



PATIENT

Jordan Miller

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

19yr

WEIGHT

4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Ridgeview Veterinary
Clinic

REFERRING VET

Caelli Edmonds, DVM

INVOICE

23062

DATE

11/24/2025

PRESENTING CLINICAL SIGNS

Overall very healthy 19 yr F/S DSH. A few years of q1-2 mo solensia inj for hip OA. I can find microscopic hematuria in her record easily every time back to 2023 (did not look farther). This spring, renal values (BUN & Creat) also started to rise. Did well on renal diet and gained weight. Creat dropped back down on recent check when presented for gross hematuria in litter box. Some clumps/small clots passed. Clinically bothering her "FIC" like signs and just lethargic. Very clean u/s guided cysto last week - gross hematuria. Culture negative. Current tx with buprenorphine. Recent rx to online pharmacy for UT Strength Pro, GI Biome (not sure why on this), Hydracare, Feliway kit. Abd u/s ordered for full workup, but a focus on urinary system.

Abnormal PE/Chem/CBC/UA Results: 11/21/25: Radiographs- Abdomen 3 views: One one R lateral view possible calcification or uroliths were visible in what could be the urethra. This was not reproducible on further views. r/o Artifact from overlying bony structures. UA: pH; 5; USG: 1.018 RBC: 25-50/HPF WBC: 2-3/HPF C/S: neg for growth BUN: 36 mg/dL Creat: 2.4 mg/dL AMYL: 1475 (H) WBC: 18.5 K/uL (H) PMN: 16,095 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Mildly thickened ventroapical to dorsoapical urinary bladder wall with mildly asymmetrical luminal surface contour was present measuring 0.65 cm dorsoapical wall width. The remainder of the urinary bladder wall was sonographically normal. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate urine sediment.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney cranial infarct was present. Minor right kidney medullary mineral and pyelectasia was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

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/Gallbladder



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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. Normal vascular volume. 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 was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild thickened apical urinary bladder wall with mild urine sediment
- Sonographically unremarkable visible proximal urethra
- Chronic degenerative renal changes exhibiting cortical infarcts, right kidney medullary hyperechogenicity / mineral and mild right kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened apical urinary bladder wall is suggestive of cystitis to potentially chronic mild cystitis criteria. Potential for emerging urinary bladder neoplasia is thought less likely given pattern of mild wall thickening yet cannot be definitively excluded. Cytospin cytology on a free catch urine sample to assess for atypical or neoplastic transitional cells may be considered. Continued monitoring for evidence of infection would be reasonable. It is unclear if the hematuria may be arising from the kidneys, urinary bladder, or combination. Continued empirical therapy for cystitis with clinical monitoring and sonographic reassessment if progressive hematuria, azotemia, or lower urinary tract signs.



