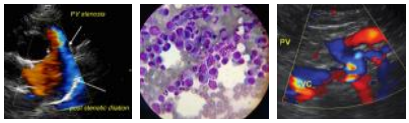
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

4/1/2022

PATIENT

Toby Winkle

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

3/14/2012

WEIGHT

14.8 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

10651

PRESENTING CLINICAL SIGNS

Was here on 3/19 for UO- also noted to be hyperglycemic and anemic. On the 26th to this morning patient was normal- eating, drinking, urinating. This AM- last dose of weaning Buprenex, did not give Gaba in the afternoon. Around 730P- hiding and clear vomit was noted around the house. Did go and eat some food and drink. Shortly after was noted to vomit- sitter palpated in the area of the bladder and patient vocalized/growled- was being more anti-social. Sitter also noted small bit of loose stool in the litter box represent with another UO. Repeat films- stones look to present- suspicious on the films on 3/19. Currently is a DM and is on Lantus.

Current Medications: Lantus, Gabapentin, Buprenorphine, Maropitant, Prazosin.
Normal liver and kidney values. Urine Specific Gravity is 1.050 with a small amount of proteinuria and glucosuria on labwork from 3/30/22. PCVM 4/1/2022 is 25%.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A urinary catheter is present within the bladder lumen. The bladder is evaluated while empty and also when filled. After filling, the bladder wall appears thickened (up to 0.39 cm), and irregular. At least 2 small cystic calculi are observed, the larger measuring 0.37 cm in diameter. A scant amount of echogenic debris is also seen within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.86 cm in length); with a slightly irregular shape. The cortex is hyperechoic and variably thickened. There is poor corticomedullary distinction. Nonobstructive mineralized foci are visualized. Mild pyelectasia is present (0.30 cm in the transverse plane). There is no evidence hydroureter.

The right kidney is normal in size with a normal shape and smooth peripheral contours. The cortex is hyperechoic and variably thickened. There is poor corticomedullary distinction. Moderate pyelectasia is present (0.77 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

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

Spleen

The spleen is subjectively prominent in size (1.54 cm in width at the level of the hilus) with normal curvilinear peripheral contours. 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 is moderately distended. The wall is normal in thickness. A bi-lobed conformation is present. A scant amount of suspended echogenic debris is observed within the lumen. 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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
There is no evidence of free fluid. A few colic lymph nodes are visualized, the largest measuring 0.78 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

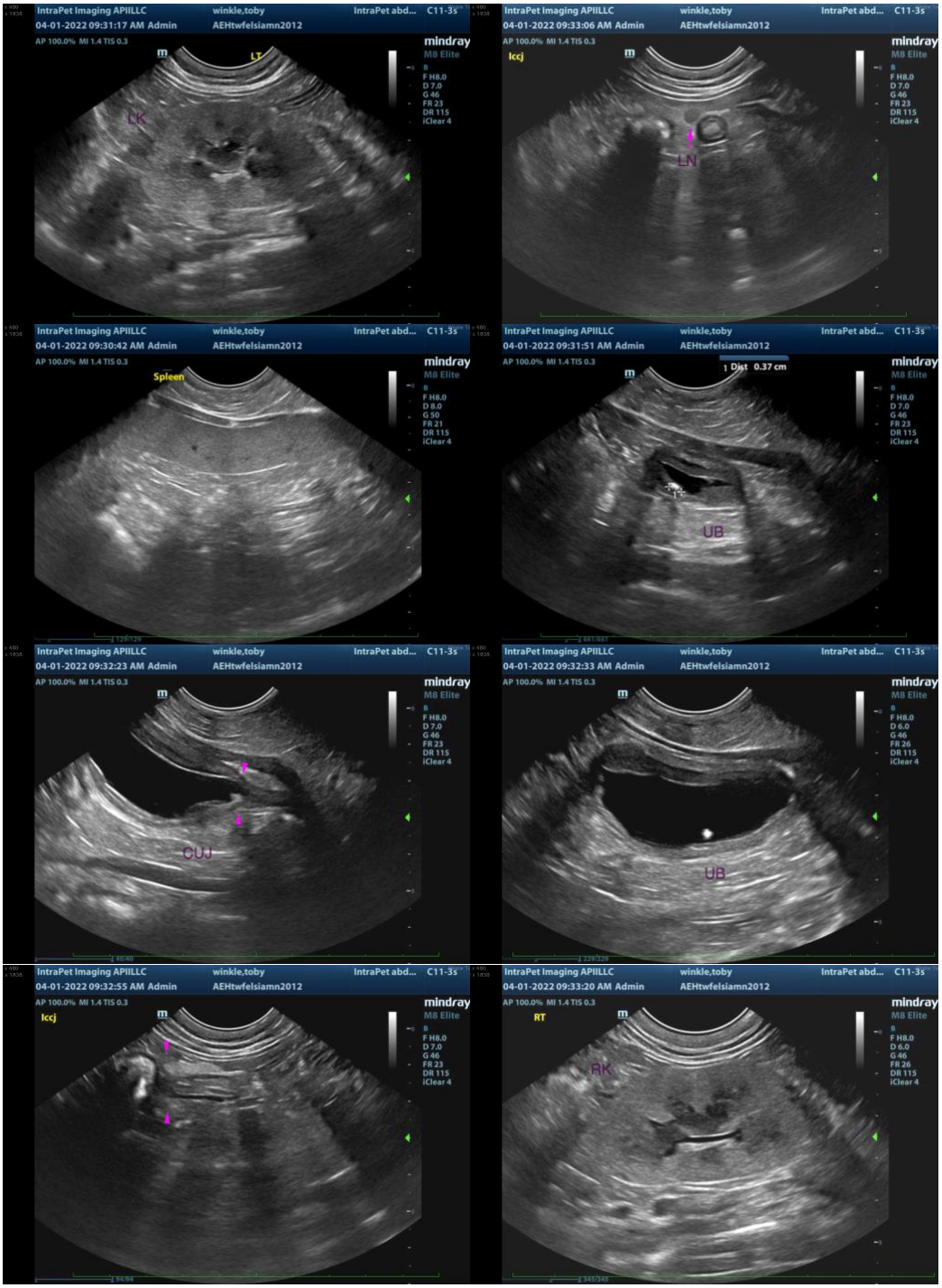
- Cystic calculi with urinary bladder changes consistent with cystitis
- Bilateral nonspecific age-related renal changes, with pyelectasia, more pronounced on the right side and left nonobstructive nephrolithiasis.

Secondary Findings

- Bi-lobed gall bladder – incidental
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The mild splenomegaly may be a normal variant for this patient's habitus. Alternatively, it may be secondary to antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis, or less likely, infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the multiple episodes of urinary obstruction, consider a cystotomy with stone removal, analysis and culture. A urine culture and sensitivity is also recommended, preferably on a pre-antibiotic sample.
- If medical management is to be attempted in lieu of a cystotomy, consider treatment with broad-spectrum antibiotics, as well as a prescription urinary diet. If no improvement in bladder stone size is seen within 4 weeks of initiating therapy, a cystotomy should be reconsidered. Given the patient's age, three-view thoracic radiographs are recommended prior to any anesthetic event.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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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