

## PATIENT

Cookeidough  
Chapman

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

6 years

## WEIGHT

14.4 lbs.

## PRESENTING CLINICAL SIGNS

Presented for acute hematuria - history of stomatitis with full mouth extractions  
Abnormal PE/Chem/CBC/UA Results: No urinalysis yet

## LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder was normal in size and tone. Regionally thickened, primarily ventral urinary bladder wall, extending into the area of the urinary bladder neck was present. The thickened wall was isoechoic, compared to non-thickened urinary bladder wall without evidence of mass lesions or mural mineralization. Ventral urinary bladder wall measured 0.43 cm, exhibiting mild asymmetrical luminal surface contour. Anechoic urine was present with mild dependent to nondependent particulate sediment. No evidence of calculi. The urethra exhibited normal structure and tone to a depth of 2.0 cm. The proximal urethra measured 0.23 cm width.

Normal size and margination were present in the kidneys. 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 pyelectasia. The left kidney measured 4.8 cm in length. The right kidney measured 5.1 cm in length.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Amanda Lacey-Crook  
- SDEP Certified  
Sonographer

## HOSPITAL NAME

Rivers Edge Pet  
Medical Center

## REFERRING VET

Dr. David Gray

## INVOICE

15241

## DATE

5/17/22

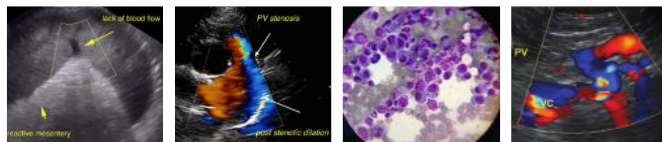
## ULTRASONOGRAPHIC FINDINGS

- Cystitis with mild urinary bladder sediment
- Sonographically normal proximal urethra
- Sonographically normal bilateral kidneys- no evidence of pyelonephritis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the urinary bladder was consistent with cystitis with emerging occult neoplastic criteria considered a less likely differential diagnosis. Full urinary work up, including urinalysis and culture and sensitivity, ideally, on sterile urine sample recommended. Empirical therapy for cystitis is recommended pending full urinary work up. Sonographic monitoring of the urinary bladder suggested if progressive cystitis signs are noted, despite conservative therapy.





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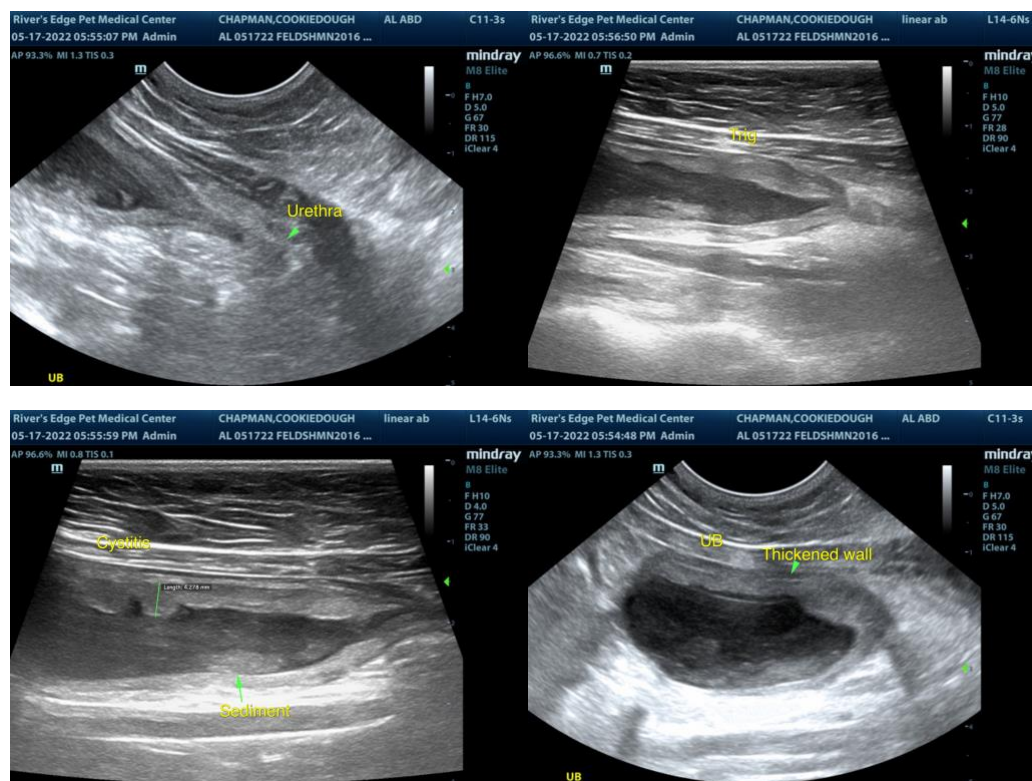
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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