

**DATE PRESENTING CLINICAL SIGNS**

10/8/21

History of UTI's that have not resolved despite urine culture and sensitivity and multiple rounds of antibiotics (Clavamox, Orbax, Amoxicillin).

PATIENT

Rocky Vaughan

Current Medications: Dasuquin Advanced Feline - One capsule on food daily. Orbax liquid- getting 0.3 ml PO every 12 hours.

SPECIES

Feline

Lab Results: Feline Senior Wellness Panel:
 - CBC: Mono 0.75 High (0.04-0.53)
 - CHEM: Total Protein 6.2 High (6.3-8.8)
 All other values WNL. Cardiopet ProBNP: 191 High (0-100)
 Total T4: all normal.

BREED

Persian

Date of Previous IntraPet Ultrasound: No previous

SEX

Male Neutered

Sedation: Sedation not required.

Stat Report: Stat report not requested by DVM.

AGE

2007

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of gravity-dependent sand as well as a moderate 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 cm, are normal.

WEIGHT

8 lbs.

INTERPRETED BY

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

The left kidney is normal size (4.18 cm in length) with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic. There is moderate loss of corticomedullary distinction. At least two stones are observed adjacent to the renal pelvis. The largest measuring 0.46 cm in diameter. There is no evidence of pyelectasia, infarcts or hydroureter.

HOSPITAL NAME

Swan Creek Veterinary
 Clinic

The right kidney is normal size (4.50 cm in length) with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands**REFERRING VET**

Dr. Receski

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.70 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.

INVOICE

11984kk

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No focal lesions are observed. A few small, intrahepatic biliary stones are visualized. Hepatic vasculature is of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent mineralized sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 is normal to mildly thickened (up to 0.36 cm) with a normal layering pattern and appropriate mural detail. There is disruption of the normal 1:3 muscularis to mucosal ratio in most segments. 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

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

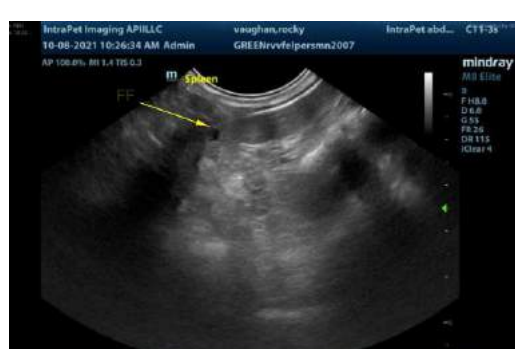
- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis.
- Left non-obstructive nephrolithiasis.
- Urinary bladder sand/debris.
- The cause of the trace ascites is unclear. It may be secondary to renal or GI inflammation, low oncotic pressure, increased hydrostatic pressure, and other.

Secondary Findings:

- Intrahepatic biliary stones – incidental.
- Gall bladder sand – incidental.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the recurring urinary tract infections, a prolonged antibiotic course (i.e., 4 weeks) may be warranted with a repeat urine culture and sensitivity mid-way through the treatment regimen and again 5-7 days after the last dose.
2. Given the patient's age and the trace ascites, three-view thoracic radiographs are recommended to assess cardiopulmonary status.
3. If the patient develops gastrointestinal signs, further GI work up may be warranted.



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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