



## PATIENT

Harper McNally

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

6 yrs 5 mos 1 wk

## WEIGHT

6.21 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Bridgeland Vet Clinic

## REFERRING VET

Dr. Costa

## INVOICE

12804

## DATE

11/13/25

## PRESENTING CLINICAL SIGNS

History: Chronic history of suspected Feline Idiopathic Cystitis (FIC) with flare-ups occurring monthly. Historically responds to a 7-day course of meloxicam. Previously passed a suspected urolith, which was not analyzed. Drinking/Urination: Exhibits hematuria, stranguria, and periuria during flare-ups. Urinates on various surfaces around the home, including rugs, the couch, and the owner's bed. Uses 3 litter boxes. DDX: Chronic recurrent pollakiuria, stranguria, hematuria, and periuria (Acute on chronic problem) - DDx: Feline idiopathic cystitis (FIC), urolithiasis, crystalluria, urinary tract infection, neoplasia, open.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was normal in size and tone with mild irregular thickened urinary bladder wall exhibiting asymmetrical luminal surface contour yet maintained homogeneous mural echogenicity. No evidence of tumors or mineralization present Ventral apical urinary bladder wall measured 0.55 cm width. Mild anechoic urine noted with no current mineral or calculi. The visible proximal urethra exhibited normal structure and tone to a depth of 3.0 cm.

Both kidneys exhibited adequate size with asymmetrical margination and cortical infarcts. Mildly thickened cortex with indistinct corticomedullary border demarcation. Adequate medullary volume and no evidence of pyelectasia present. The left kidney measured 3.5 cm. The right kidney measured 3.8 cm.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm.

### Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, non-shadowing ingesta without signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, similar appearing non-shadowing ingesta/chyme.

Normal visible colon wall layers were present with apparent formed feces in lumen.

## Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

## Free Abdomen

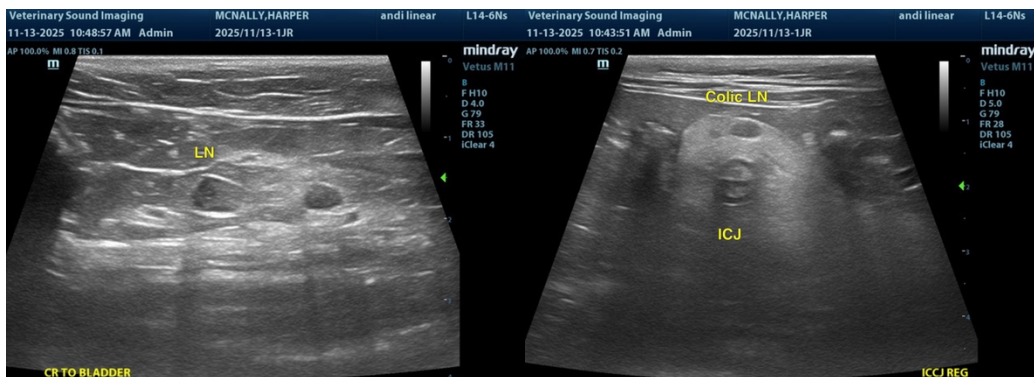
Intermittent, mildly prominent to enlarged colic and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measurement was 1.0 cm in diameter. Mild peri ileocolic hyperechoic omentum and no evidence of peritoneal effusion present.

## ULTRASONOGRAPHIC FINDINGS

- Chronic irregular cystitis pattern
- Bilateral interstitial nephrosis renal pattern with cortical infarcts
- Intermittent colic/medial iliac lymphadenopathy – subjective benign
- Normal gastrointestinal tract with mild gastrointestinal ingesta – ingesta consistent with food echogenicity

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with recheck urinalysis and C/S ideally on sterile urine sample is recommended, Urinary bladder presentation is most consistent with chronic idiopathic cystitis without evidence of neoplastic criteria. Empirical therapy for cystitis which may include as needed continued anti-inflammatories, environmental enrichment, behavior modification, etc. is recommended. Monitoring of renal parameters going forward is advised.





