



**PATIENT**

B'ellanna  
Rassmussen

**SPECIES**

Feline

**BREED**

Maine Coon mix

**SEX**

FS

**AGE**

9 years

**WEIGHT**

10.5

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jasmine Palacios  
(SDEP Attendee)

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

Dr. Bridget Hayes

**INVOICE**

12940

**DATE**

12/30/21

**PRESENTING CLINICAL SIGNS**

Chronic UTIs being treated at other DVM with Clavamox, but it comes right back  
Abnormal PE/Chem/CBC/UA Results: Urinalysis: Rods +++ and WBCs in urine, dilute urine at 1.022 SG Culture pending, but planning on starting Orbox

**ULTRASONOGRAPHIC EXAMINATION OF THE URINARY TRACT**

**Urinary System**

The urinary bladder was normal in size and tone with generalized mild to moderate mural hypertrophy most notable in the mid ventral, apical, and mid dorsal walls. Ventroapical urinary bladder wall width measured 0.53 cm. The prominent walls exhibited subtle nonhomogeneous mural echogenicity, yet without evidence of mineralization. Primarily anechoic urine was present with very minor particulate sediment, likely indicative of minor cellular or crystalline or potential minor mucus. No calculi were noted. No overt evidence of neoplastic criteria or masses was noted. The urethra was normal in structure and tone to a depth of 3.0 cm.

The bilateral kidneys were borderline subnormal in size compared to normal renal size for the breed. The left kidney measured 3.0 cm length. The right kidney measured 3.0 cm. The kidneys maintained a 1:3 cortex/medulla ratio. No evidence of pyelectasia was noted. No evidence of retroperitoneal inflammation was evident.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Mild to moderate likely chronic cystitis - potential for bacterial cystitis is possible
- Borderline subnormal bilateral kidney size yet maintained normal architecture, no overt pyelonephritis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ideally, based on pending urine culture and sensitivity results, a 7–14-day course of appropriate antibiotic in the face of persistent to relapsing infection if documented, +/- anti-inflammatory medication, assuming normal renal function, is recommended. Recheck urine culture 7 days post completion of antibiotics is suggested.

Assessment for any potential predisposing factors or disease is recommended. Internal medicine consultation, as far as further treatment options, could be considered if persistent or recurring infection is documented. Potential urinary bladder biopsy for histopathology and tissue C/S may ultimately be indicated in this patient. Concurrent empirical therapy for idiopathic cystitis may also prove beneficial.



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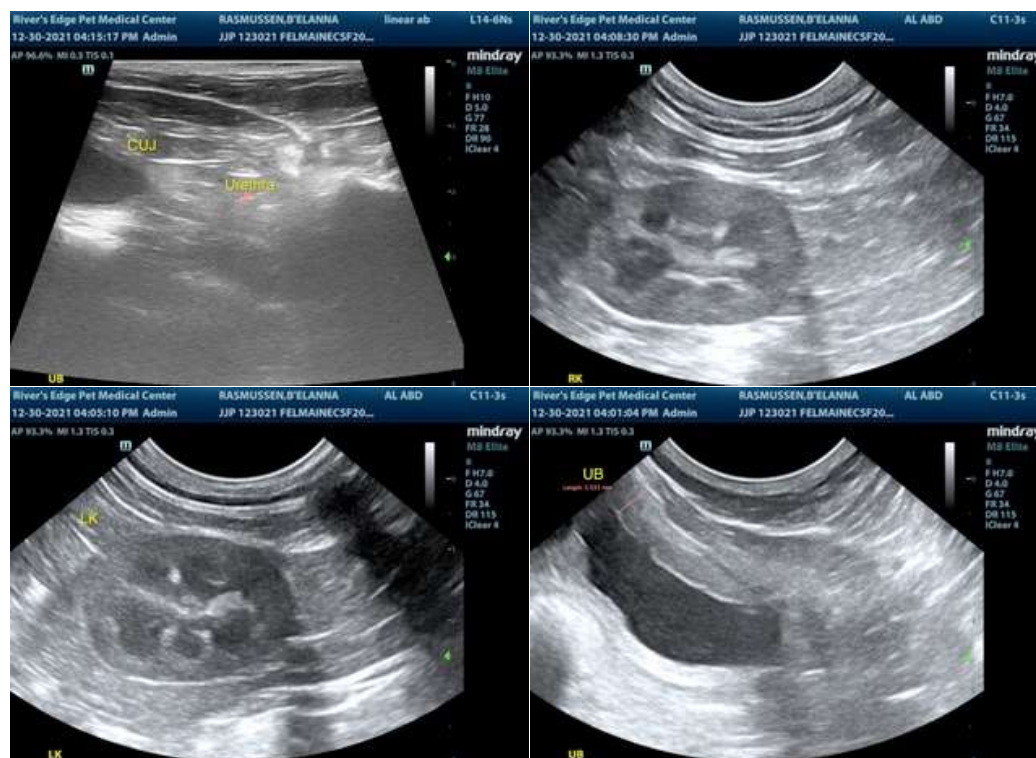
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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