



DATE PRESENTING CLINICAL SIGNS

11/18/25

Patient History: Presented 10/17/25 for urinating blood outside of box. PE WNL. BW WNL. UA by cystocentesis hematuria 3+, SpG 1.030, proteinuria 3+. Started on marbofloxacin for UTI. O noted initially didn't seem to improve and recheck scheduled for 3 days later on 11/11/25. At recheck, O noted no inappropriate urination on that day and no obvious blood. However, urine obtained by cystocentesis for MiDOG PCR showed a significant amount of highly visible blood. PCR showed no bacterial or fungal growth.

PATIENT

Barney Betz

SPECIES

Feline

Current Medications: 10/17/25- marbofloxacin 25mg - 1 tab PO q24h x 10 days

Labwork Results: Labwork attached, reported as: 10/17/25 - CBC/CHEM/T4: WNL - UA: hematuria 3+, proteinuria 3+, SpG1.030. 11/11/25 - MiDOG Urine PCR: no bacterial or fungal growth

Date of Previous IntraPet Ultrasound: No previous.

BREED

DSH

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

7/16/14

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as dependent mineral "sand" (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or discrete definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

WEIGHT

12 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Left is normal size at 3.86 cm. Right is normal size at 4.13 cm. The changes are most characterized by several subtle chronic infarcts bilaterally.

HOSPITAL NAME

Chadwell Animal
Hospital

Adrenal Glands

The right adrenal gland is normal in size (0.40 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Mengers

The left adrenal gland is normal in size (0.26 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

INVOICE

71921

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in

echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Moderate amount of echogenic urinary bladder mineral/sand debris.
- Subtle chronic kidney disease changes/chronic infarcts bilaterally.
- Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A heavily sedated/anesthetized urinary bladder flush/voiding urohydropropulsion could be considered both as a therapeutic to remove as much of the mineral debris as possible, as well as a diagnostic to submit the debris for analysis.

In the meantime, in the face of negative urine culture(s) and no cystoliths, masses, etc., these urinary signs could be, at least in part, consistent with sterile cystitis or feline lower urinary tract disease (FLUTD).

Recommendations include maximizing water consumption (water fountains, canned food, etc) as well as reducing stress (recommendations can be found at Indoor Cat Initiative out of The Ohio State University CVM). Transition to a urinary health diet such as Royal Canin Urinary SO (or similar) could also be considered.



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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