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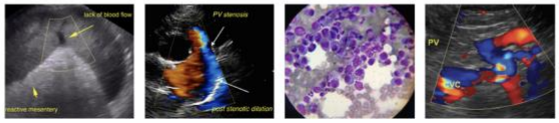

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Rocket Easler

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

10/15/21

WEIGHT

6.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Brighton AH

REFERRING VET

Dr. Elizabeth Wetzel

INVOICE

10841

DATE

5/2/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: P dribbling urine all over the house-will still use litter box, but will dribble urine going to/from box. O has also seen P urinating in unusual places in the house.

Currently on urinary diet. In-house UA reveals TNTC cocci, no crystals identified. None to slight improvement on Meloxidyl. Negative urine culture

Abnormal lab-work values: In-house UA: TNTC cocci, no crystals identified

Current Medications: Meloxidyl 1.5mg/ml, Gabapentin 250mg/5ml

Fine Needle Aspirates: Client approved Sedation Only

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. The wall is diffusely thickened (up to 0.70 cm) and irregular. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal. The proximal urethra measures 0.24 cm in diameter. There is no obvious evidence ectopic ureters.

The left kidney is normal size (3.74 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. Renal vasculature is normal.

The right kidney is normal size (3.76 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.45 in width); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.38 in width); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.79 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.

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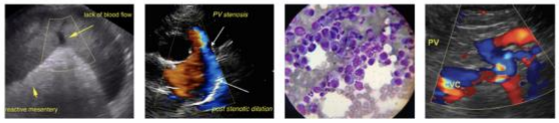

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Liver

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 portal vein to caudal vena cava ratio is approximately 1: 1, making a congenital extrahepatic portosystemic shunt unlikely

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 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.91 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The urinary bladder wall changes are most consistent with cystitis. However, some of the bladder wall thickening maybe be artifactual due to lack of full repletion.
- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

*An obvious cause for the patient's urinary incontinence is not definitively identified in this study. Considerations include occult urinary tract infections/cystitis, ectopic ureters, neurogenic disorders, congenital urethral sphincter mechanism incompetence, other.

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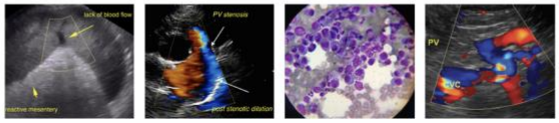

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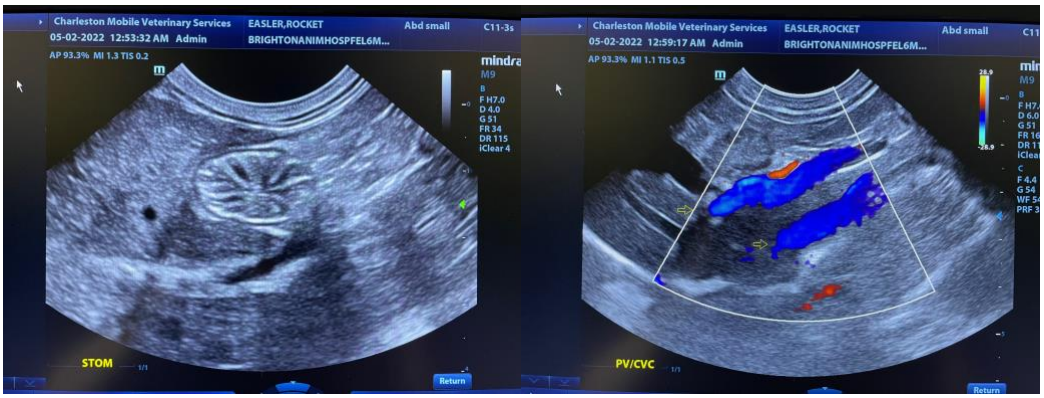
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

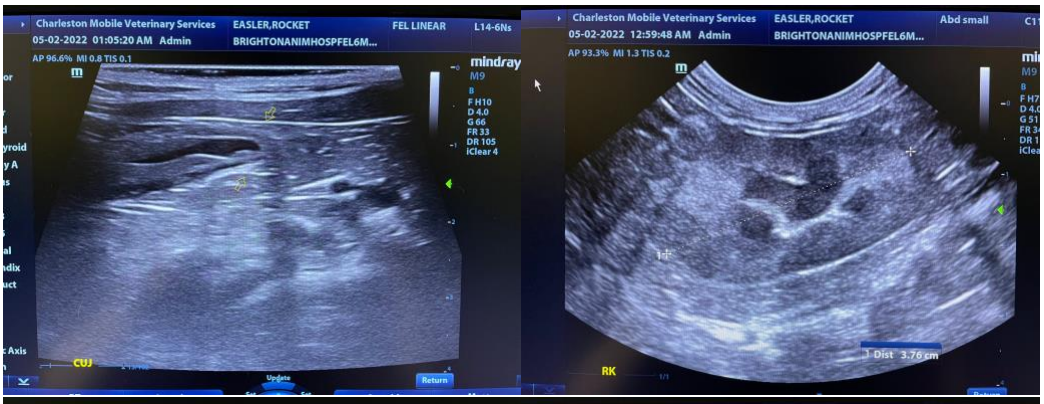
A contrast abdominal CT scan can be considered to rule out the possibility of ectopic ureters.