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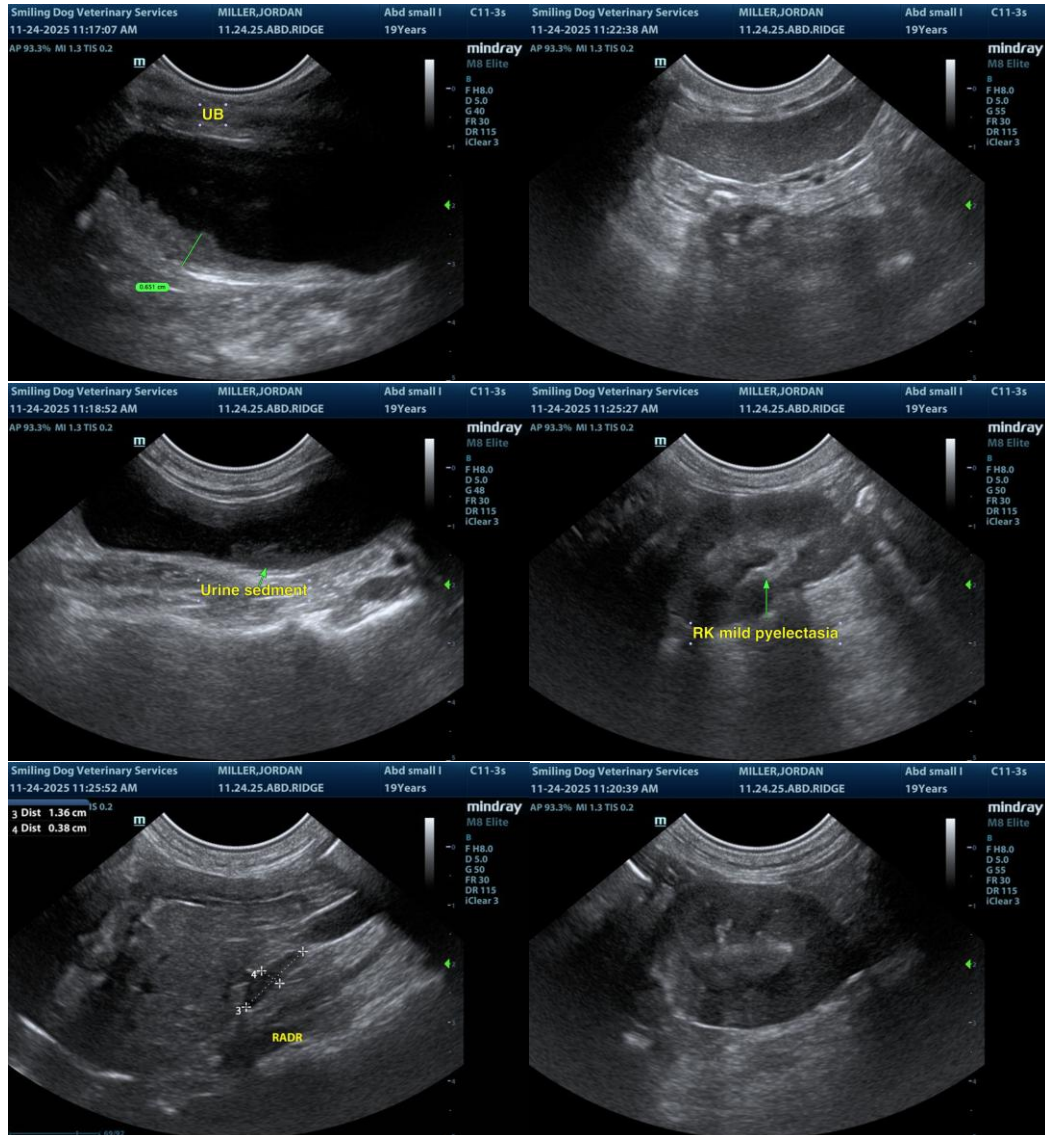
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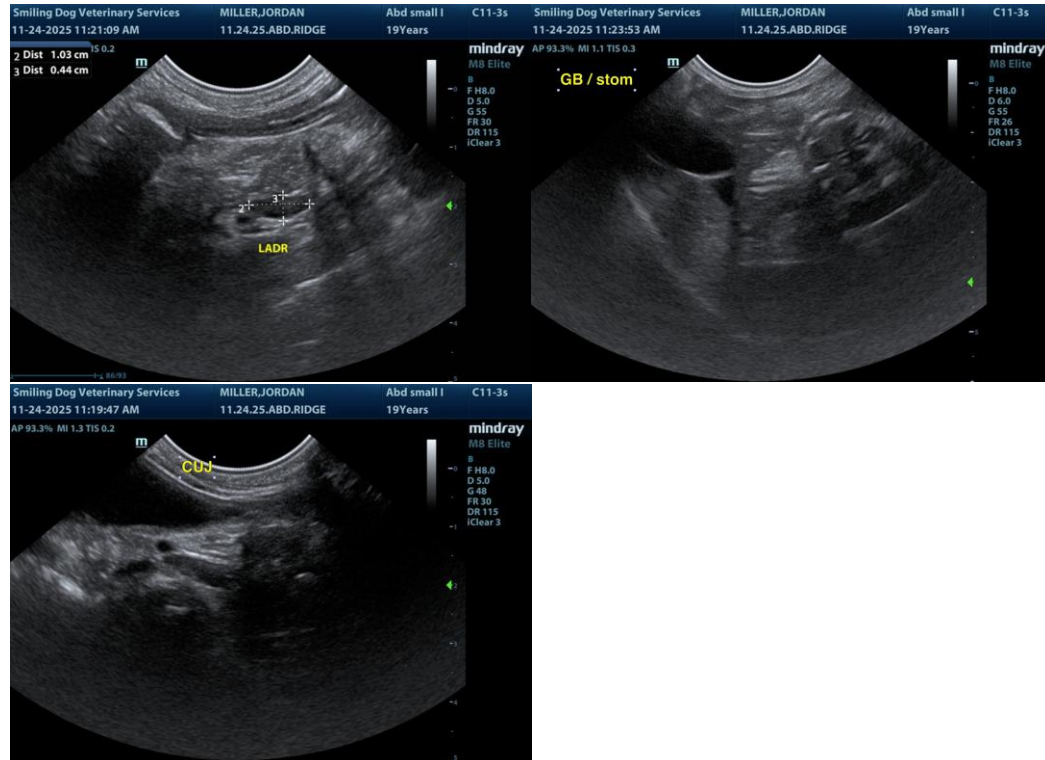
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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