



PATIENT

Nigel Fortin

SPECIES

Feline

BREED

DSH

SEX

Neutered Mae

AGE

3.5 Years

WEIGHT

4.8 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

72121

DATE

1/12/26

PRESENTING CLINICAL SIGNS

1 week duration pollakiuria and growling/hissing while urinating. Not eating. Lethargic/hiding. History of FIP as a kitten, fully recovered after the injectable protocol. No issues since then. Indoor only.

Abnormal PE/Chem/CBC/UA Results: QAR, mild fever 103. Small/empty bladder with pink urine around prepuce. - CBC: Hct 26% (L), inflammatory leukogram WBC 15k, Neut 11.53k (H), rest NSF. - Chem10: All WNL. Crea 1.2, Alb 2.9, Glob 4.2 - EPOC: K 3.4, Glu 150, Hct 25%, rest NSF. - UA: USG 1.026, pH 6.5, sediment: WBC 15/HPF, RBC 12/HPF, rods present, no crystals noted. (Dipstick not performed, insufficient sample) - Urine culture pending - Lateral abdominal rad: No radiopaque stones in bladder, kidneys, or ureters. No gas noted in bladder lumen.

LIMITED ULTRASONOGRAPHIC EXAMINATION

The submitted study contains 18 videos of the urinary tract only.

Urinary System

The urinary bladder was non-distended with urine. Minimal anechoic urine present. Diffusely thickened urinary bladder wall exhibiting mild non-homogeneous mural echogenicity. An area of suspect luminal surface to potential entrapped hyperechoic to subtle shadowing sand/mineral noted in the area of the ventral apical urinary bladder. No evidence of obstruction to urine outflow. Thickened urinary bladder wall measured 1.2 cm in width. The urethra was overtly normal in structure and tone to a depth of 3.0 cm. Surrounding pericyclic hyperechoic omentum and minor effusion noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 4.3 cm in length. No evidence of left or right hydronephrosis.

ULTRASONOGRAPHIC FINDINGS

- Empty yet markedly thickened urinary bladder, suspect ventral apical luminal surface of potential entrapped sand/mineral.
- Associated pericyclic inflammation.
- Bilateral normal kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder is most consistent with significant to chronic cystitis i.e., inflammatory, infectious, or potential granulomatous cystitis, given patient history. Urinary bladder neoplasia is thought less likely, given the patient age, yet not definitively excluded. Correlation with pending urine culture and sensitivity is recommended. Urinary bladder biopsies required for definitive diagnosis.

Empirical therapy for UTI pending urine culture and sensitivity with supportive care for significant cystitis with clinical and as needed sonographic monitoring is recommended.



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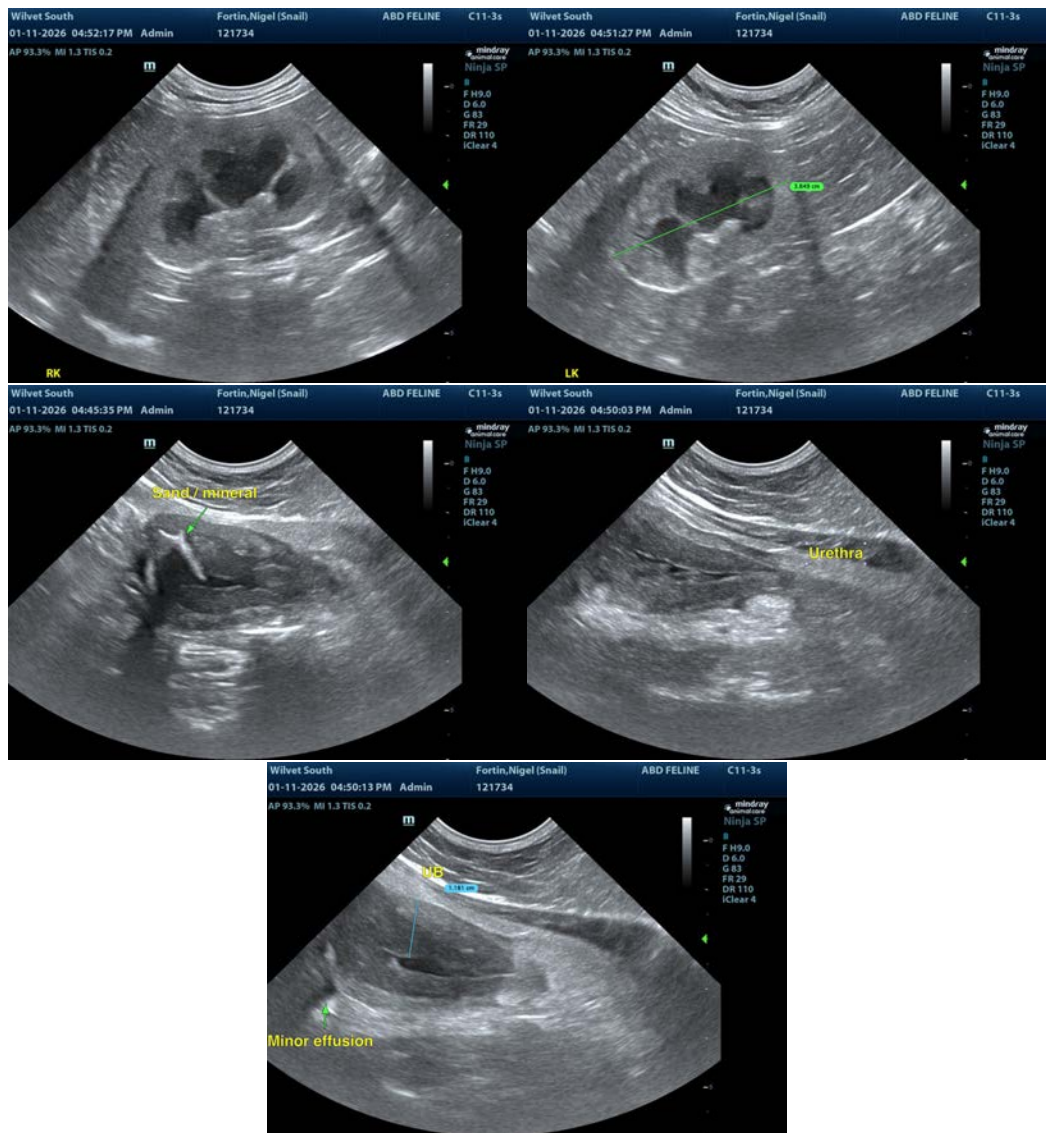
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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