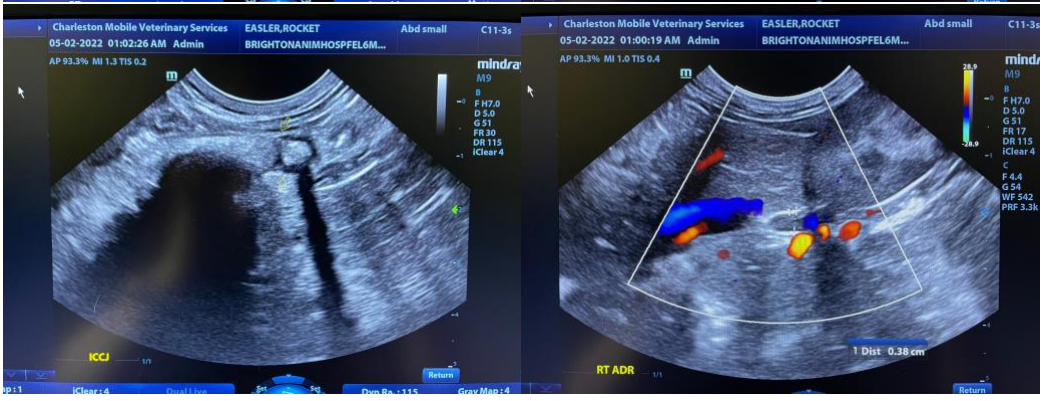
A neurologic examination is also recommended to assess for deficits that may suggest a neurogenic disorder.

Consider repeat treatment for urinary tract infection with a broad-spectrum antibiotic (i.e., fluoroquinolone).

Depending on the results of the above diagnostics/therapeutics, empirical treatment for congenital urethral sphincter mechanism incompetence (i.e., phenylpropanolamine) may be warranted.







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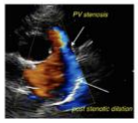
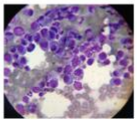
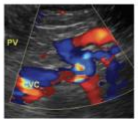

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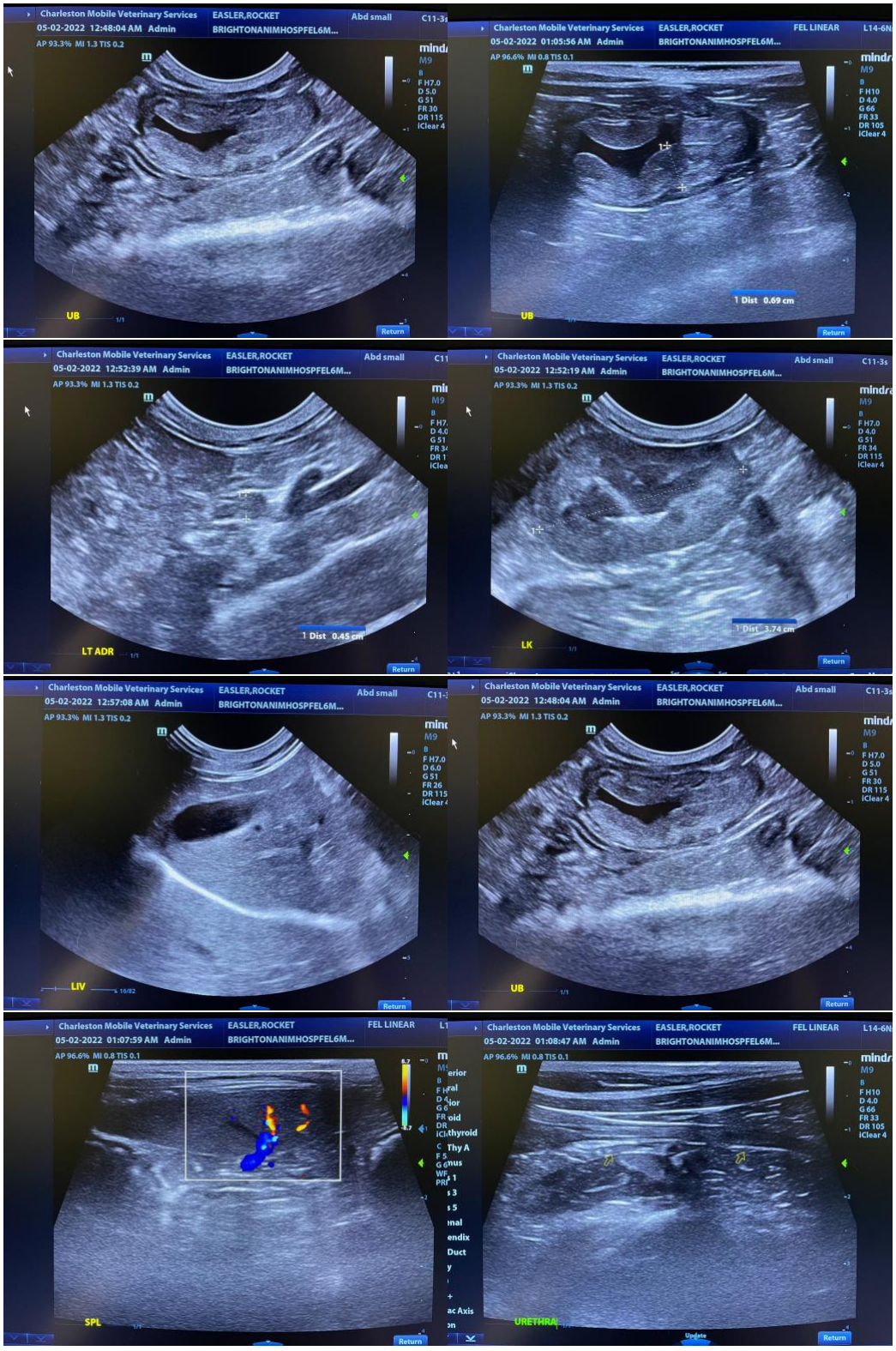

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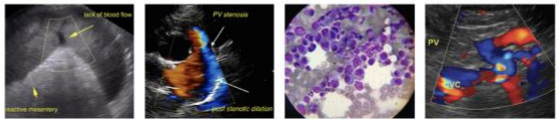

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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