

**PATIENT**

Ziggy Johnson

**PRESENTING CLINICAL SIGNS**

Possible inappropriate urination

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: No urine collected at this time

**ULTRASONOGRAPHIC LIMITED EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate subjectively mobile echogenic to pinpoint hyperechoic non-dependent sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

MN

Normal size and margination was 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 pelvic dilation or pyelonephritis. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding.

**AGE**

9yr

**WEIGHT**

12.2lb

The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

**Primary**

- Sonographically unremarkable urinary bladder with urinary bladder sediment
- Bilateral non-specific renal medullary rim sign

**IMAGING PERFORMED BY**

Amanda Lacey Crook

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of significant upper or lower urinary tract pathology was observed in this scan. The urinary bladder sediment may indicate cellular debris/protein, crystalline debris, mucus or lipid. Correlation with full urinary workup including UA and C/S is recommended. A urinary diet may be considered pending UA results. If persistent inappropriate urination, empirical therapy for FLUTD may be considered.

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

**REFERRING VET**

Dr. Gray

**INVOICE**

11485ag

**DATE**

08/29/2022



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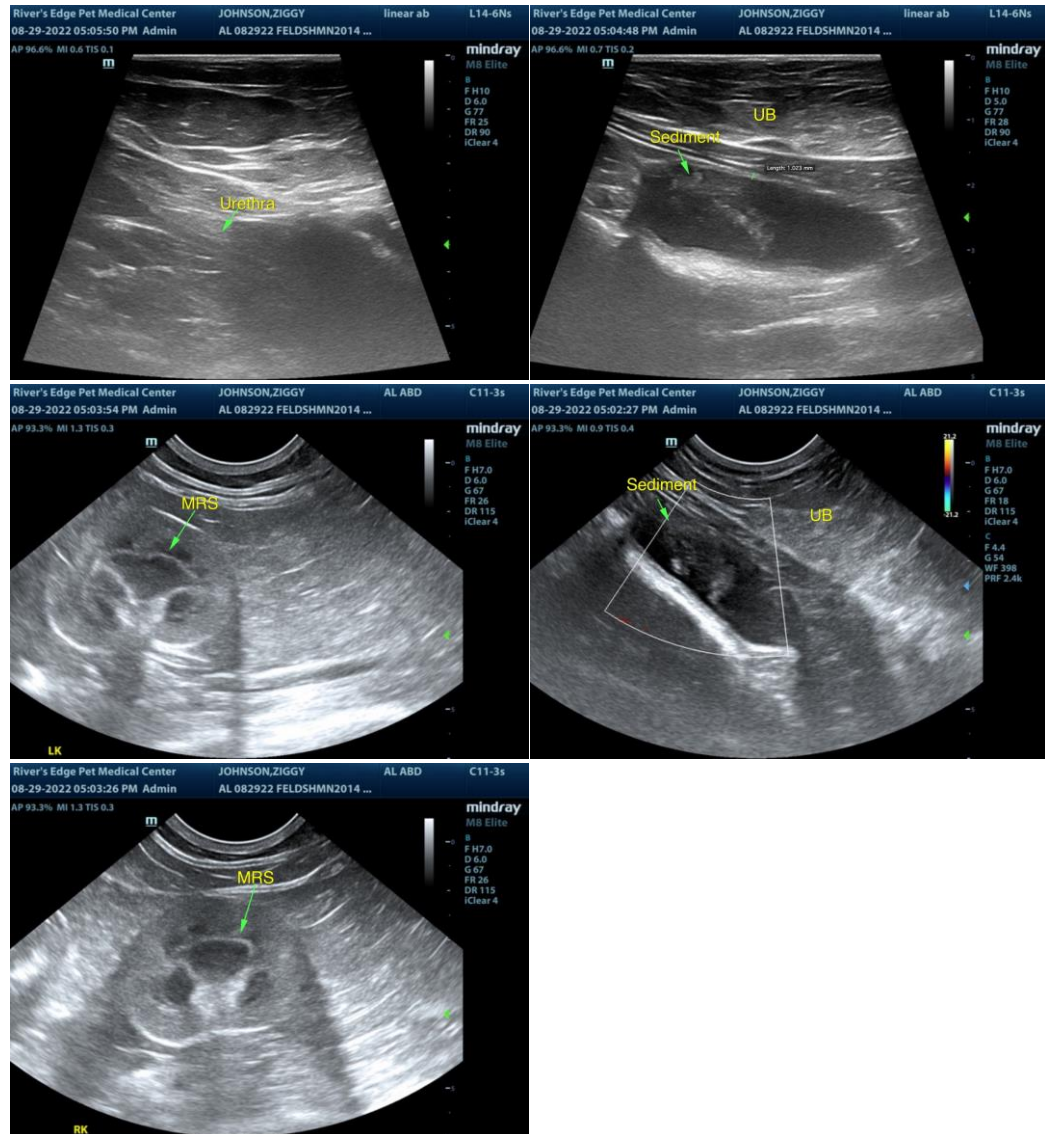
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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