



PATIENT

Appa Carr

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2 years

WEIGHT

7.95 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sarah Barthelemy

HOSPITAL NAME

Britannia Kingland
Vet Clinic

REFERRING VET

Dr. Lisa Hamill

INVOICE

14823

DATE

9/6/22

PRESENTING CLINICAL SIGNS

Inappropriate urination started after litter change and has continued despite changing back. Seems more irritable. U/A and radiographs NSF. Hx of urate stones.

ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM

The urinary bladder was normal in size and tone with no evidence of urinary bladder overdistention. The urinary bladder walls were sonographically normal without evidence of inflammatory or neoplastic changes. The ventral urinary bladder wall measured 0.12 cm width. Primarily anechoic urine with multiple small dependent micro calculi / mineral were present along with a mild amount of nondependent probable sediment, which may indicate concurrent cellular debris / protein, crystalline debris, or mucus. The sediment appeared to be mobile and changed appearance indicating a less likely potential for urinary bladder polyp. The urethra exhibited overtly normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

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 4.3 cm in length. The right kidney measured 4.3 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder dependent micro calculi / mineral with probable concurrent mild nondependent sediment / mucus
- Normal bilateral kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystocentesis for recheck urinalysis as well as culture and sensitivity to rule out underlying urinary tract infection, if not done, are suggested. If confirmed or documented urate stones, bile acid testing could be considered if clinically applicable.

Urinary diet and empirical therapy for idiopathic cystitis with sonographic monitoring of the urinary bladder micro calculi / mineral, assuming no evidence of underlying infection, would be reasonable.



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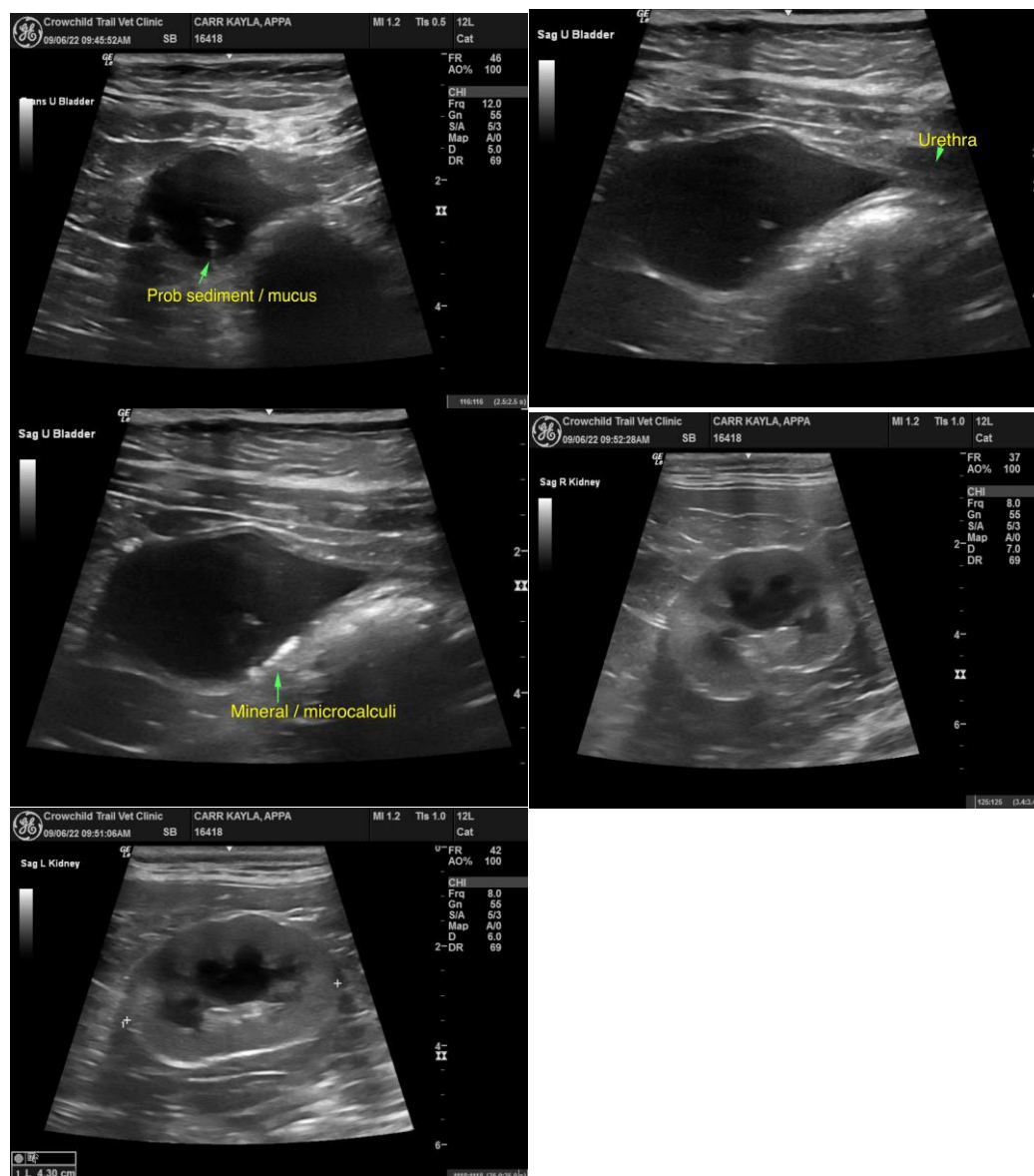
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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