



PATIENT

Finnegan Perle

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2yr

WEIGHT

6.65kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Wilvet Salem

INVOICE

14522ag

DATE

08/09/2023

PRESENTING CLINICAL SIGNS

UO. Azotemic, hyperkalemic on presentation. starting dripping urine/bloody urine on thursday. went to pDVM, UA showed blood, no crystals or bacteria. Received convenia, onsior and urinary diet. Vomited daily since then and not eating.

LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone and generalized mildly prominent to thickened bladder wall exhibiting homogenous mural echogenicity. The ventral bladder wall measured 0.38 cm in width. Mild to moderate dependent ventroapically adhered lumen mineral was present. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone with urethra lumen catheter extending to the level of the urinary bladder neck. A moderately sized non-homogenous soft tissue echo occupying the majority of the bladder lumen measuring ~ 4.4 cm in diameter was present combined with mild anechoic urine.

Borderline enlarged size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and adequate corticomedullary definition were maintained. Mild bilateral pyelectasia was present without covert evidence of hydroureter. No evidence of retroperitoneal inflammation. The left kidney measured 4.8 cm in length. The right kidney measured 4.6 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

ULTRASONOGRAPHIC FINDINGS

- Cystitis pattern with dependent and ventroapically adhered lumen mineral, probable urinary bladder lumen blood clot.
- Sonographically unremarkable proximal urethral with urethra lumen catheter.
- Bilateral borderline renomegaly with intact architecture and minor bilateral pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor potential for urinary bladder mass although thought unlikely given the age of the patient and clinical presentation. A urine C/S on a sterile urine sample is recommended even with recent antibiotic. The kidneys did not appear to be end stage, exhibiting normal renal architecture.

Therapy for urinary obstruction, cystitis and suspected prerenal azotemia is recommended. Sonographic monitoring of the urinary bladder going forward would be ideal. Concurrent as needed GI support is suggested.



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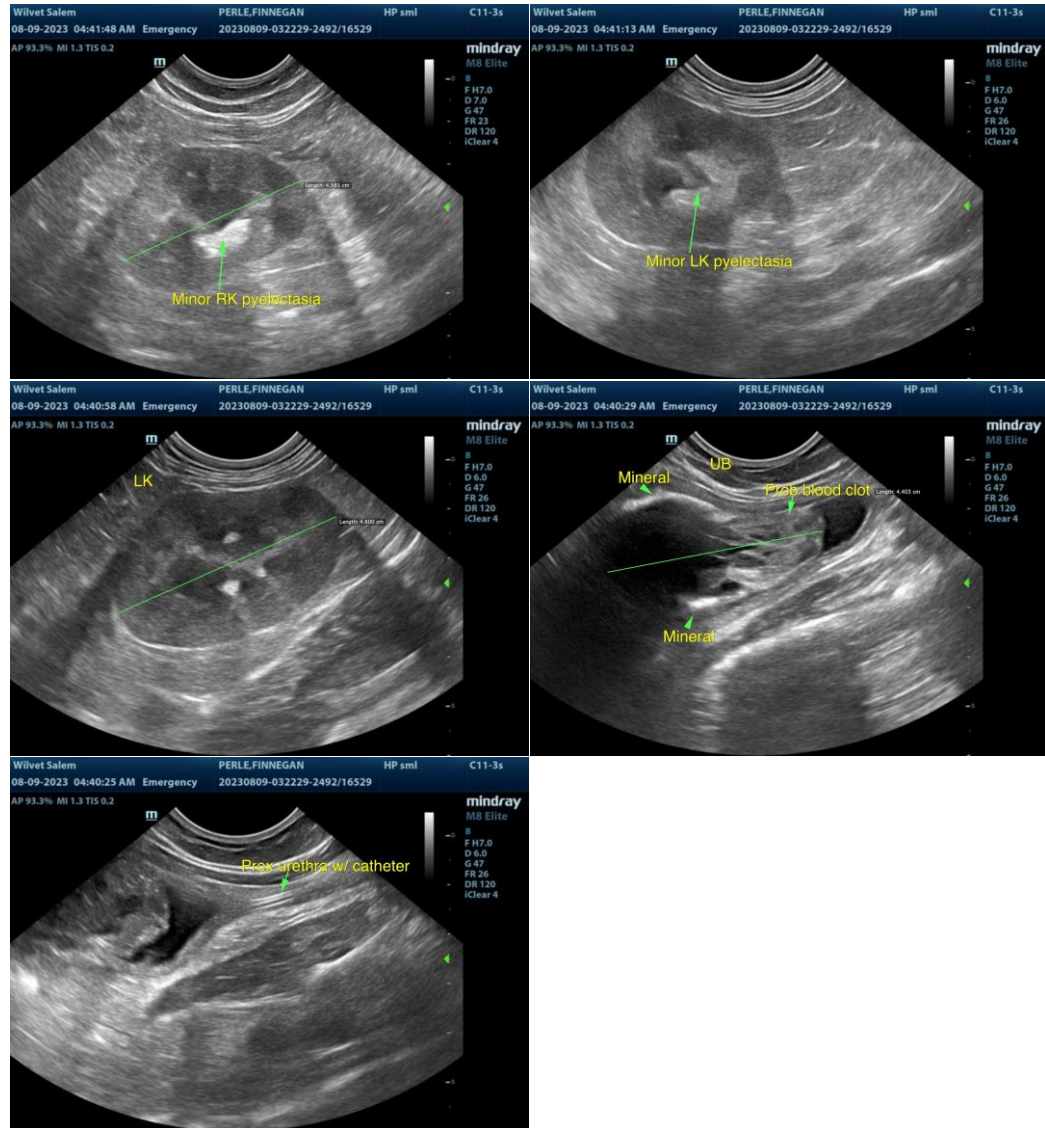
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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