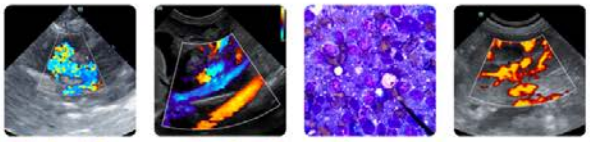

PATIENT

Hazey White

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9 Months

WEIGHT

5.3 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

72790

DATE

2/8/26

PRESENTING CLINICAL SIGNS

Neutered 1/21/26 at spay & neuter clinic. Surgery went normal, no concerns. Recovered well. 1/29 - O started noticing stranguria and inappropriate urination. 1/31 - Presented to Wilvet south, had bladder US and UA, concern for FIC (RBC >50/HPF, WBC >50/HPF, no bacteria seen). SQF, buprenorphine, supportive care. **Fever 103.2 on 1/31. 2/7 - returned to Wilvet South. Continued hematuria & stranguria, and now not eating and losing weight. Temp 103.1 to 104.3 today. Bladder completely empty and every time I recheck, still quite empty but was able to get urine from kennel.

Recheck UA: pale yellow, opaque urine. USG >1.050, pH 6.0, Pro 500, Bld 250. Sediment (imagyst): RBC 6-20/HPF, WBC <5/HPF, cocci present. Urine culture submitted. Started Antibiotics, more SQF, and appetite stimulants.

Abnormal PE/Chem/CBC/UA Results: 1/31: Temp 103.2. - UA: RBC >50/HPF, WBC >50/HPF, no bacteria seen - EPOC: Normal renal values. 2/7: Temp 103.1 to 104.3. - Recheck UA: pale yellow, opaque urine. USG >1.050, pH 6.0, Pro 500, Bld 250. Sediment (imagyst): RBC 6-20/HPF, WBC <5/HPF, cocci present. - Urine culture - pending - CBC: Leukocytosis WBC 18k

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal).

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

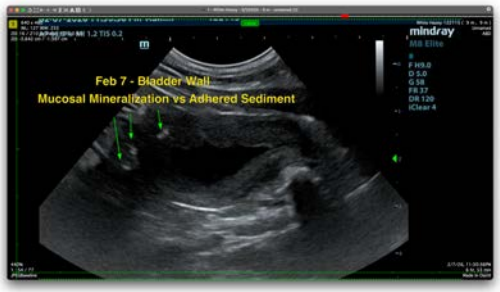
PRIMARY FINDINGS

- Diffusely thickened, scalloped bladder wall - stable between 1/31 and 2/7
- Large amount of bladder sediment, some mineralized, on 1/31, which is no longer present on 2/7
- Focal mineralization associated with the bladder mucosa on 2/7 - this may be adhered sediment, or less likely true tissue mineralization
- Steatitis at the neck of the bladder on 1/31, no longer evident on 2/7.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the bladder wall may be consistent with idiopathic cystitis, bacterial cystitis. Neoplastic disease would not be a differential in a 9-month-old cat, though would be a consideration if the patient was recently found and the actual age is unknown (urinary tract neoplasia is a disease of geriatric cats).

The pending urine culture will hopefully allow differentiation between bacterial and idiopathic cystitis. Additional treatment recommendations in the meantime might include fluid therapy, non-steroidal anti-inflammatories, maropitant, and a high-moisture lower urinary tract diet.



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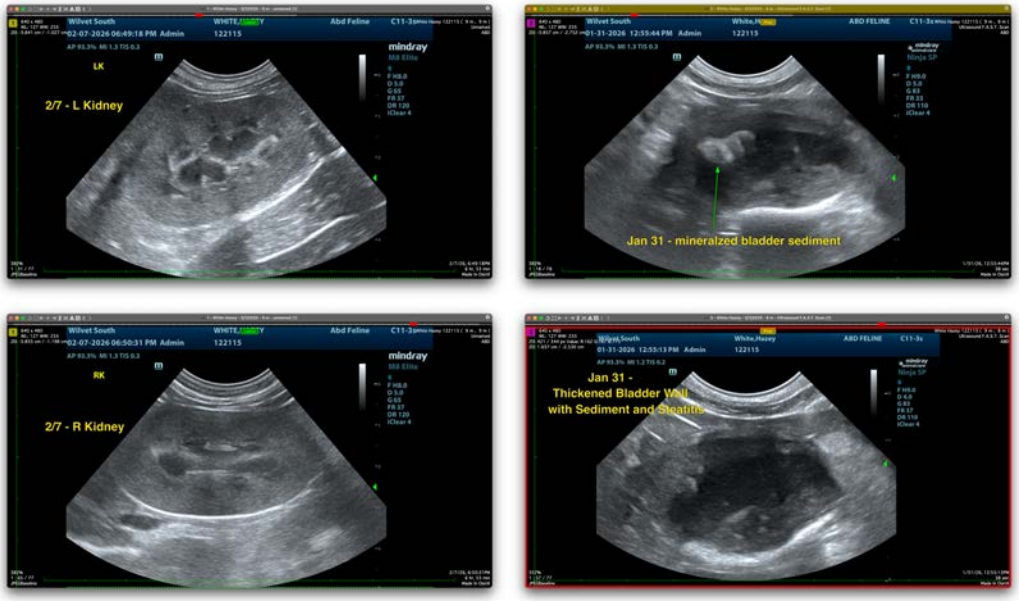

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com