



PATIENT

Yue Milligan

SPECIES

Feline

BREED

Tortoiseshell

SEX

Spayed Female

AGE

10 Years 10 Months

WEIGHT

12 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook –
SDEP Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

35184

DATE

1/28/22

PRESENTING CLINICAL SIGNS

Presents for hematuria
Abnormal PE/Chem/CBC/UA Results: Urinalysis shows marked blood, no bacteria seen (See attached)

LIMITED ULTRASONOGRAPHIC EXAMINATION

Urinary System

The urinary bladder was normal in size and tone. Subtle wall thickening noted in the ventral apical and dorsal apical bladder. Anechoic urine present with moderate non-dependent to congealed, particulate to hyperechoic sediment with evidence of pinpoint mineralization. Mild dependent mineral also suspected along with concurrent mucus. Evidence of formed calculi was not present. No overt evidence of neoplastic urinary bladder criteria. The urethra exhibited normal structure and tone to a depth of 1.0 cm. No overt pathology in the area of the iliac trifurcation, including no evidence of sublumbar or medial iliac lymphadenopathy.

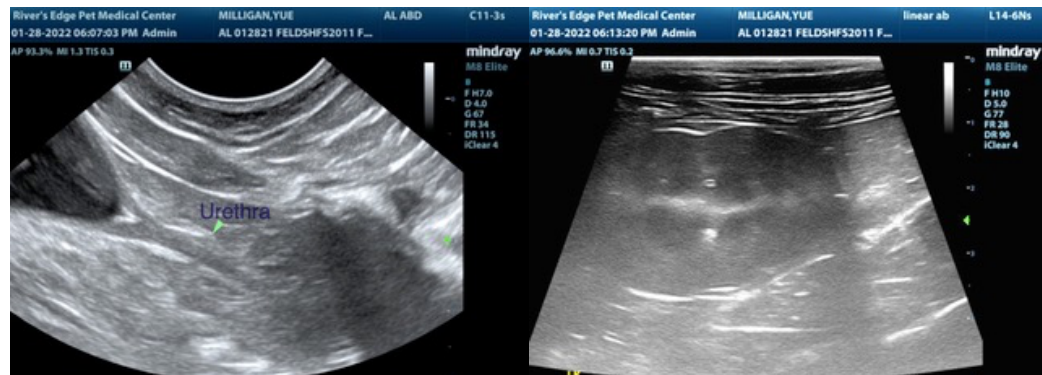
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.0 cm. The right kidney measured 4.3 cm. No evidence of overt pyelonephritis.

ULTRASONOGRAPHIC FINDINGS

- Moderate non-dependent, congealed to mobile hyperechoic sediment and mucus with pinpoint non-dependent to dependent mineral, subject mild cystitis pattern.
- Sonographically unremarkable bilateral kidneys – no evidence of pyelonephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample is suggested to rule out underlying infection, even without evidence of bacteriuria on urinalysis. Some degree of likely mild to chronic interstitial cystitis suspected, which may potentially incite repeated inflammation and secondary sediment to mucus accumulation. Empirically, medical therapy for idiopathic to interstitial cystitis, which may include anti-inflammatory/anti-anxiety medication, behavior modification, analgesic, urinary diet, etc. is recommended. Potentially, cystotomy with thorough urinary bladder flush as well as mural biopsies for histopathology and tissue culture and sensitivity may be indicated.





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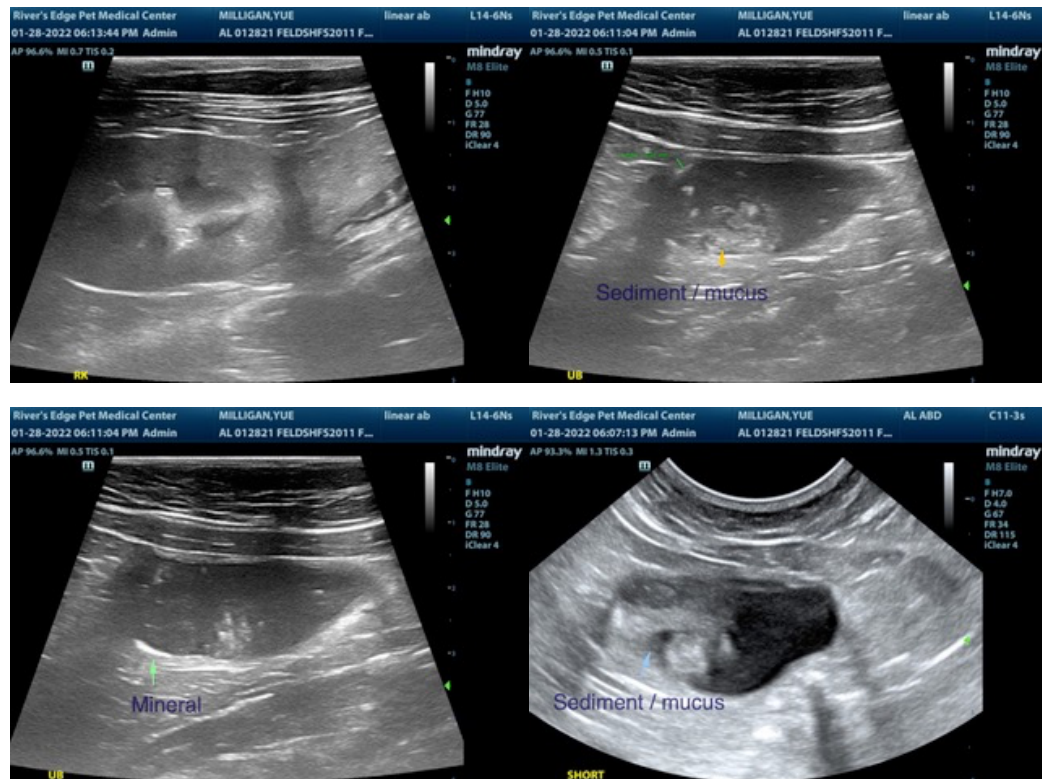
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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