**DATE PRESENTING CLINICAL SIGNS**

2/8/22

History: History of sand/grit in bladder causing urinary blockage (2016) Past week has had decreased urine output, but no straining in litterbox. Penis out off/on. Lots of licking. Was blocked on 1/29/22 but was able to "relieve" himself. Still decreased amounts of urine

PATIENT

Bob Hicks

Current Medications: Phenoxybenzamine 2.5 mg bid since 1/29/22. Convenia injection.

Lab Results: Urinalysis on 1/29/22 showed no blood or crystals, lots of cocci.

Radiographs: No stones seen on radiograph.

Date of Previous IntraPet Ultrasound: 2-16 (unable to locate in our records).

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

SPECIES

Feline

BREED

Domestic shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth.

The bladder lumen is moderately distended. A scant amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Male, neutered

AGE

11/20/2009

The left kidney is normal size (4.50 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 corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

16.7 lbs.

The right kidney is normal size (4.57 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 corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.33 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.

HOSPITAL NAME

Honeygo AH

Spleen

The spleen is normal in size (0.91 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.

REFERRING VET

Dr. Mullenex

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. A small amount of echogenic to mineralized gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

INVOICE

12986

Gastrointestinal

The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme (mild). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The wall of the descending colon is mildly thickened (up to 0.38 cm) with a prominent submucosal layer. No obstructive disease is noted.

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.

Free Abdomen

No free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.61 cm in length. In addition, a few prominent, slightly cystic lymph nodes are observed in the caudal abdomen, adjacent to the colon. The mesentery surrounding all nodes is mildly hyperechoic.