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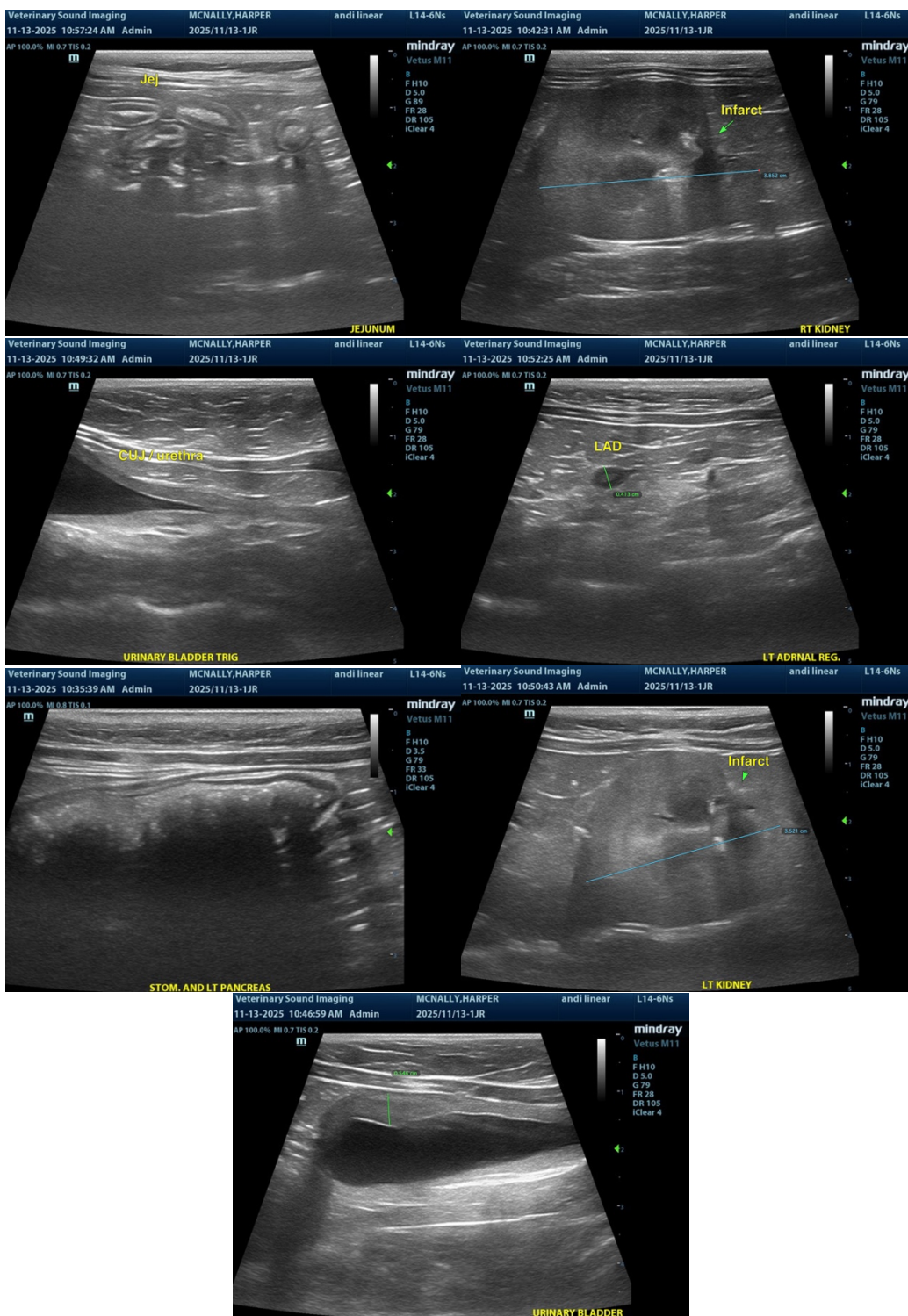
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)