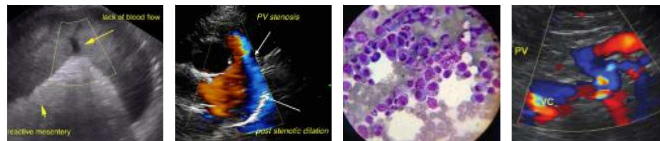
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Baby Sparano

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

7.6 kg

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Bend AESC

REFERRING VET

Cait Lacey, DVM

INVOICE

13563

DATE

1/23/22

PRESENTING CLINICAL SIGNS

History: Current Medications: NONE Vaccination Status: Current on distemper, rabies and lepto vaccine series FeLV/FIV status: Unknown Housing/Environment: indoor only Any allergies or sensitivities: NONE Regular diet: Transitioning to a raw diet Travel History: NONE-stays within Bend area only Previous Medical History: NONE-previously healthy Any Coughing? NONE Any Sneezing? NONE Any Vomiting? NONE Any Diarrhea? Yes- soft consistency diarrhea with mucous and straining Any Polyuria/Polydipsia? NO Primary complaint and history for this visit: Going in and out of the litterbox frequently, small amounts of urine after she leaves the litter box Owner notes patient has been having soft stools w/normal frequency. Otherwise healthy w/no historical concerns.

Abnormal PE/Chem/CBC/UA Results: Physical Exam: No significant dehydration, patient is obese. No profound abdominal pain. Unremarkable PE AFAST: Urinary bladder is very small with severe urinary bladder wall thickening, although minimal urine is present within the urinary bladder lumen. No observable uroliths appreciated, however the cranial bladder wall has severe hyperechogenic regions. Continued for complete AFAST w/no overt abnormalities appreciated w/score 0/4 (no peritoneal effusion appreciated). CBC: Within normal limits CHEM17: Within normal limits LYTES: Mild hypokalemia 3.4 PCV/TS: 40/7.2 Therapeutic plan: Norm-R 20ml/hr + 20mEq KCl/L Maropitant 7.5mg IV q24hr Buprenorphine 0.15mg IV q8hr Monitoring plan: Vitals q4hr w/RR q2hr; NPO after 12am in preparation for AUS w/Dr. Mayfield tomorrow ~9-11am 0200: Recheck AUS evaluation of urinary bladder exhibits moderate amount of hyperechoic sediment w/no noted "rolling" to suggest urolith(s), region of dorsal aspect of apex remains hyperechoic with mild to moderate urinary bladder thickening remaining as bladder fills with urine. Elect to again hold on cystocentesis due to continued concerns. Cystocentesis performed on 1/23/2022 at 8 am: Pale yellow, slightly cloudy urine USG> 1.050 pH:6.5 Proteinuria: 5 g/L Pyuria: WBC 6/HPF Hematuria: >50/HPF Suspect cocci bacteriuria (on sedivue)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

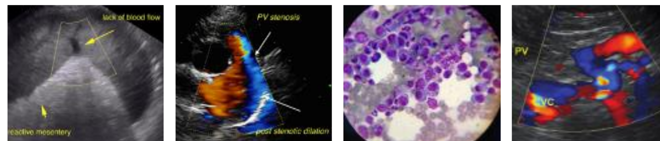
The urinary bladder is mildly to moderately distended. The wall in the region of the apex is mildly thickened (up to 0.47 cm) and irregular. In the thickened portion of bladder wall, an ill-defined hyperechoic area is observed at the mucosal surface. A needle track from the previous cystocentesis is visible in the ventroapical region. A small amount of echogenic to mineralized debris +/- a 0.28 cm cystic calculus is present. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.09 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.14 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Baby Sparano

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

7.6 kg

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Bend AESC

REFERRING VET

Cait Lacey, DVM

INVOICE

13563

DATE

1/23/22

The right adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (0.84 cm in width at the level of the hilus) with a slightly undulating medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder wall changes in the region of the apex could be consistent with cystitis or may be somewhat artifactual due to lack of full repletion. Scant mineralized debris +/- tiny cystic calculus.

- The remainder of the abdomen is unremarkable.

