



PATIENT

Salem Holocomb

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

9.94 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Anne Todd

INVOICE

13265

DATE

01/20/26

PRESENTING CLINICAL SIGNS

- -Cystitis diagnosis 2 weeks ago, not started on Rx diet.
- -Hematuria and stranguria today
- Current Medications: Onsior 6mg SID

UA: -proteinuria -hematuria -pyuria -Unclassified crystals no rads at this time.

LIMITED ULTRASONOGRAPHIC EXAMINATION

Urinary System

The urinary bladder was normal in size and tone. Generalized mild thickened urinary bladder wall exhibiting homogenous mural echogenicity and primarily symmetrical surface contour. The urinary bladder wall measured 0.34 cm wall width. Anechoic urine was present with suspect probable accumulated sediment to blood clot measuring approximately 1.2 cm x 0.72 cm. Color doppler assessment of the suspect accumulated sediment/blood clot did not overtly pick up intralesion blood flow. Concurrent mild to nondependent to mobile sediment and focal areas of lumen mineral. No evidence of pathology in the area of the trigone or cystourethral junction. The urethra was normal in structure and tone to a depth of 3.0 cm.

The pericyclic area was free of pathology or inflammation.

Normal size and margination was 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 pyelectasia. The left kidney measured 4.1 cm in length. The right kidney measured 4.5 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Cystitis with probable accumulated urine sediment/blood clot and mild medullary mineral.
- Normal bilateral kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, urine culture and sensitivity on sterile urine sample is recommended. Minor potential for non-obvious urinary bladder mass thought less likely. Empirical therapy for cystitis and UTI pending urine culture and sensitivity results or empirically with clinical and as needed sonographic monitoring of the urinary bladder is recommended.



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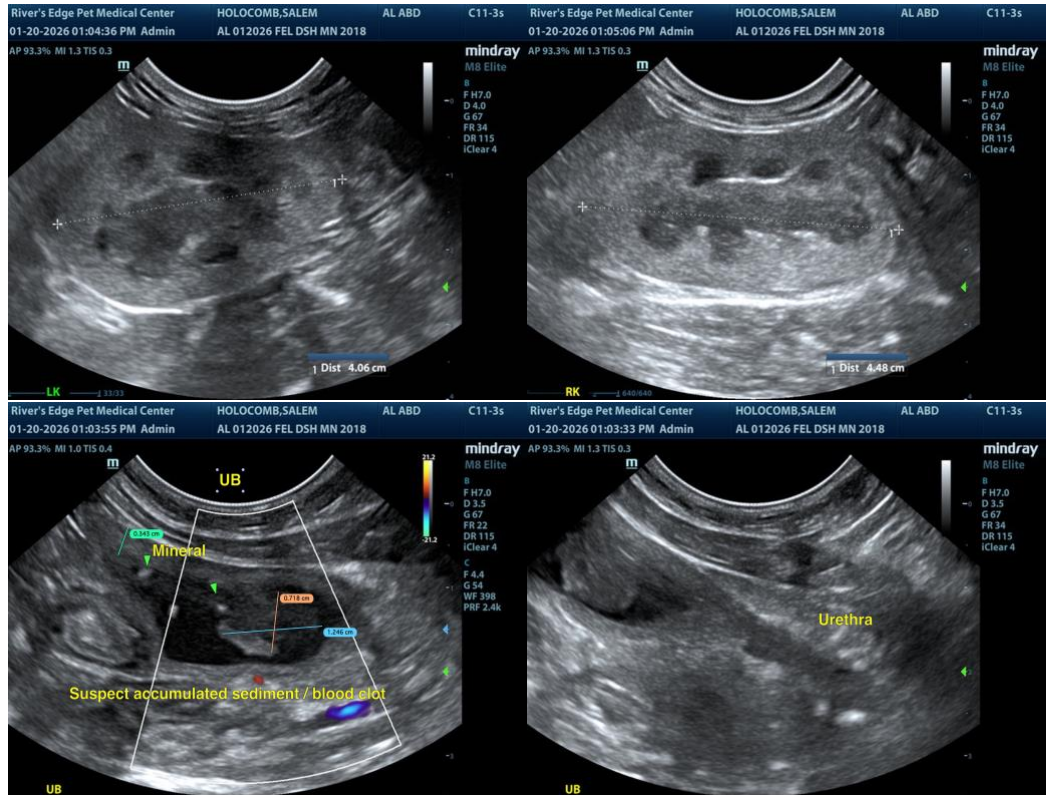
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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