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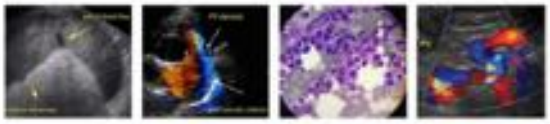


IMAGING PERFORMED BY
pawsonography@gmail.com 530-708-8340

**PATIENT**

Jiboom Sherwood

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

3 years

**WEIGHT**

12.5 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT LVT

**HOSPITAL NAME**

Pine Creek VC

**REFERRING VET**

Dr Denny Nolet

**INVOICE**

11784

**DATE**

10.6.22

## PRESENTING CLINICAL SIGNS

History: sedation dex/torb- P was presented to us on 9/26 for inappropriate urination. P has been doing this for 6-12 months. No new changes in life, litter, or environment and P uses litter box for BM. E/D/A normal. No PU/PD. No c/s/v/d. O uses corn cob-based litter and multiple litter boxes. O first thought this was behavioral related until they noticed urine was darker in color and sticky. On combo wet and dry: Fancy feast wet and SD dry. For treats on greenies and tasty chicken treats. Urine collected via cysto Exam In house UA shows mostly RBC's. very few WBC's . Discussed Hx, PE dDx I would recommend NO dry food, canned food only. send the cat home on: Rx Prazosin 0.5 mg BID x 7 days, then once daily x 7 days. Rx Buprenex 0.1 ml BID x 5 days. Rx Cosequin One cap in food daily x 30 days Rx Clavamox drops Give one ml BID x 7 days.

Abnormal PE/Chem/CBC/UA Results: UA: RBC> 50, USG 1026, pH 6.5, Urine protein 30, Blood 250

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2-3 cm, are normal.

The **left kidney** is normal size (4.27 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 mildly enlarged (0.54 cm width) with a slightly rounded shape. Glandular echogenicity and detail are normal. Surrounding vasculature is normal.

The **right adrenal gland** is mildly enlarged (0.57 in width), with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

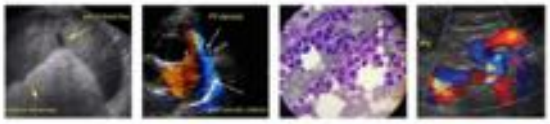
### *Spleen*

The **spleen** is normal in size (0.82 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.





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***Gastrointestinal***

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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. There is no evidence of an obstructive pattern.

***Pancreas***

The **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

***Free Abdomen***

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion.

One to two sublumbar **lymph nodes** are visible, the larger measuring 1.62 cm in length. The nodes are normal in shape and echogenicity. A few prominent mesenteric lymph nodes are also seen, the largest measuring 1.42 cm in length.

***Other***

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The urinary bladder debris could be consistent with cells, crystals, exfoliated material and/or lipid droplets.

### Secondary Findings

- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.

  *An obvious cause for the patient's clinical signs is not identified in this study. Considerations include occult urinary tract infection, feline idiopathic cystitis, underlying metabolic issue, other.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline lab work, including a CBC and Chemistry panel is recommended to assess for underlying metabolic disease.

A urine culture and sensitivity is also recommended, preferably on pre-antibiotic sample.

If the above diagnostics are inconclusive, continued empirical treatment for feline idiopathic cystitis is recommended.

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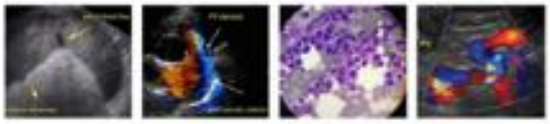

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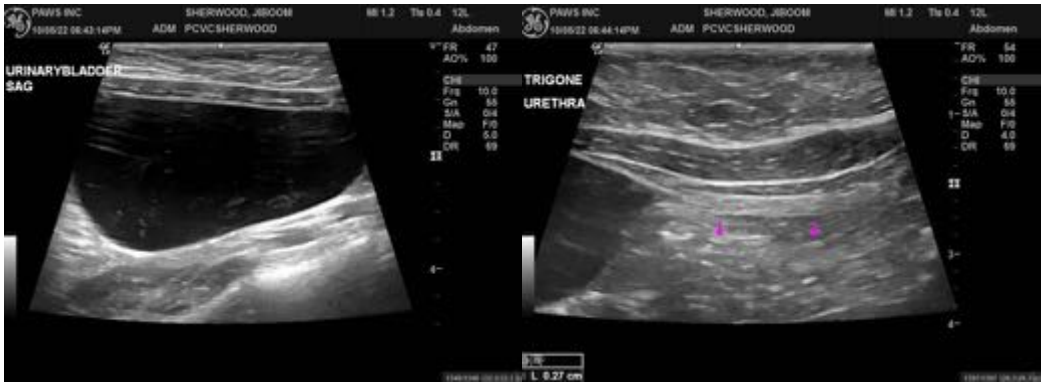


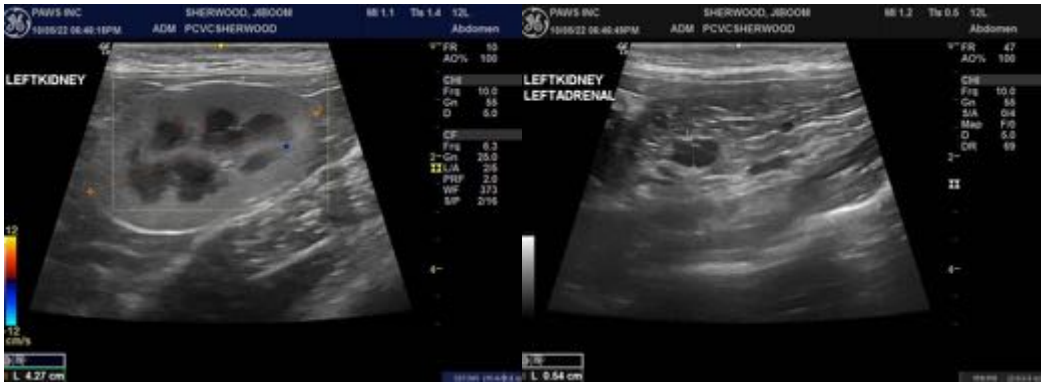


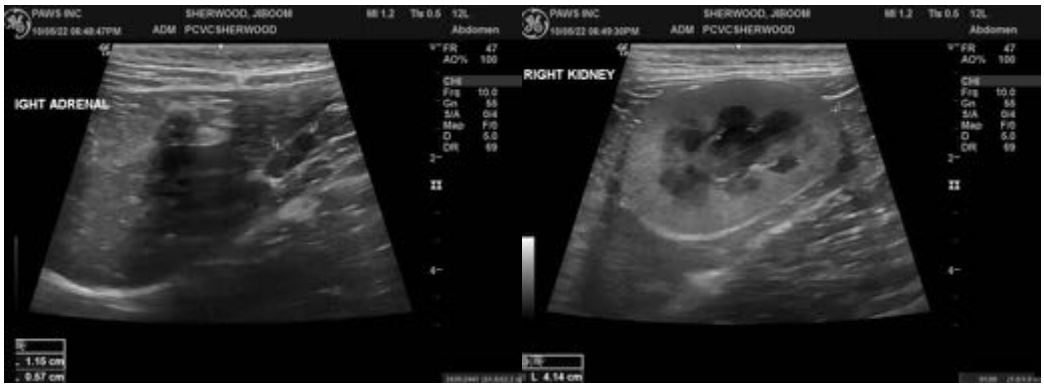


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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