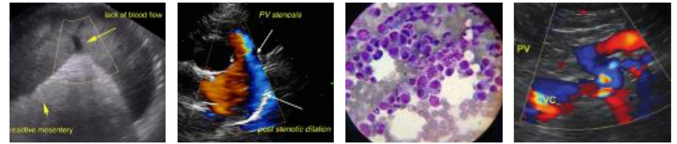
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity

- A UPC should also be considered if the urine and culture and sensitivity is negative

- Consider transitioning to a prescription urinary diet

- A recheck ultrasound is recommended in 3-4 weeks to reassess the mineralized urinary bladder debris. If a discreet calculus is present at that time, a cystotomy with stone removal,



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Baby Sparano

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

7.6 kg

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Bend AESC

REFERRING VET

Cait Lacey, DVM

INVOICE

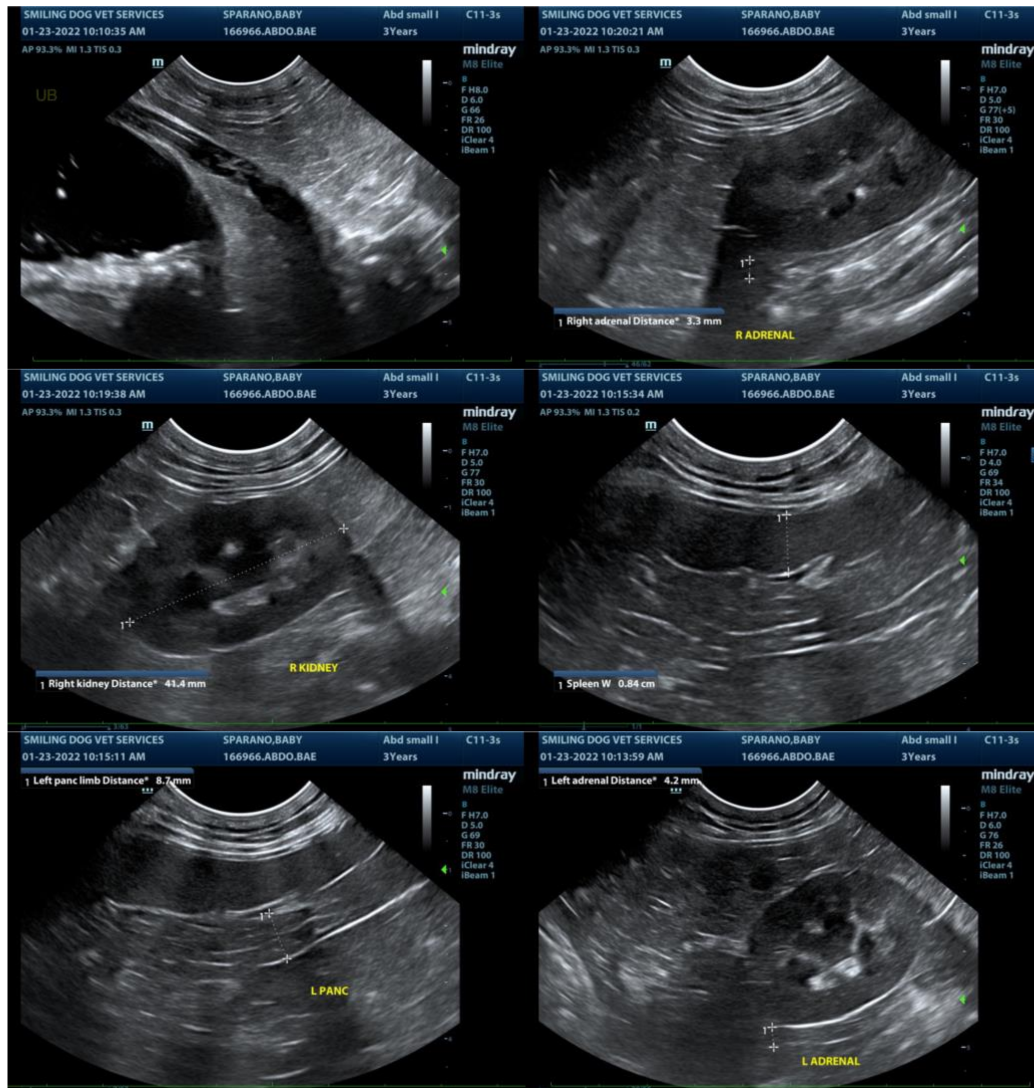
13563

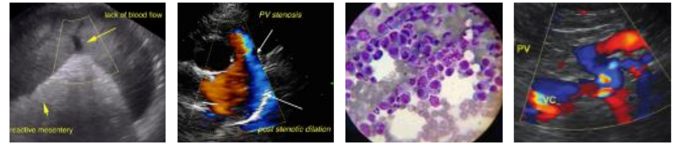
DATE

1/23/22

analysis and culture can be considered.

