



PATIENT

Lucy Bali (Ball)

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 years

WEIGHT

5.8 kgs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Glamorgan AC

REFERRING VET

Dr. MacAulay

INVOICE

11771

DATE

4/22/2026

PRESENTING CLINICAL SIGNS

Incidental hematuria, symptom free at home. No known history of UTI, urine sample will be collected for CS and full urinalysis. Investigating prior to anesthetic booked on May 12th.

Abnormal PE/Chem/CBC/UA Results: UA attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic background but contained a small amount of non-shadowing hyperechoic debris, suspended within the urine. The urinary bladder maintained a normal wall width, with an average width of 0.1 cm. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. There was a small hyperechoic region in the caudal pole of the right kidney, consistent with a renal infarct. Left kidney measures 4.18 cm, and the right kidney measures 4.28 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. Left adrenal measures 0.9 cm x 0.37 cm, and the right adrenal measures 0.59 cm x 0.46 cm.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas



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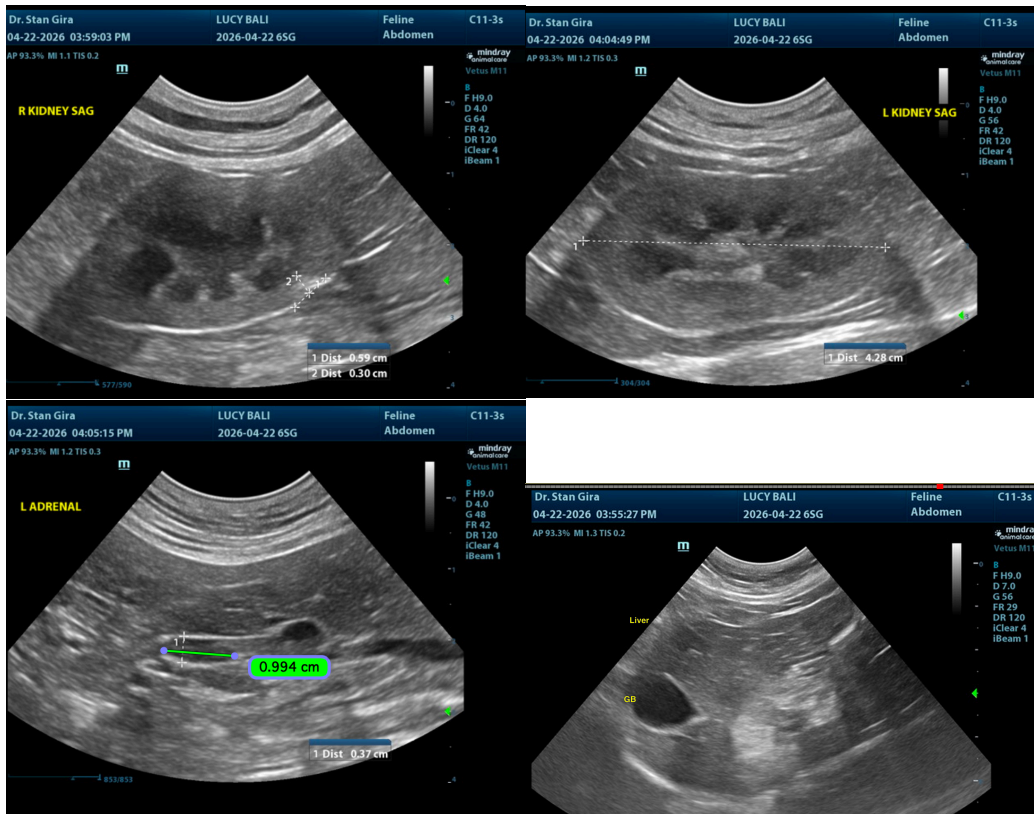
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- A hyperechoic renal infarct in the caudal pole of the right kidney.
- Small amount of hyperechoic non-shadowing debris within the urine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient did not have any architectural changes within the bladder or kidneys to explain the presence of hematuria. There is a concern that the hematuria may be secondary to feline idiopathic cystitis. A cystocentesis, urinalysis, and urine culture are currently pending and may provide additional insight in ruling out the presence of an underlying urinary tract infection. In management of feline idiopathic cystitis, it is important to decrease any identifiable household stress and improve litter pan hygiene and increase the number of litter pans available. Increased water consumption by providing a water fountain is also recommended. Changing the diet to a full canned diet with lower carb profile, or canned urinary diet can also be of benefit. Decreasing any pain with the use of gabapentin or adding a glucosamine supplement can also be an additional option in these patients. Other options to consider can be antianxiety medication and the use of Cerenia can be considered.





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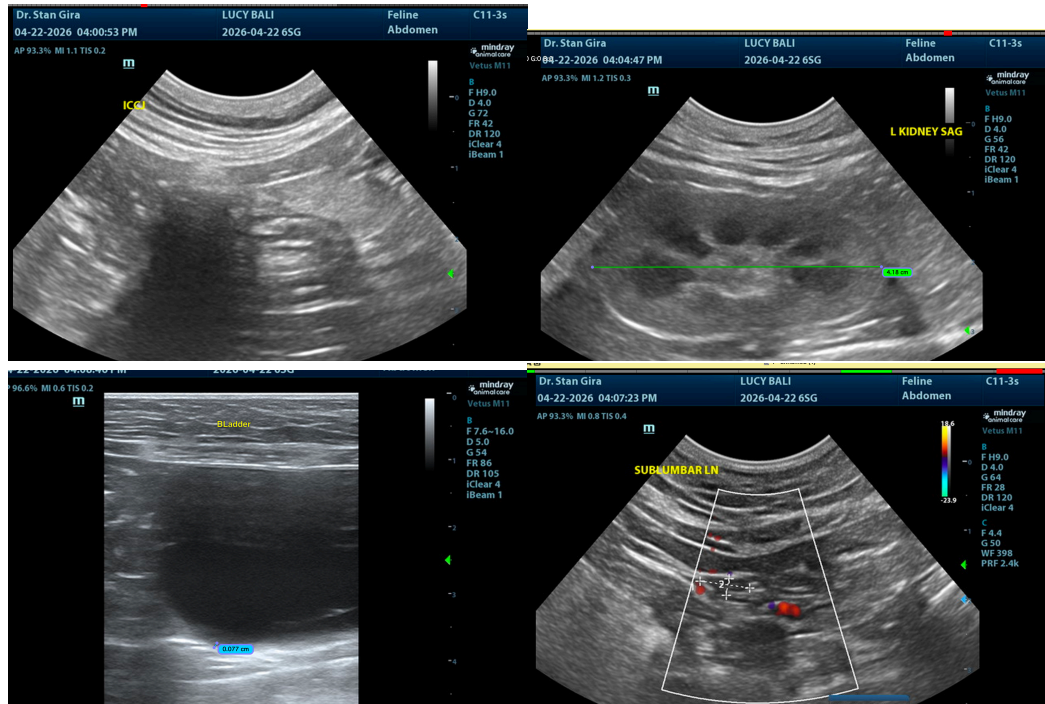
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

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