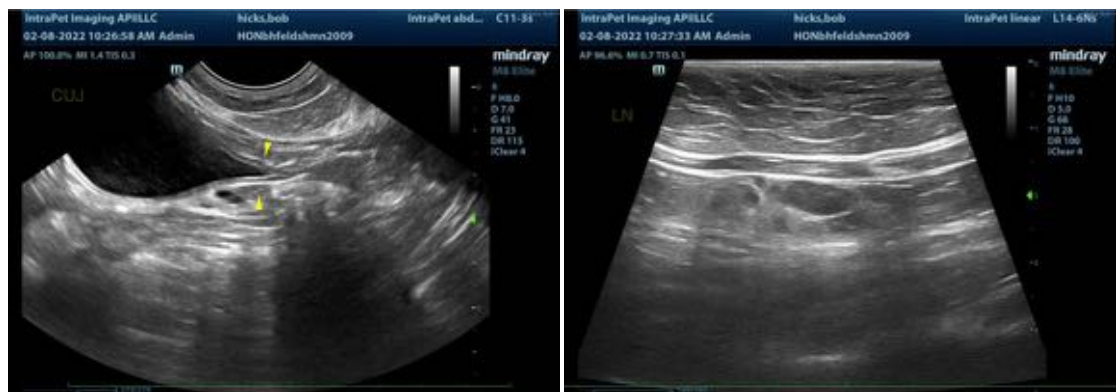
ULTRASONOGRAPHIC FINDINGS

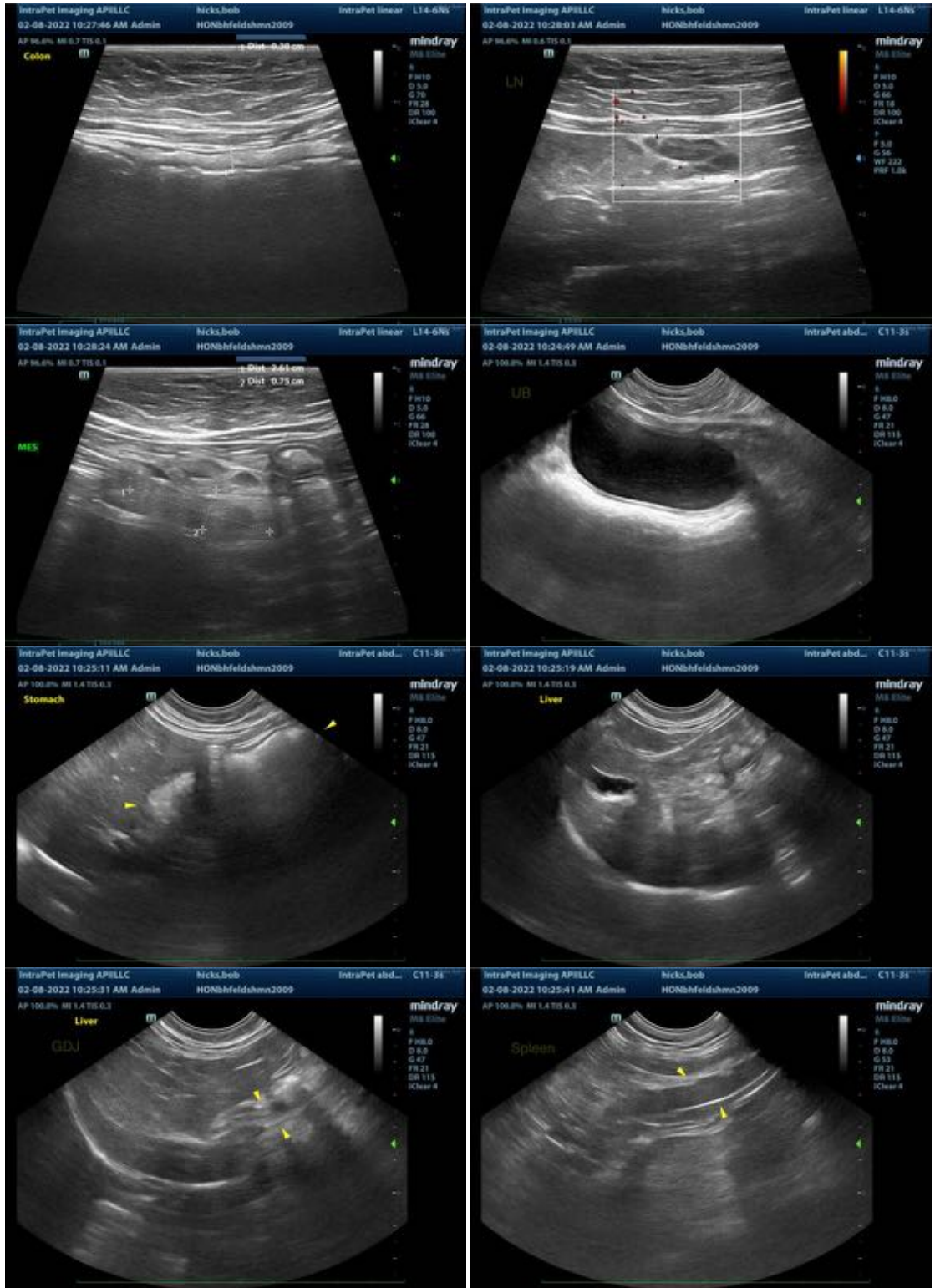
- The colonic wall thickening is most consistent with an inflammatory process with a lower possibility of emerging neoplasia.
- The prominent abdominal lymph nodes are most likely reactive with some potential for infiltrative neoplasia.

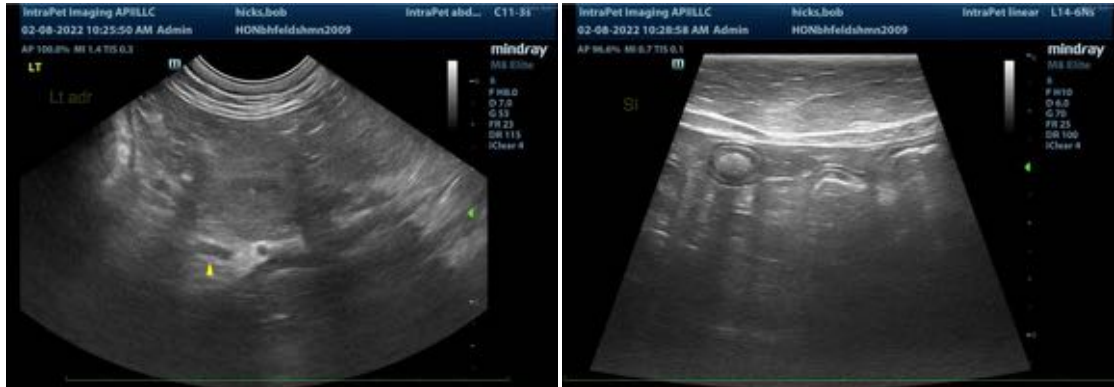
*It is still unclear whether the patient's clinical signs are secondary to urinary or colonic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a urine culture and sensitivity in 1-2 weeks, when the Convenia injection has worn off. Continued supportive care for idiopathic cystitis is recommended if it ameliorates the patient's clinical signs.
- Also consider a fecal evaluation for ova and giardia +/- a colonoscopy with biopsies to further assess for possible causes of straining to defecate.







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