



PATIENT

Squirt Fraser

PRESENTING CLINICAL SIGNS

Blood in urine

Abnormal PE/Chem/CBC/UA Results: None at this time

SPECIES

Feline

LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

SEX

MN

AGE

17yr

The urinary bladder was normal in size and tone. Mildly thickened ventroapical to dorsoapical urinary bladder wall exhibiting primarily symmetrical luminal surface contour and non-mineralized homogenous mural echogenicity. An unspecified cystic appearing structure appearing to derive from the apical urinary bladder wall extending mildly into the lumen was present measuring ~ 1.0 cm in diameter. The cystic structure contained anechoic fluid. Ventroapical urinary bladder wall measured 0.37 cm wall width. Anechoic urine present without evidence of mineral or calculi. No evidence of pathology at the area of the trigone or cystourethral junction. Normal urethra to a depth of 3 cm.

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. The left kidney measured 3.8 cm in length. The right kidney measured 3.6 cm in length.

WEIGHT

6.85lb

ULTRASONOGRAPHIC FINDINGS

Primary

- Mildly thickened ventroapical/dorsoapical wall urinary bladder wall with unspecified apical cystic structure
- Moderate chronic renal changes

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The location and pattern of mildly thickened primarily apical urinary bladder wall suggests mild to possible chronic cystitis criteria with suspect apical mural cyst extending mildly into the urinary bladder lumen. Given location, a small to chronic urachal abnormality such as small to chronic urachal cyst or diverticulum cannot be definitively excluded especially if chronic history of hematuria or urinary infection. Neoplastic urinary bladder criteria thought less likely.

IMAGING PERFORMED BY

Jasmine Palacios

Recheck urine C/S on sterile urine sample if not recently done is recommended. Cytospin cytology of free catch urine sample to assess for atypical transitional cells could be considered. Definitive diagnosis would likely require advanced imaging such as contrast urography. Pending C/S, empirical therapy for cystitis with sonographic monitoring of the urinary bladder if persistent hematuria is recommended.

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr David Gray

INVOICE

24549

DATE

04/21/2026



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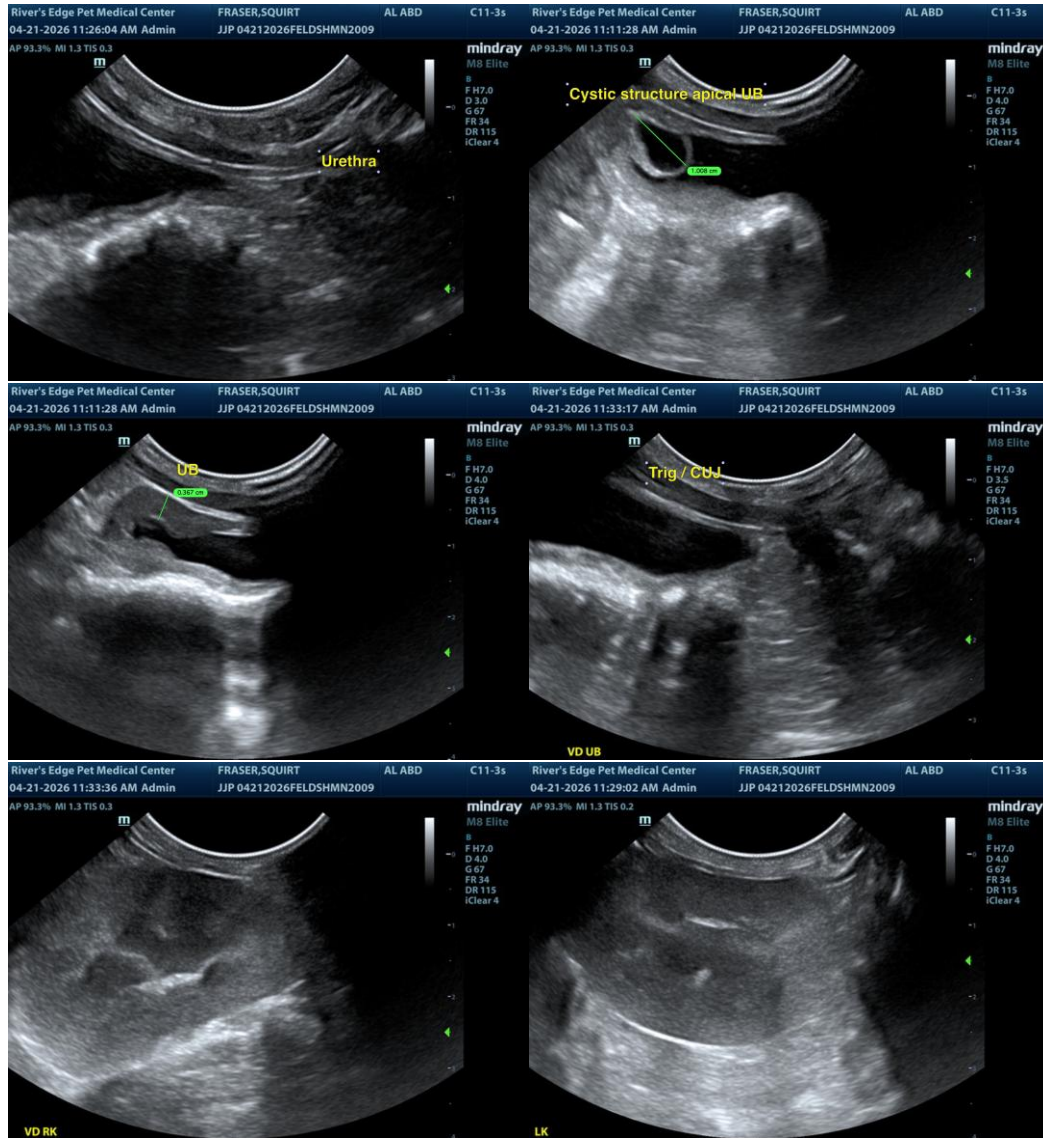
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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