SonoPath
Clinical Sonography & Telecytology
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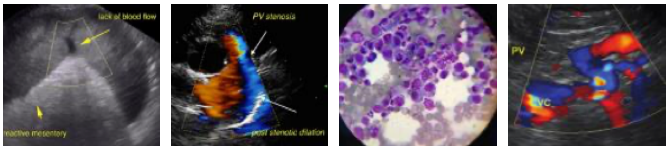


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Toast Levesque

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Jarrett

INVOICE

12734

DATE

PRESENTING CLINICAL SIGNS

Abnormal PE/Chem/CBC/UA Results: Hematuria. UP: Creatinine 0.3. U/A: USG 1.042, pH 7.0, WBC 0-2, RBC 10- 15, Urine Protein 2+, and 3+ CA oxalate crystals. CBC: NSF. CHEM: NSF. T4: 4.4.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. A 0.52 x 0.39 cm fluid filled bulge in the apical wall is seen. The wall adjacent to this region is slightly thickened (up to 0.33 cm). A small amount of gravity-dependent mineralized sand as well as some suspended echogenic debris is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.10 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.62 cm length; 0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.61 cm length; 0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

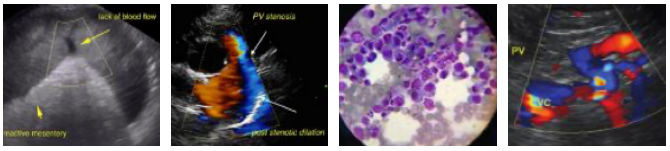
The spleen is normal in size (0.87 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal



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lumen is segmentally dilated with chyme. 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. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visible portion of the right limb the parenchyma is isoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated.

Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 1.67 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected apical urinary bladder diverticulum with luminal sand and debris. The diverticulum may be a source of urine retention and infection for this patient.

Secondary Findings:

- Bilateral age-related renal changes.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended.
- A positive contrast radiography can be performed to confirm the presence of a urinary bladder diverticulum. If an aggressive approach is desired, a surgical removal of the urinary bladder diverticulum can be performed. If surgery is pursued, three-view thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.
- Given the presence of crystalluria, a prescription urinary diet is also recommended.

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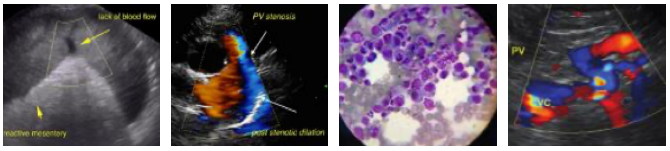

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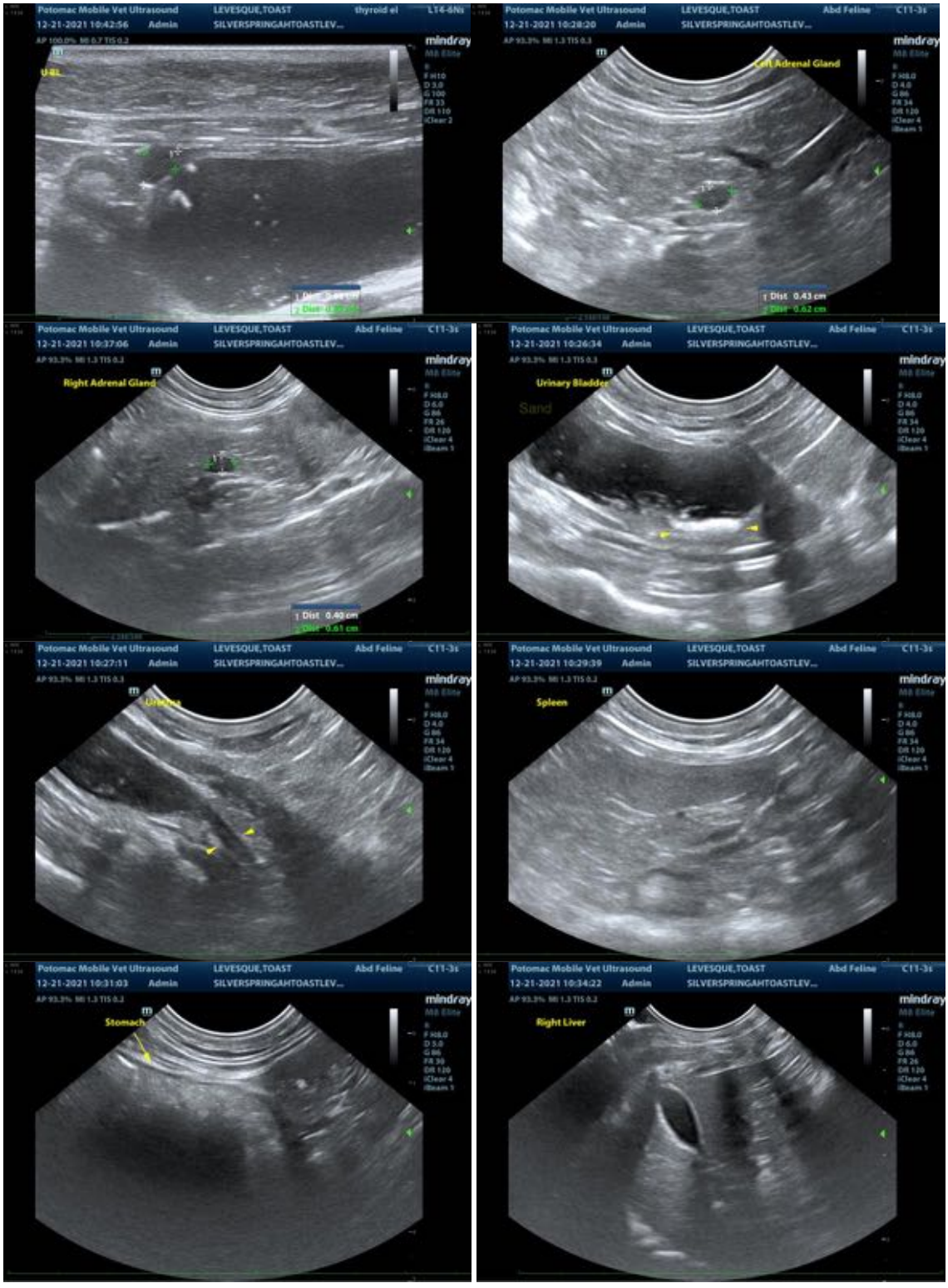

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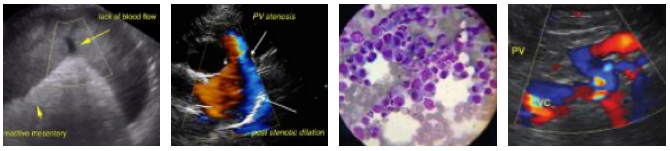

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com