



PATIENT

Kitty Santana Soto

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 years

WEIGHT

11.4 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ferrer DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Maria Martes

INVOICE

11954

DATE

12.27.22

PRESENTING CLINICAL SIGNS

History: Presented for a focal urinary ultrasound. Pt has a history of being paraplegic and has recurrent urinary tract infections. Pt had over 10 in the past year. Recently pt developed hematuria; urine was mucoid. She was sent home with Clavamox pending UA and culture results to IDEXX. UA was not able to be run because of the mucoid consistency of urine. There was no growth in the urine culture.

**This study was limited to the urinary tract. There is a potential for pathology in organs that were not visualized.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is variably thickened (0.71 cm). A moderate to large amount of swirling echogenic debris, along with adhered mineralized sand is observed within the lumen. No distinct cystic calculi are observed. The region of the trigone and the proximal wall are normal.

The left kidney is normal size (4.34 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A 0.36 cm cortical cyst is observed at the cranial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.36 cm in length) with a normal shape, architecture and 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.

Lymph nodes

The medial iliac lymph nodes are visible (left: 1.74 x 0.47 cm) (right: 1.84 x 0.51 cm). The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The urinary bladder wall changes are most consistent with cystitis, with a large amount of debris which could be consistent with cells, crystals, exfoliated material and/or lipid droplets.

*The patient's chronic urinary tract infection and subsequent cystitis are likely secondary to the paraplegic state.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Despite the negative urine culture, empirical treatment for a urinary tract infection is recommended. Due to the frequency of urinary tract infections, long-term low-dose antibiotics or "pulse" dosing (i.e., 4 days on, 3 days off) may be warranted. However, there is risk of antibiotic resistance with these approaches. Also consider initiation of a cranberry supplement (i.e., Crananidin).



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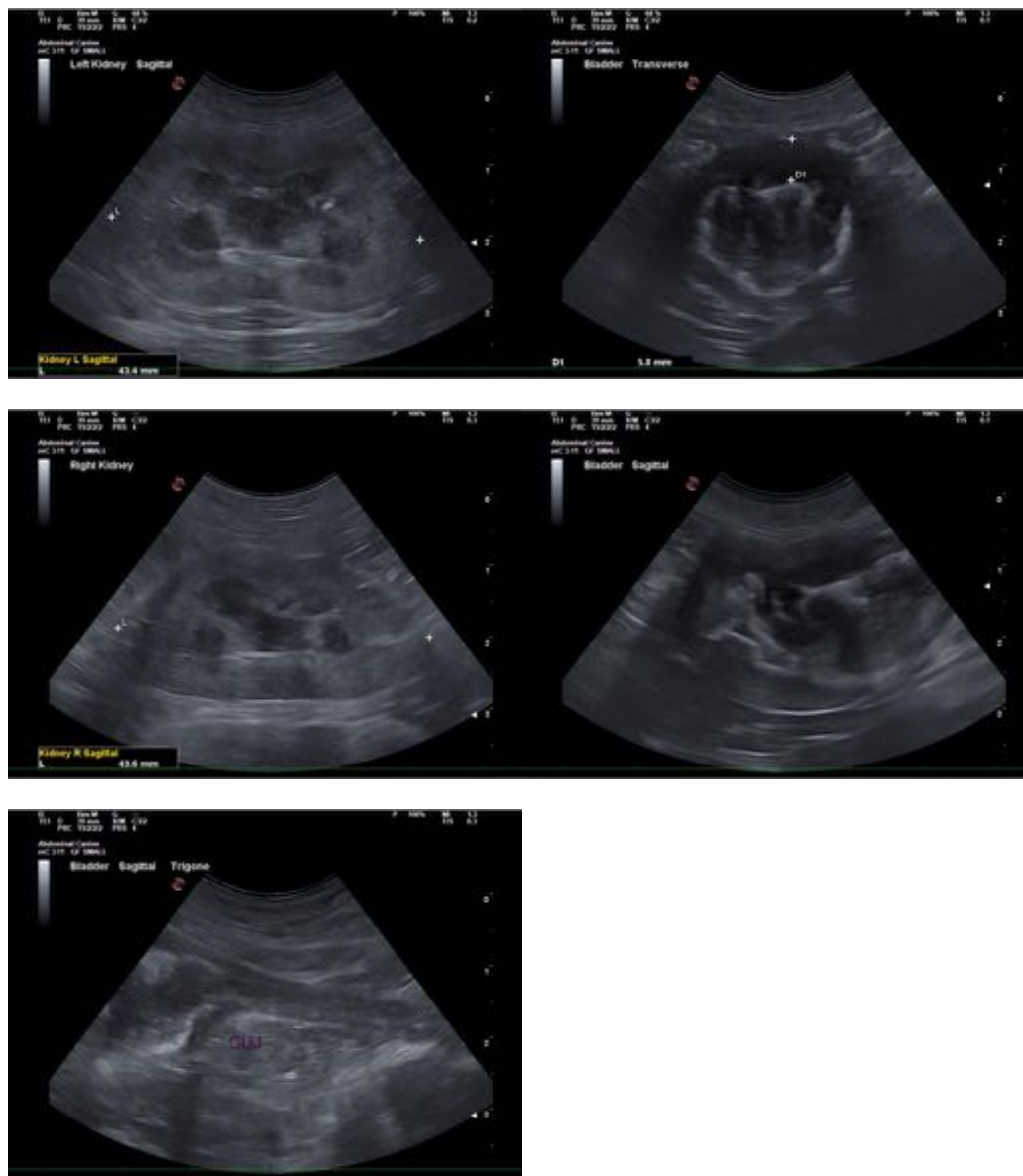
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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