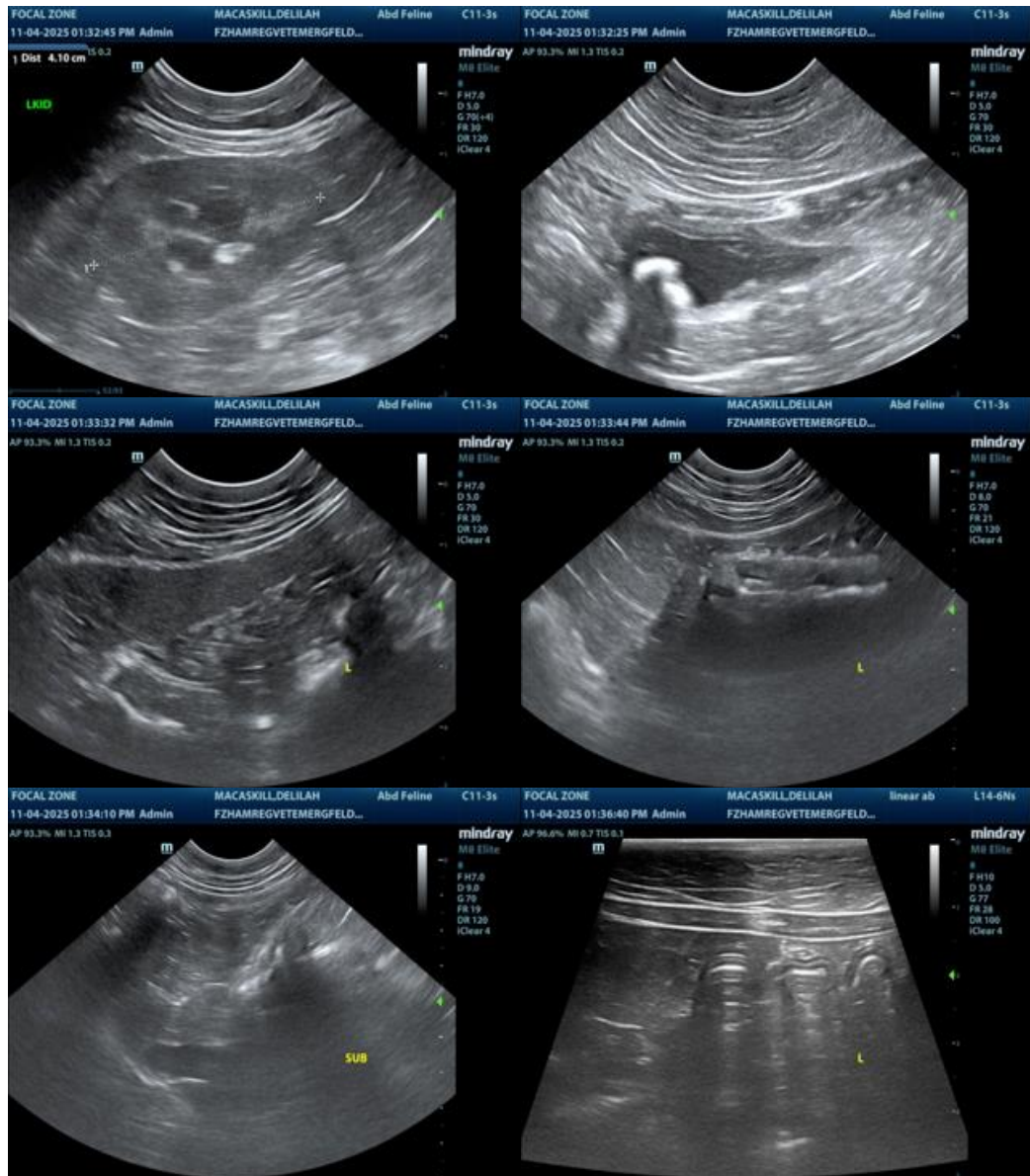
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Bradley Harris, DVM, DACVECC, DACVIM (cardiology)**

[info@SonoPath.com](mailto:info@SonoPath.com)



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