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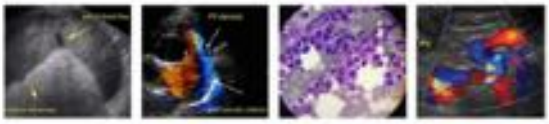


IMAGING PERFORMED BY
pawsonography@gmail.com 530-708-8340

PATIENT

Ginger Rhodes

SPECIES

Feline

BREED

DLH

SEX

SF

AGE

15 years, 3 mos

WEIGHT

5.08 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Kristi Cortright

INVOICE

12483

DATE

3.23.23

PRESENTING CLINICAL SIGNS

History: * On/off blood in urine since 12/12/2022. P presented for blood in urine again after being off zeniquin only 1-2 days. No straining ever acc to owners, have pads to check for blood and saw on this. Still eating (Fancy Feast prim but some dry food. Working diagnosis worried if is or is not UTI as keeps reoccurring but actually FIC or stone or bladder cancer ect

Abnormal PE/Chem/CBC/UA Results (LABS attached as well)
Summary of Abnormal LABs T4=2.4, BUN 1.8 (and prior 2.2) to 3.2 and BUN from 37/37 to 54.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of echogenic debris is observed within the lumen (some of which is gravity-dependent and some of which is suspended). No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.66 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. Mild pyelectasia is present (0.20 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.49 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

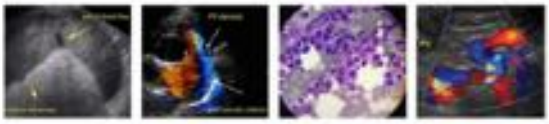
Spleen

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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.



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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 duodenal wall is mildly thickened (up to 0.39 cm). The remaining small intestinal segments are normal in thickness with retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. There is no evidence of an obstruction pattern.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucous, and/or lipid droplets.
- Bilateral chronic age-related renal changes. The left pyelectasia may be secondary to age-related remodeling, pyelonephritis, PU/PD, or some combination thereof.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The small intestinal wall changes are consistent with inflammatory bowel disease, with some potential for emerging lymphoma.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include recurring urinary tract infection/pyelonephritis, feline idiopathic cystitis, benign essential renal hematuria, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended, preferably on a sample obtained 5-7 days after the last dose of antibiotics. Depending on the results, a prolonged antibiotics course (i.e., three weeks) may be warranted. If culture results are negative, empirical treatment for feline idiopathic cystitis should be considered.
- If the patient begins to exhibit gastrointestinal signs, further GI work-up may be warranted.

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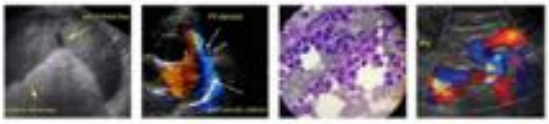

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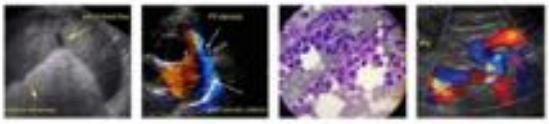

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com