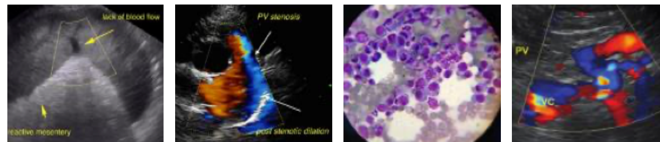

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1-800-838-4268 info@sonopath.com

PATIENT
Avril Myers

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
6 mos

WEIGHT
5 bs

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

IMAGING PERFORMED BY
Meghan Myers VMD

HOSPITAL NAME
Hershire AH

REFERRING VET
Meghan Myers VMD

INVOICE
11773

DATE
10.5.22

PRESENTING CLINICAL SIGNS

History: pet was rescued as a 1-pound kitten. clients dropped her off at clinic saying she had been found in the road and they thought she was hbc. She had hematuria at that time. Pet continues to urinate outside of the box and pollakiuria. Also has had chronic diarrhea for last month that is nonresponsive to metronidazole, Profender and Pyrantel deworming and Fortiflora. When pet was spayed 4 weeks ago her bladder was noted to be very thickened on palpation, but we did not open the bladder.

Abnormal PE/Chem/CBC/UA Results: most recent urine culture was no growth u/a in house today showed mild cocci (cysto sample) 1+ protein, ph 6.5, no blood. Culture pending diarrhea panel and repeat fecal pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. At least one, cystic calculus (0.28 cm) is observed, along with a small amount of gravity dependent, mineralized sand. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is subjectively normal size with a normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present. There is no obvious evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.39 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 region of the **adrenal glands** is evaluated. No obvious pathology is observed.

Spleen

The **spleen** is normal in size (0.72 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 anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is not distended. The gastric wall is 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 colonic wall is normal. There is no evidence of an obstructive pattern.

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. A 1.20 cm medial iliac **lymph node** is visualized. A few mesenteric lymph nodes are also visible, the largest measuring 0.75 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cystic calculus with mineralized urinary bladder sand

Secondary Findings

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

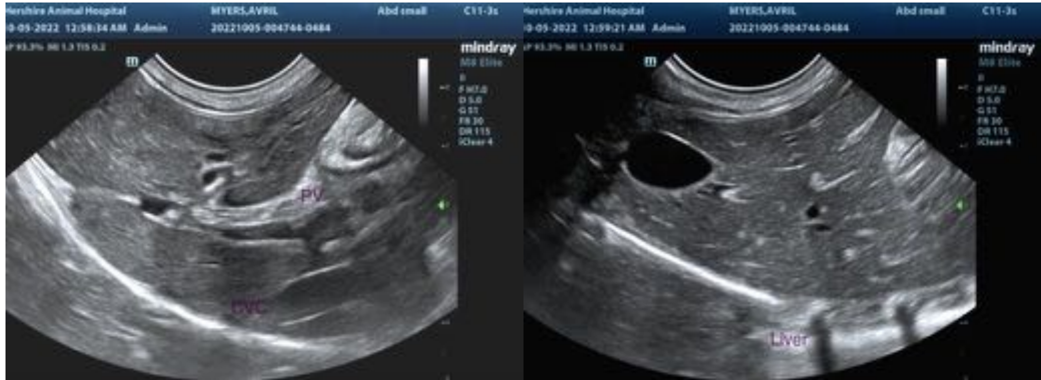
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.

- Given the presence of a cystic calculus in a cat of such a young age, consider pre-and postprandial serum bile acids to screen for a congenital portosystemic shunt (which can result in urate urolithiasis).

- Regarding the chronic diarrhea, consider the following:

    - Consider deworming with Fenbendazole (as empirical treatment for Giardia) despite the negative fecal evaluation
    - Also, consider initiation of a limited antigen diet.
    - A malabsorption panel including serum cobalamin and folate, TLI and PLI should also be considered to screen for maldigestion/malabsorption, exocrine pancreatic insufficiency, and pancreatitis.
    - Consider empirical treatment for small intestinal bacterial overgrowth with a 4-week course of Tylosin.
    - Fiber supplementation (i.e., Metamucil, Konsyl) may also be beneficial in reducing diarrheic stools.



