

PATIENT

Trigger Inman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 years

WEIGHT

15.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Fogarty

INVOICE

12245

DATE

2.16.23

PRESENTING CLINICAL SIGNS

History: P has FIC, very frequent flare ups for the past 18 months; currently on UR. Previous rads were negative for uroliths. Has not had crystals in urine on last two UAs. Last flare up was on Friday, frequent trips to litterbox, occasionally urinates outside of box, small volumes, sometimes blood present. Recent UA sent to Idexx showed USG: 1.040, pH: 7.5, 2+ struvites, 3+ hematuria; slightly painful on abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: Current Medications gabapentin, acepromazine, UR diet
Radiographic Findings pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of echogenic-to-mineralized debris is observed within the lumen (some of which is gravity dependent, some of which is suspended). The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.39 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.12 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.75 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.

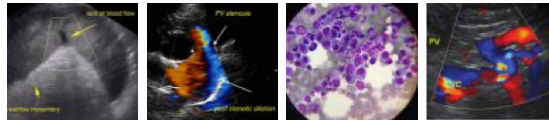
Liver

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/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal



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layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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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.

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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.

SEX

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucous, and/or lipid droplets. The remainder of the abdomen is unremarkable.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended to assess for occult infection.
- Continued symptomatic care for feline idiopathic cystitis and crystalluria is recommended, including antispasmodics, pain medications, prescription urinary diet, +/- anti-inflammatories, as well as environmental modification to reduce stress, and measures to increase water consumption.

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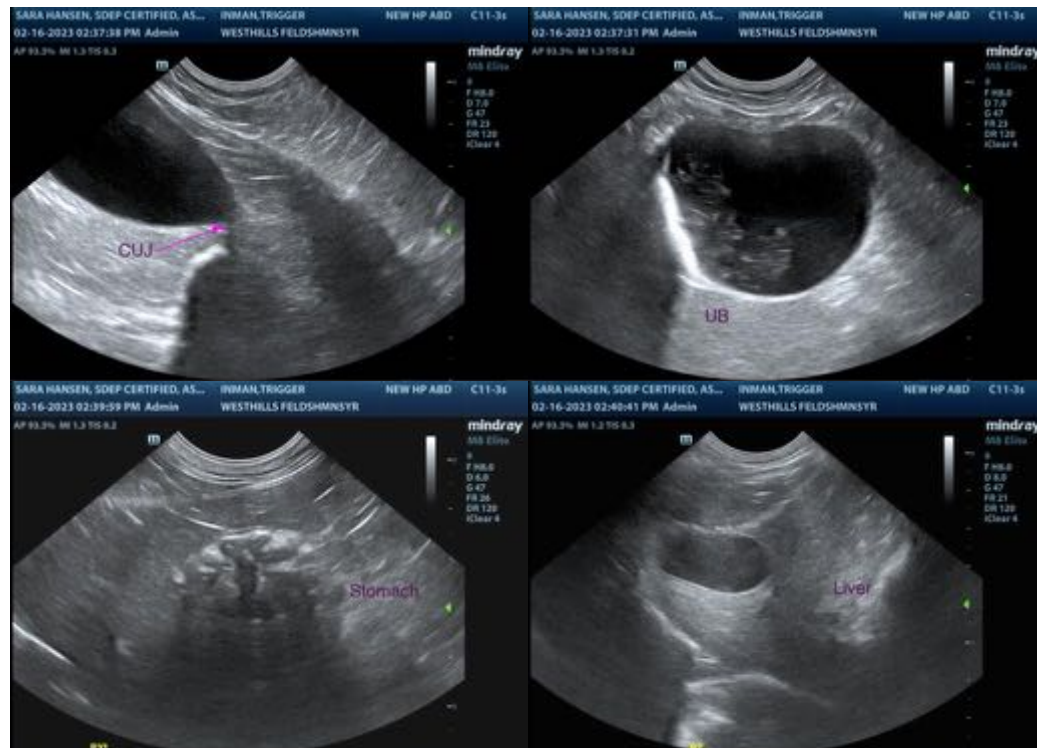
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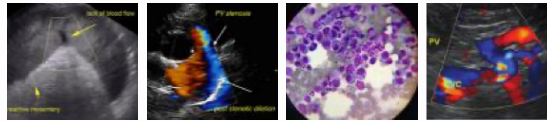
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com