



PATIENT

The submitted study was limited to the urinary tract only.

Henry Hart

PRESENTING CLINICAL SIGNS

SPECIES

Recently hospitalized for URO. Started straining to urinate again today. PE unremarkable, bladder mildly enlarged but not firm or painful. Bladder wall irregular, very thickened, and nodular on luminal aspect on U/S. Did not collect cystocentesis d/t irregularities.

Feline

Current Medications: alprazolam, prazosin, amoxicillin, gabapentin

BREED

Abnormal PE/Chem/CBC/UA Results: See attached labs: post-renal azotemia on 4/14, resolved with urinary catheterization and IVF on 4/16

DSH

LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

MN

The urinary bladder was normal in size and tone. Generalized irregularly thickened bladder wall with asymmetrical luminal surface contour and suspect emerging luminal surface polyploid changes. No evidence of a definitive mass. Anechoic urine present with mild urine sediment. No evidence of obstructive pathology at the level of the trigone or cystourethral junction. Normal urethra to 3 centimeters. Mild surrounding pericyclic inflammation.

AGE

6yr

WEIGHT

13.7lb

Normal renal size with symmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Enhanced corticomedullary distinction was also present. The renal medullary volume was adequate. No pyelectasia was present. A solitary right kidney cranial cortical cyst was present measuring 0.85 cm in diameter. The left kidney measured 4.09 cm in length. The right kidney measured 4.34 cm in length.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate to severe cystitis pattern with possible emerging luminal polyploid component, mild urine sediment.
- Bilateral renal cortical thickening with cranial right kidney cortical cyst.

IMAGING PERFORMED BY

Jasmine Palacios

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Rivers Edge Pet
Medical Center

No overt evidence of lower urinary tract neoplastic criteria, which is considered unlikely. Emerging urinary bladder mural fibrosis if recurrent or chronic lower urinary tract signs is possible. Monitoring of renal parameters for evidence of concurrent nonspecific nephritis going forward is advised. Urine C/S on sterile urine sample if possible is recommended. Continued empirical therapy for moderate to significant cystitis with coverage for UTI, pending urine C/S results would be appropriate. Sonographic monitoring or reassessment indicated if evidence of azotemia or persistent lower urinary tract signs.

REFERRING VET

Dr Shelby Young

INVOICE

24601

DATE

04/24/2026



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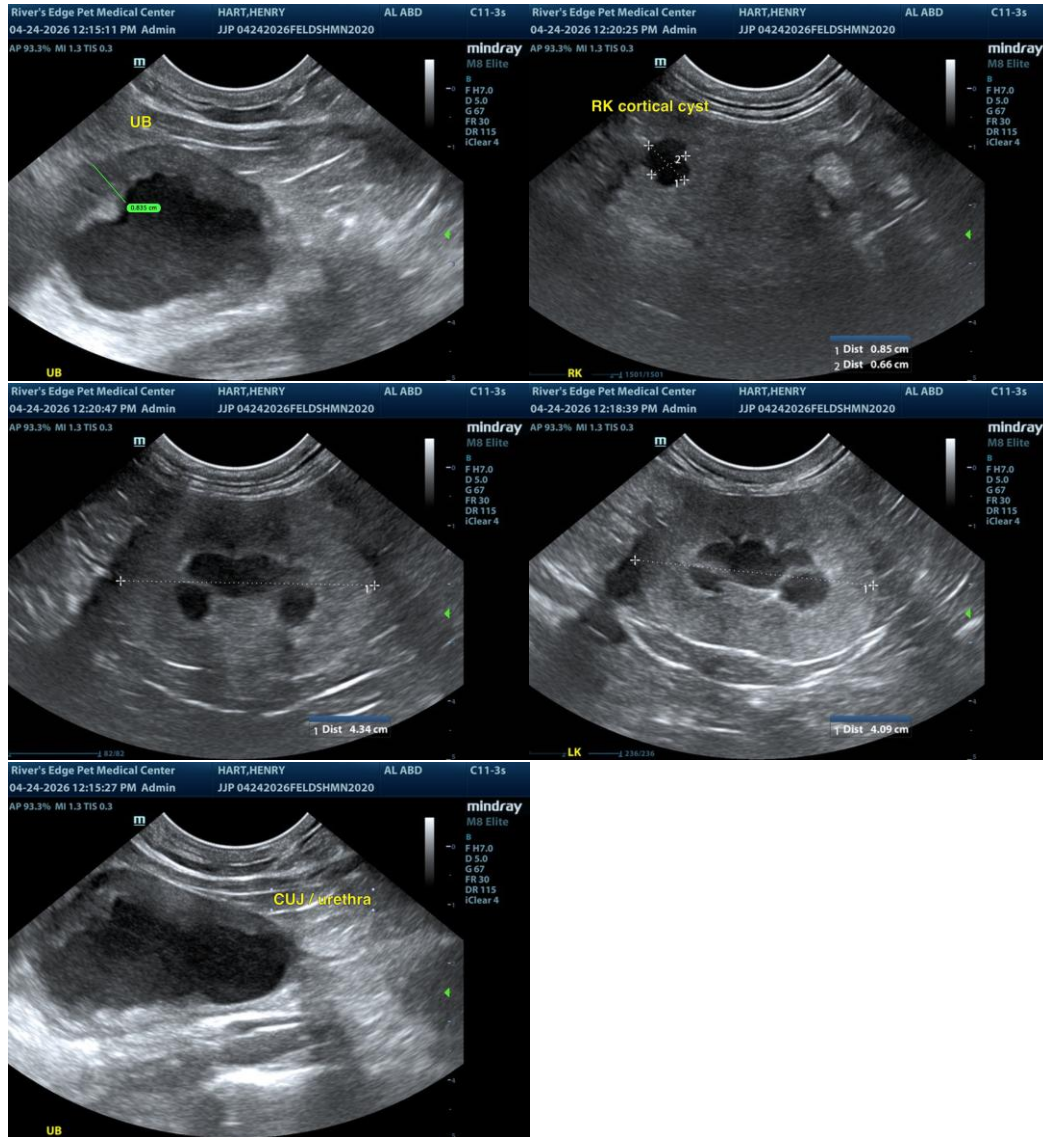
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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info@sonopath.com

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