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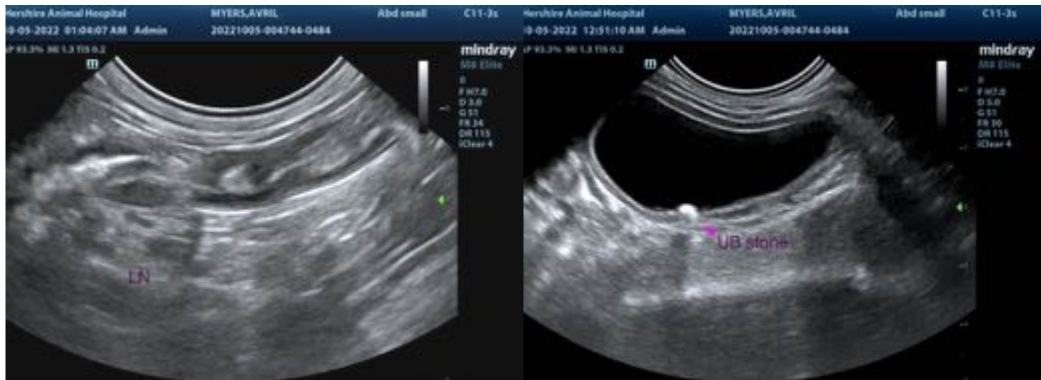
Liver



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Hershire Animal Hospital
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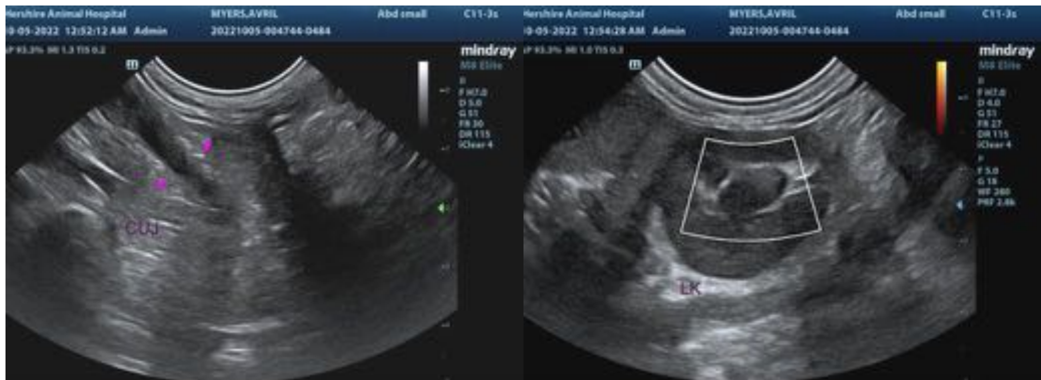

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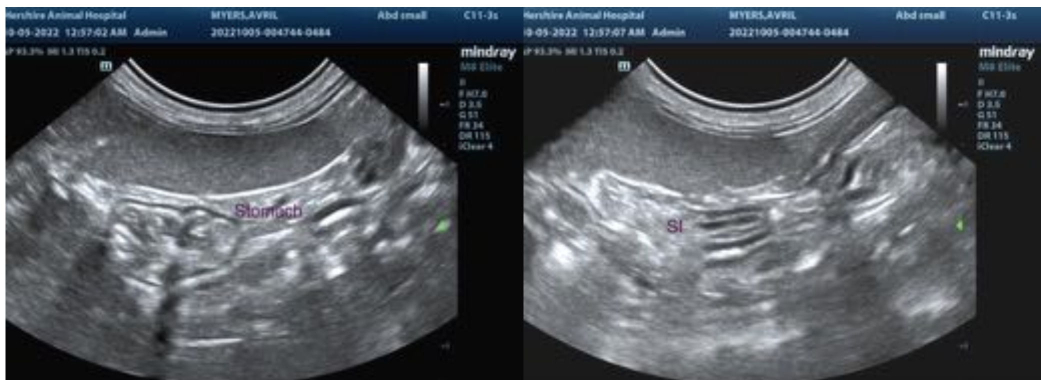

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Stomach
Hershire Animal Hospital
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding 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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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