

**DATE PRESENTING CLINICAL SIGNS**

1/24/2022

PATIENT

Luna Wilson

History: P seen at Pet ER beginning of 12/21 for straining to urinate and have very small amounts of urine. P had rads and U/A - no evidence of stones, bacteria, or crystals. P started on gabapentin, buprenorphine and Convenia. P improved but then seen 12/29 for same issue - repeated U/A - seeing moderate rods and cocci and Ca oxalate crystals - repeated Convenia and started gabapentin and prazosin. 1/14/22 - O reports P having blood in the urine and still going into the litterbox frequently. Repeated another U/A - no bacteria or crystals but 3+ blood present and increased WBC.

SPECIES

Feline

BREED

Domestic longhair

SEX

Female, spayed

Current Medications: Gabapentin 50mg - 1 tab PO q12hrs started 1/17, Prazosin 0.5mg - 1 tab PO q12hrs started 1/17, Convenia injection 0.58mL - last given 12/29/2021.

Lab Results: U/A - 12/29/21: USG 1.050, PH 6.5, Protein 4+, Glucose NEG, Ketones NEG. RBC 50-75, WBC 2-5, Bacteria Moderate rods and cocci, Crystals Occ Ca oxalate. 1/17/22: USG 1.054, PH 5.5. Protein 4+, Glucose NEG, Ketones NEG, RBC 3+ >100, WBC 6-10, Bacteria None, Crystals None.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

AGE

7/17/2019

WEIGHT

12.9 lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A small to moderate amount of mineralized sand and at least one tiny calculus is observed within the lumen as well as some aggregated echogenic debris. The region of the trigone is partially obscured by the mineralized sand but no obvious pathology is observed. The visible portion of the proximal urethral wall is normal. The proximal urethral lumen may contain a scant amount of mineralized sand.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

The left kidney is normal size (3.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.01 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Warm & Fuzzy VC

Adrenal Glands

The left adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Weber

The right adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

12902

Spleen

The spleen is normal in size (0.89 cm in width at the level of the hilus) with a normal capsular 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 mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen contains shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. 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 ileocecal colic junction and colonic wall are 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.

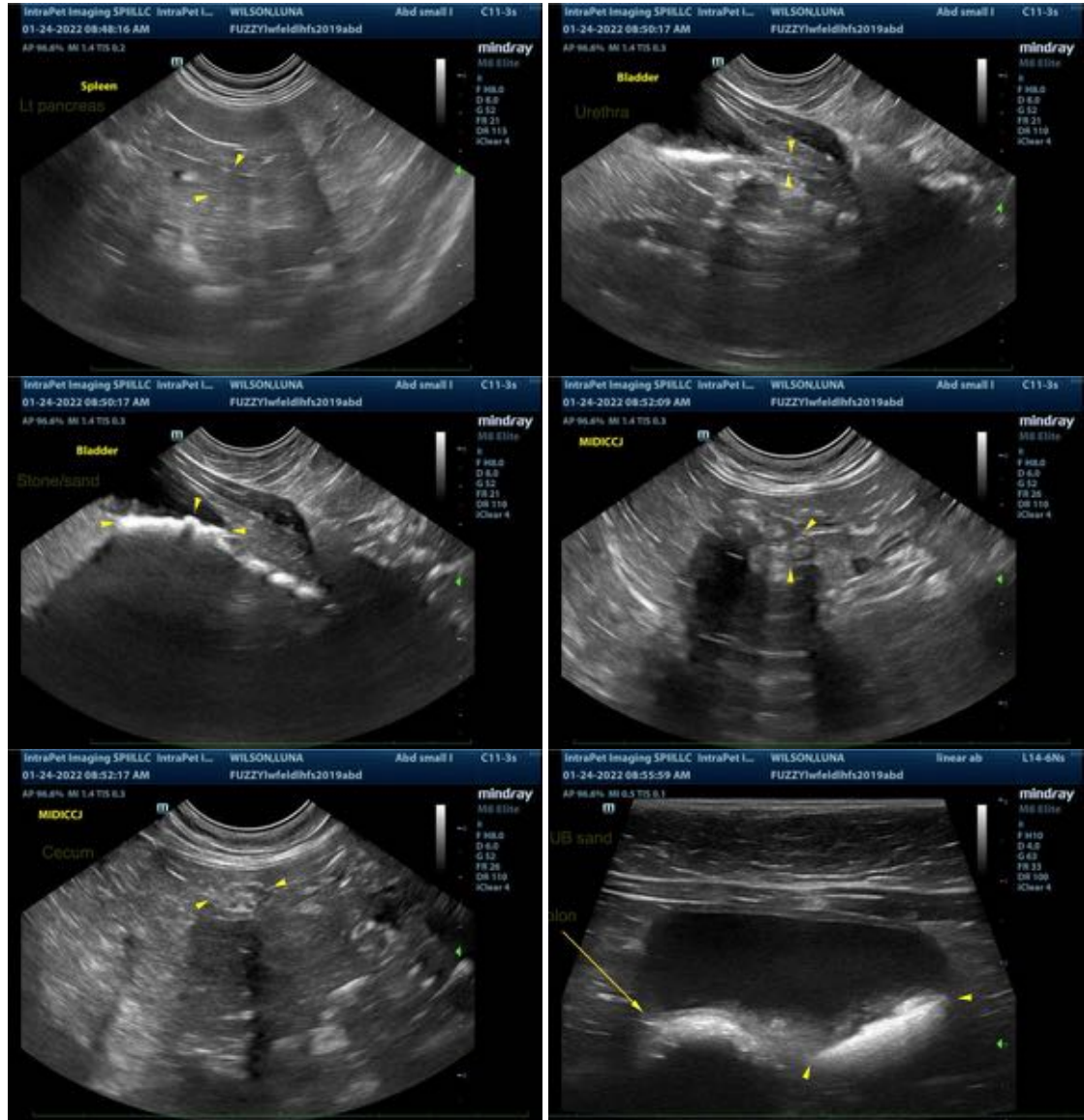
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sand with suspected tiny calculus/calculi.
- The gastric luminal contents are suspicious for foreign material (i.e., hair). Correlation with clinical findings is recommended. There is no obvious evidence of outflow obstruction at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If a conservative approach is desired, consider conservative management with a prescription urinary diet and broad-spectrum antibiotic therapy as an attempt at medical dissolution of the sand/stones. A recheck ultrasound is recommended in 4 weeks to assess for progression. If sonographic changes are similar to the current scan, a cystotomy with stone removal, analysis and culture may be warranted.
- A urine culture and sensitivity is also recommended as well as continued treatment for idiopathic cystitis.
- If the patient exhibits episodes of vomiting, consider abdominal radiographs +/- a repeat ultrasound to reassess for gastrointestinal foreign material.





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.

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