

**DATE PRESENTING CLINICAL SIGNS**

12/8/21

PATIENT

LGK Jankowski

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/12/2017

WEIGHT

8.78 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Twardzik

INVOICE

12855

History: Seen at the emergency clinic on 10/14 for presumed cystitis; was discharged with Buprenex, Prazosin and Clavamox. Was seen on 10/16 for recheck; on exam, only findings were dental tartar, reluctance to extend left hip, and BCS of 2/5. The owner reported she was doing better, but still whining some and would urinate inappropriately if objects on floor. A recheck urinalysis demonstrated struvite crystalluria, and a course of Simplicef was prescribed due to previous improvement on antibiotic. A recheck urinalysis on 11/19 demonstrated pyuria.

Lab Results: 11/19 Urinalysis: SG > 1.050, > 50 RBC/hpf, 20 WBC/hpf. No bacteria seen.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is mildly distended with mostly anechoic urine. The wall is slightly thickened (up to 0.22 cm) with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.33 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.

The right kidney is normal size (3.31 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.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.61 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 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. No obstructive disease is noted.

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. The abdominal lymph nodes are normal/not visible.

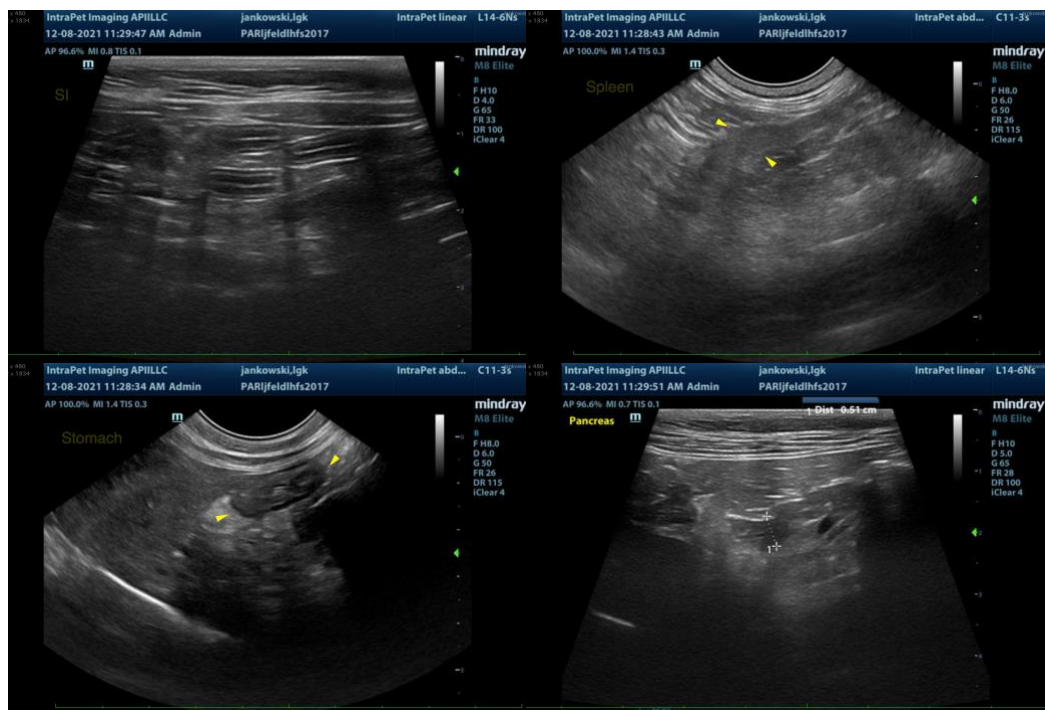
ULTRASONOGRAPHIC FINDINGS

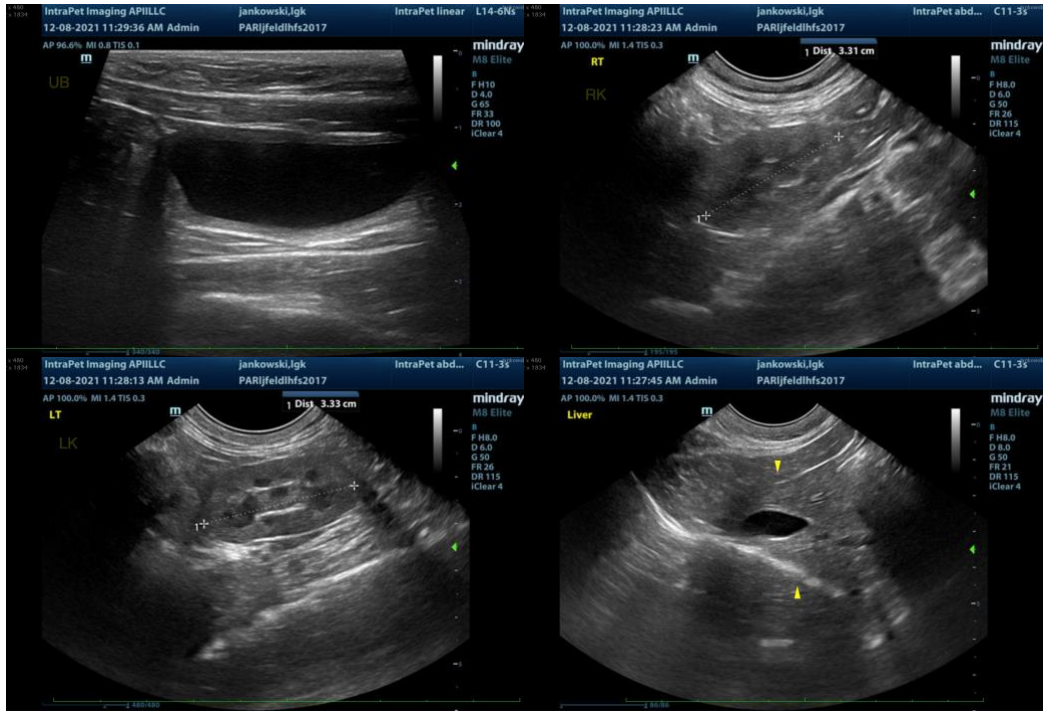
- The mild bladder wall thickening could be consistent with cystitis or may be artifactual due to lack of full repletion

*An obvious cause for the patients' clinical signs is not identified in the study. Considerations include idiopathic cystitis, urinary tract infection, behavioral issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended, ideally, at least 5-7 days after the last dose of antibiotics. If negative, medical management for idiopathic cystitis is recommended.





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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