

PATIENT

Bridget Ingram

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

6 Years

WEIGHT

8.45 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Meaghan Godwin

HOSPITAL NAME

Wellesley Animal
Hospital

REFERRING VET

Dr. Meaghan Godwin

INVOICE

14773

DATE

04/01/26

PRESENTING CLINICAL SIGNS

Submitted study contained 12 videos of the urinary tract only.

History of sterile cystitis (one episode 3/22/2026). Responded well to pain medication. Ultrasound to check for uroliths and/or renoliths

UA: 3/22/2026 RBCs- 42/HPF Otherwise unremarkable. Cystocentesis used for collection

LIMITED ULTRASONOGRAPHIC EXAMINATION

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the left kidney. 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 3.3 cm in length.

The right kidney revealed adequate size with asymmetrical cranial to cranial medial margination and nonhomogenous hyperechoic cranial cortical parenchyma consistent with a cortical infarct. 1:3 cortex/medulla ratio with adequate corticomedullary border demarcation was present. No evidence of pyelectasia. The right kidney measured 3.7 cm in length.

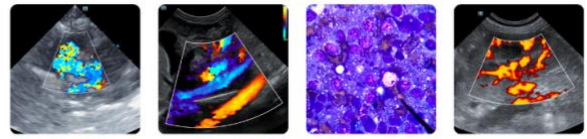
ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder and visible proximal urethra with minor urine sediment.
- Cranial right kidney cortical infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample are recommended if inflammatory sediment on urinalysis. If no evidence of underlying infection, continued empirical therapy for mild idiopathic cystitis would be reasonable.

The right kidney infarct is of unclear clinical significance. Assessment of clotting status and systemic BP to rule out potential complicating factors is suggested. Recheck sonogram if persistent lower urinary tract signs or azotemia.



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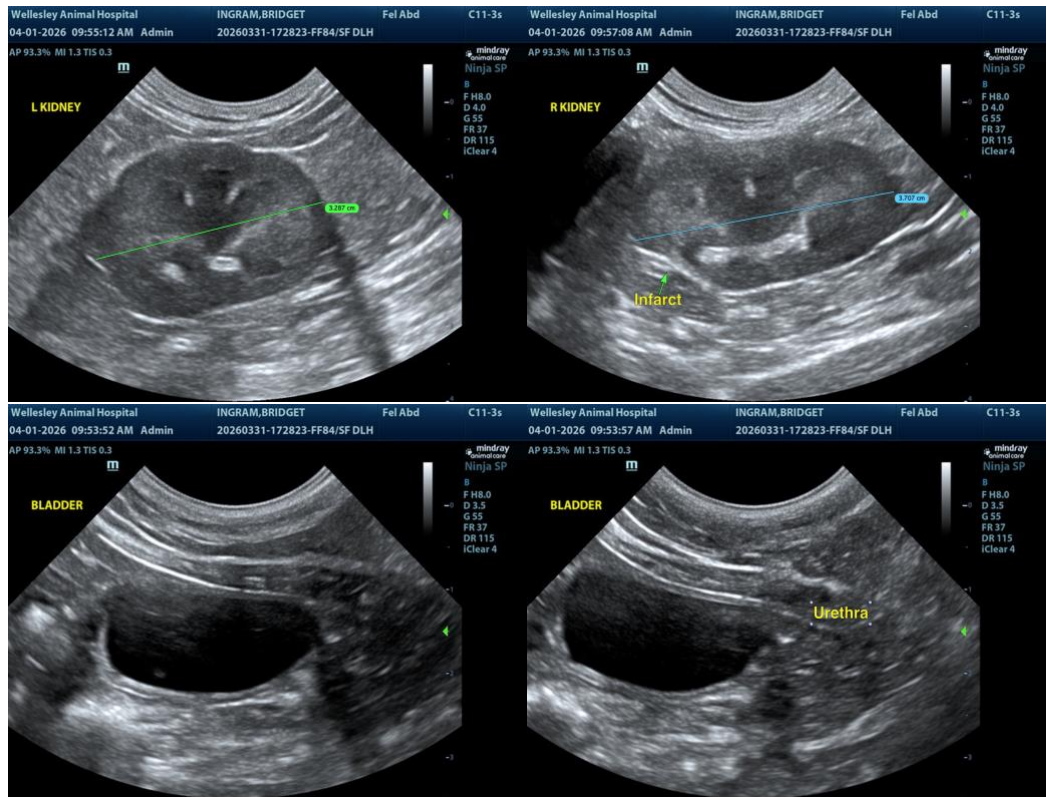
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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