


**DATE PRESENTING CLINICAL SIGNS**

3/17/26

**Patient History:** Presented 02/19/2026 for straining to urinate, only producing small amounts of urine. Frequent trips to the litter box. No large clumps. Urine appeared clear. Owner did not want to pursue BW due to Phil's age but approved UA/Sediment to evaluate for UTI/crystals. 03/03 - owner reported Phil was still straining, seems uncomfortable, blood in the urine. History of Diabetes Mellitus and Hyperthyroidism. Medically managed well (see meds and doses below)

**PATIENT**

Phil Breier

**SPECIES**

Feline

**Current Medications:** Methimazole 2.5 mg BID one day then 5 mg AM and 2.5 mg PM next day. Lantus 1.5 units BID. Convenia was given 02/19/2026 for suspect secondary UTI

**Labwork Results:** Labwork not attached, reported as: 02/19/2026- UA/Sediment (cysto) - 1.030, leukocytes 3+, 2+ glucose, ketones neg, 1+ protein, pH 5.5, few cocci, few squamous epithelial cells and other epithelial cells.

**BREED**

DSH

BG WNL, Neg Ketones. FAST scan of the bladder revealed irregular, scalloped bladder wall. 01/2/2026 - T4 4.2 (WNL)

**SEX**

Neutered Male

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** Not requested.

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

**AGE**

7/12/05

**LIMITED ULTRASONOGRAPHIC EXAMINATION**
**Urinary System**

The urinary bladder is moderately distended with mildly echogenic urine. Additionally, there is some dependent echogenic debris visualized, and the bladder wall appears mildly thickened and slightly irregular, measuring at 0.39 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

**WEIGHT**

6.9 lbs

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

The left kidney has a normal shape and size (4.29 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of surrounding free fluid, but mild inflammation surrounds the kidney. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**HOSPITAL NAME**

Pleasantville Animal  
Hospital

The right kidney has a normal shape and size (4.4 cm) with pyelectasia at 0.81 cm, and mild hydroureter, with the ureter measuring at 0.28 cm proximally and 0.25 cm approximately 2-3 cm distal to the kidney, where it is lost to visualization. There is some echogenic debris visualized in the renal pelvis. Overall renal echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of surrounding free fluid, but mild inflammation surrounds the kidney. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

**REFERRING VET**

Dr. Goumaris

**ULTRASONOGRAPHIC FINDINGS**
**INVOICE**

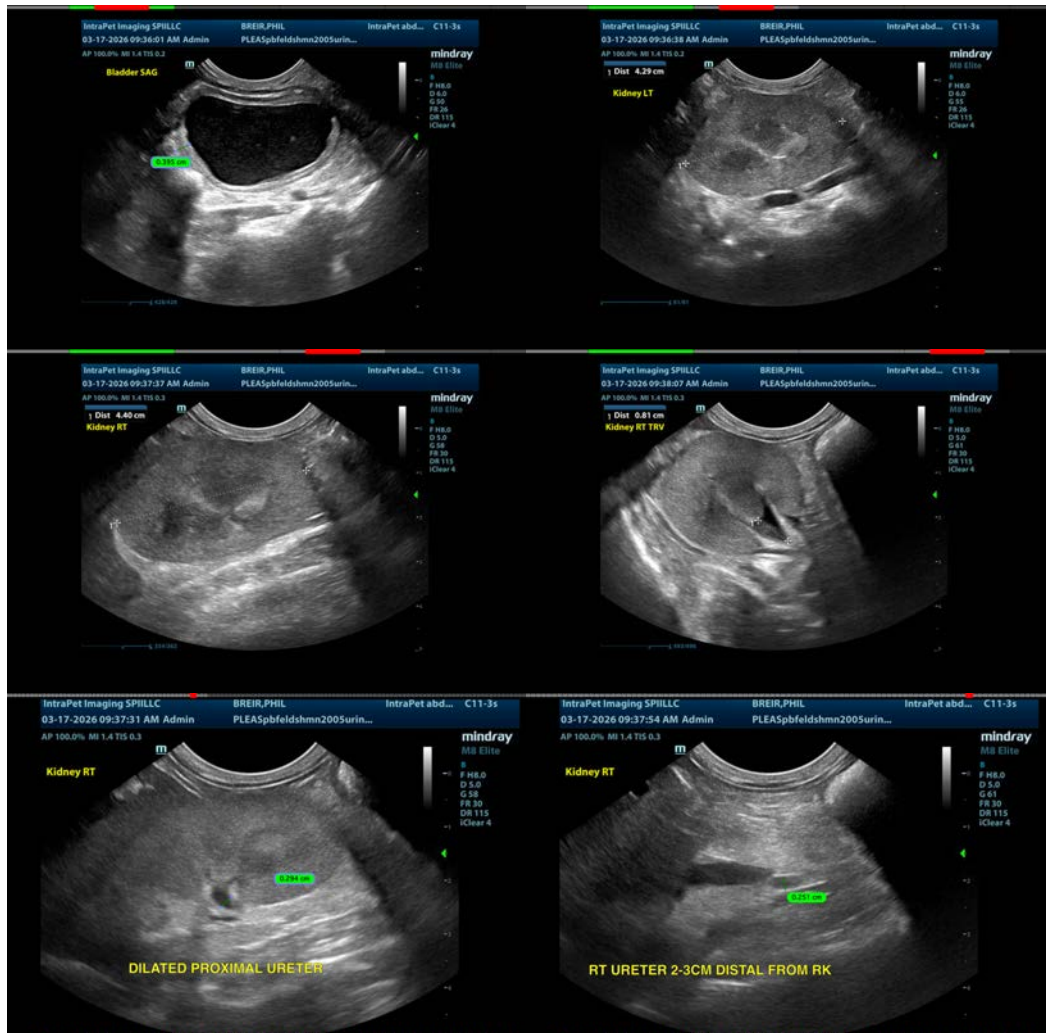
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- Mildly thickened, irregular urinary bladder wall with suspended and echogenic debris – Findings are most consistent with cystitis. An early neoplastic process cannot be ruled out.
- Age related changes visualized associated with both kidneys.
- Right renal pelvic dilation and mild hydroureter with intraluminal debris and inflammation surrounding both kidneys – Findings could be consistent with pyelonephritis. A partial obstruction such as a stricture of the ureter, etc. cannot be ruled out.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is generalized inflammation visualized around both kidneys, and the right kidney has evidence of significant pyelectasia with some echogenic debris and mild ureteral dilation. Based on the patient's current diagnosis of diabetes, there would be an increased risk for cystitis/pyelonephritis. Recommend a urine culture (when the patient is off antibiotics), and treatment for pyelonephritis. Current bloodwork is recommended to look for azotemia, electrolyte abnormalities, evidence of sepsis, etc.

If symptoms are persistent, consider repeat imaging. Additionally, consider repeat imaging of the right kidney, looking for progressive renal pelvic dilation in the case of a stricture or other obstructive process. The urinary bladder should be reassessed, looking for any progressive irregularity that could indicate a more significant abnormality.





**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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