- If all tests are inconclusive, consider initiation of treatment for idiopathic cystitis.
- Regarding the GI signs, consider a more advanced workup (i.e., fecal evaluation, GI panel, hypoallergenic diet trial, etc.).





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Baby Sparano

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

7.6 kg

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Bend AESC

REFERRING VET

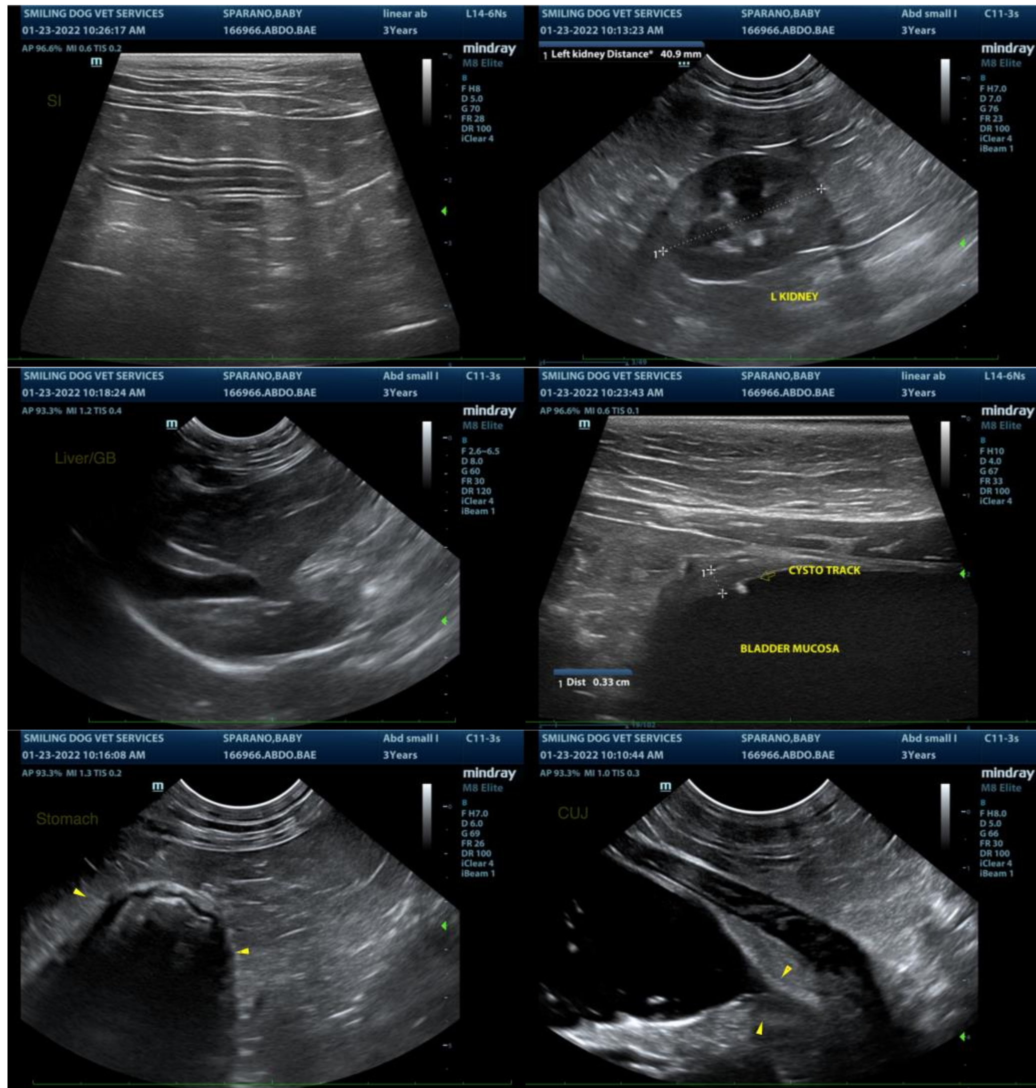
Cait Lacey, DVM

INVOICE

13563

DATE

1/23/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com