



PATIENT PRESENTING CLINICAL SIGNS

Kiwi Funk
History: Pet presented November 16th for hematuria. Pet was sent home with Amoxi.clav and Gabapentin while waiting on UA results. Next day, owner stated that pet was doing a lot better, so she continues on antibiotics and Gabapentin. Owner reported that after finishing antibiotics, urine became bloody again. No straining to urinate and pet is using the littler box.

SPECIES

Feline
Abnormal PE/Chem/CBC/UA Results: UA UPC: 1.7, RBC present Blood: 3+ RBC: 21-50 struvite present but normal pH Urine culture done (Nov 25) after been on Amoxicillin-clavulanic acid +/- metronidazole, Denamarin: no growth

BREED

DSH ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female
The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of aggregated, echogenic debris is observed within the lumen, along with a small amount of gravity dependent mineralized sand. The region of the trigone and visible portion of the proximal urethra are normal.

AGE

8 mos
The left kidney is normal size (3.56 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.

WEIGHT

11.9 lbs
The right kidney is normal size (3.75 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.

INTERPRETED BY

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

Adrenal Glands

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

IMAGING PERFORMED BY

Spleen

The spleen is normal in size (0.84 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.

Dr Lynette Reyes

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.

HOSPITAL NAME

Chain of Lakes AC

REFERRING VET

Dr Angela Chesanek

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 moderately distended with ingesta and soft, shadowing material. The gastric wall is 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.

INVOICE

11936

DATE

12.1.22

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.



PATIENT

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Free Abdomen

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

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder debris and mineralized sand
-
- The soft, shadowing material within the gastric lumen may represent foreign material (i.e., hair) and/or normal ingesta.

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DSH

SEX

Spayed Female

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include occult urinary tract infection, tiny cystic calculi, other. It is unusual to see this degree of mineralized urinary bladder sand in a young patient such as this. The possibility of a congenital portosystemic shunt with ammonium biurate crystalluria should be considered despite not seeing this type of crystals on the urinalysis.

AGE

8 mos

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider pre-and postprandial serum bile acids as a general screening for a congenital portosystemic shunt.
- Also consider a repeat urine culture and sensitivity in 1-2 weeks to reassess for infection.
- Thorough evaluation of the external genitalia is recommended along with a vulvar examination to assess for structural causes of hematuria.

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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.

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