



**PATIENT PRESENTING CLINICAL SIGNS**

Hio Rodriguez

Patient with a history of urinary problems and difficulty urinating and the patient was hospitalized at another facility about a month ago. Two weeks ago presented with a history of straining to urinate and spending more time in the litter box. When presented the bladder was very small and no urine was available to evaluate. Gave a convenia injection and started a urinary diet, but did not improve. As Pt did not improve during the follow up visit and the bladder was small again, we kept overnight on maintenance IV fluids and a focal urinary ultrasound was done. Urine was collected for U/A and culture and it is pending.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

Abnormal PE/Chem/CBC/UA Results: PE: Small bladder, but feels firm. No pain or discomfort on abdominal palpation. U/A and urine culture pending

**SEX**

Neutered male

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were diffusely thickened with slightly irregular mucosa but maintenance of wall layering. There was a large accumulation of irregular debris in the apex of the bladder giving a mass effect in some views, which changed and moved during the study most consistent with urinary bladder debris. The ureters were not visible which is normal. Mobile and gravity dependent debris was present in the urinary bladder.

**AGE**

4 years

**WEIGHT**

10.3 lbs

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 4.5 cm. The left kidney measured 4.31 cm.

**INTERPRETED BY**

Dr Brittany Sinclair, BVSc(hons), DACVECC

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

1. Cystitis and urinary bladder debris

**IMAGING PERFORMED BY**

Dr. Ferrer

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Paseos VC

Urinary bladder appearance is most consistent with cystitis causing focal decreased wall layering and mobile urinary bladder debris. Mass like appearance of debris changes throughout the study consistent with debris rather than a true mural mass. This patient likely suffers from feline lower urinary tract syndrome. Urine culture and sensitivity is warranted to treat any underlying infection properly, with repeat culture at the end of antibiotic treatment to ensure clearance. Ultimately FLUTS is most often a sterile process which can be difficult to control. Stress reduction is important and pheromone therapy (Feliway) or anxiolytic medications (gabapentin, fluoxetine, etc) may be of use. Promotion of increased water intake with canned food and access to water fountains and urinary health diets (hills c/d, royal canin urinary S/O, purina proplan UR, etc) may be useful but must be fed exclusively to be effective. Increasing the number of litter boxes and being fastidious about changing the litter, as well as placing litter boxes in stress free areas, away from other pets, high traffic areas or noisy appliances can be helpful.

**REFERRING VET**

Dr. Ferrer

**INVOICE**

42786

**DATE**

2/14/23



**PATIENT**

Hio Rodriguez

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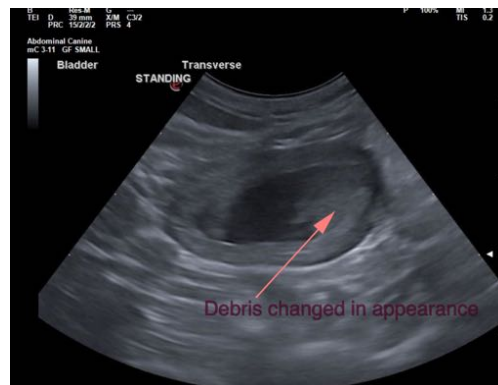
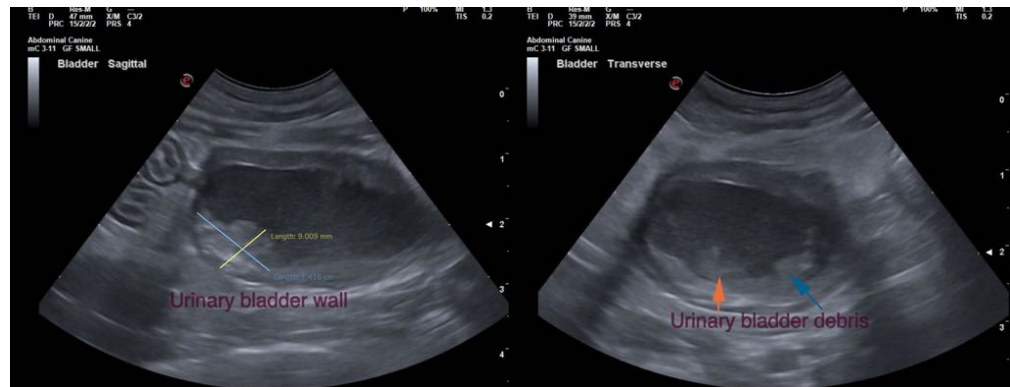
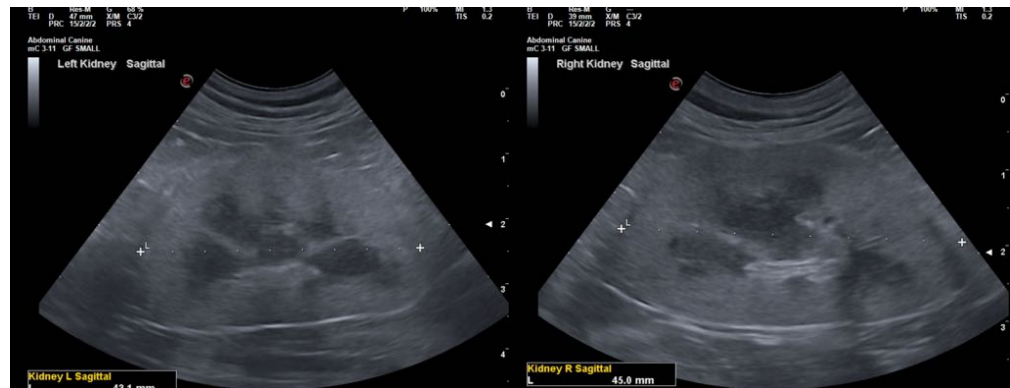
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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