



PATIENT

Harley Hoover

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6 years

WEIGHT

6 years

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook -
SDEP Certified
Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

12625

DATE

11/16/21

PRESENTING CLINICAL SIGNS

Inappropriate/straining urination

Abnormal PE/Chem/CBC/UA Results: See attached UA findings

ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM

Urinary System

The urinary bladder was normal in size and overall tone with moderate nondependent particulate sediment, as well as dependent mineralized sand present in the urinary bladder lumen. Subtle generalized thickening of the urinary bladder walls was present with maintained homogenous mural echogenicity. The ventral urinary bladder wall measured 0.27 cm width. The proximal urethra exhibited normal subjective structure and tone to a depth of 2.0 cm. Small amounts of focal to accumulated mineral were present in the cystourethral junction, as well as focally within the proximal urethral lumen. These areas of luminal mineral did not appear to be obstructive, given the normal urinary bladder size.

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 3.9 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate nondependent particulate urinary bladder sediment with concurrent mild to moderate dependent mineralized sand - likely mild cystitis
- Focal nonobstructive proximal urethral luminal mineral
- Sonographically unremarkable kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The focal areas of luminal mineral within the proximal urethra did not appear to be obstructive at this time, yet may potentially be irritating the urethra with potential for minor urethritis in addition to mild cystitis. Urine culture and sensitivity on a sterile urine sample is recommended.

Given the lack of obstruction, medical therapy for cystitis / FIC, which may include a dissolution diet, increasing the patient's water intake, as-needed analgesia / anti-inflammatories +/- urethral relaxants or antispasmodics may prove beneficial. Serial sonographic monitoring of the urinary bladder and urethra for evidence of increasing inflammatory changes +/- catheterization or eventual cystostomy with urinary bladder and urethral flush may be indicated pending clinical response to therapy or if overt evidence of urethral obstruction.



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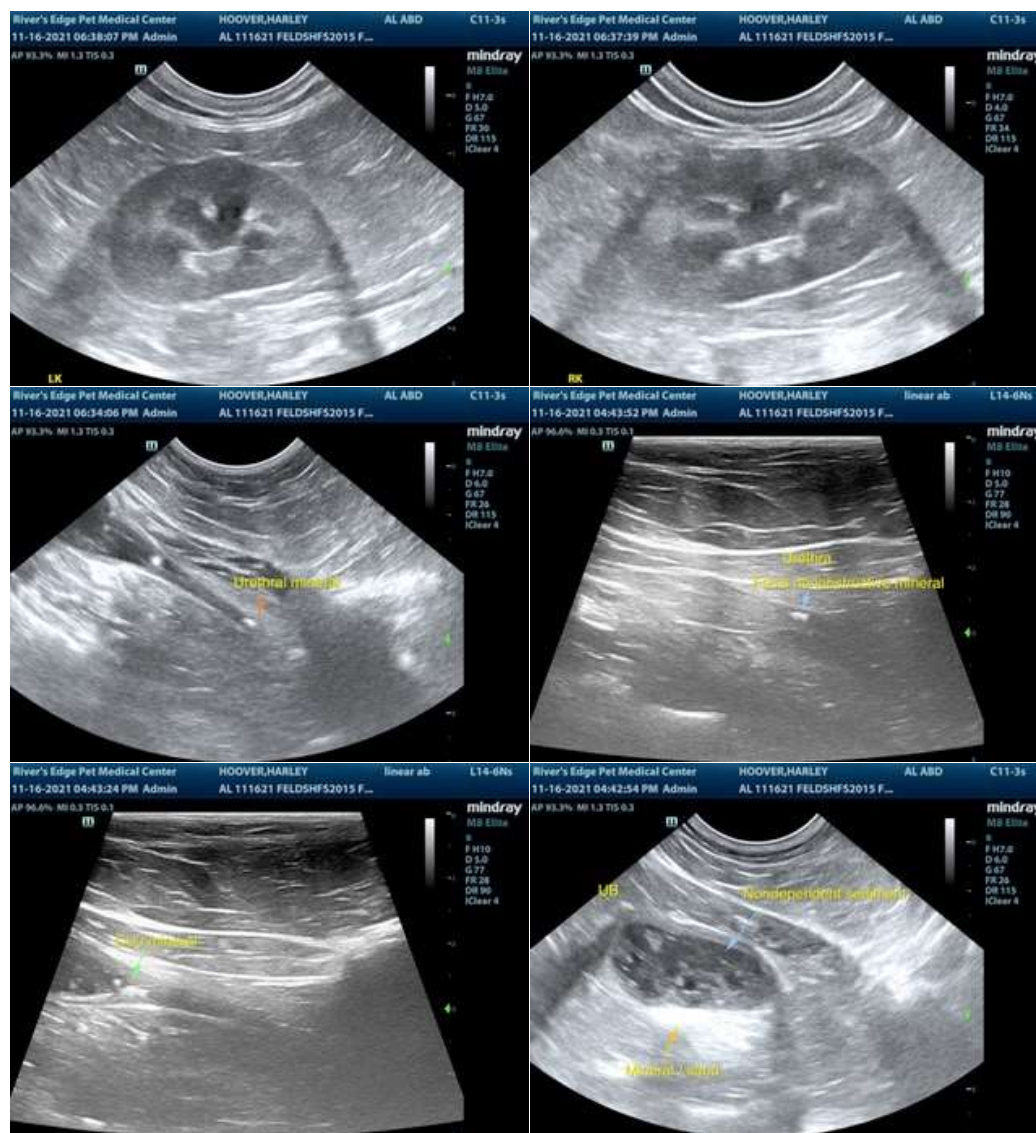
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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