

**DATE PRESENTING CLINICAL SIGNS**

5/25/2022

History: Bloody urine- straining to urinate for past few days. Small bladder on exam. Started on Prazosin and Buprenex and S/O diet.

PATIENT

Houdini Staiman

Current Medications: Prazosin 0.5mg BID, Convenia injection 3 days ago.

Radiographs: Suspicious stones/opacities in bladder.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

Imaging Performed By: Andi Parkinson, BS RDMS.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of gravity dependent, mineralized sand is observed within the lumen, along with a small amount of suspended, echogenic debris. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

4/1/2012

The left kidney is normal size (4.25 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

11.6 lbs

The right kidney is normal size (4.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.30 cm width) with a flattened shape. 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

PetVet of Clarksville

Spleen

The spleen is normal in size (0.70 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. Martof

Liver**INVOICE**

10951

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.

Gastrointestinal

The gastric lumen is distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal 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.

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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

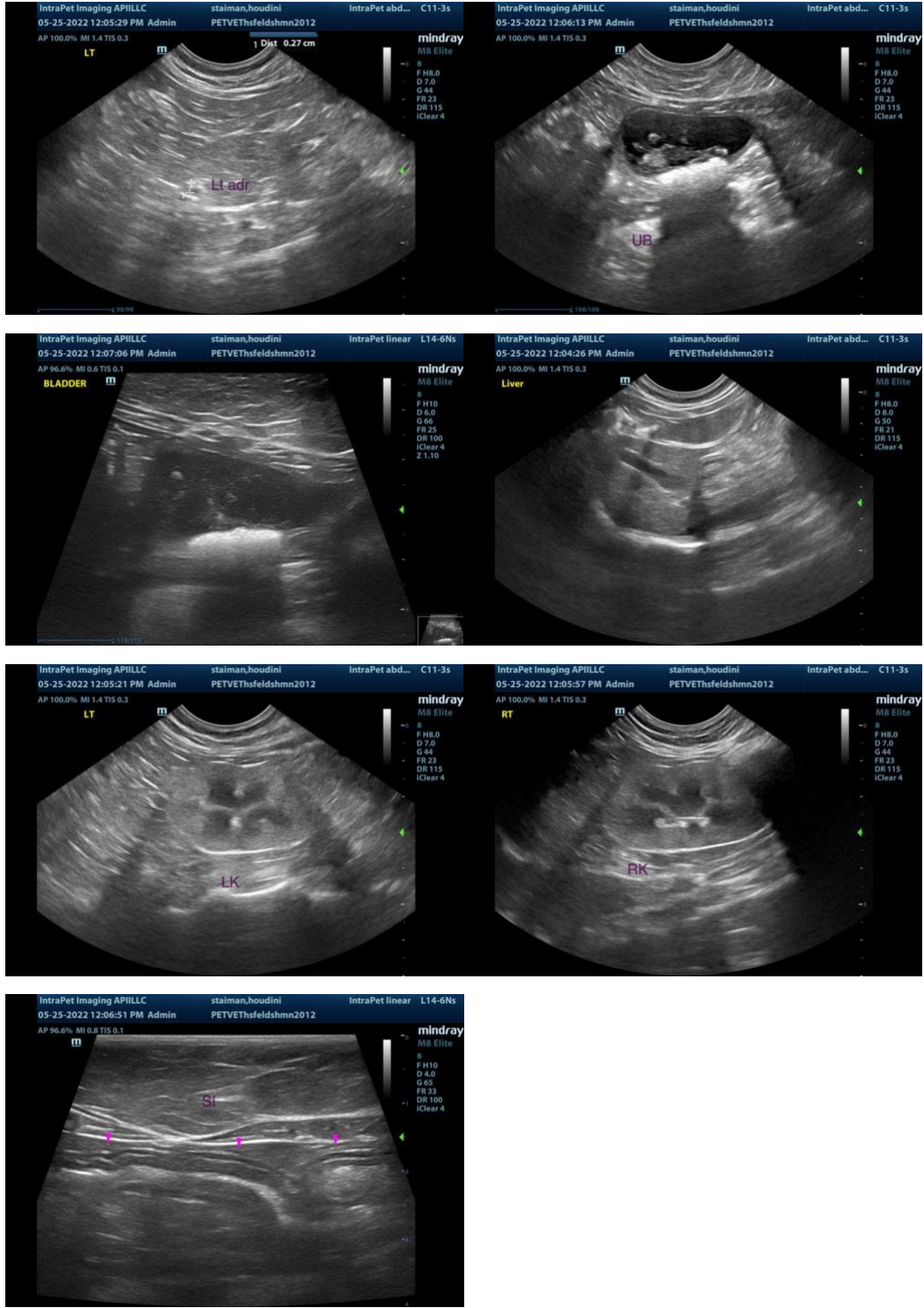
- Urinary bladder sand and debris

Secondary Findings

- Bowel pattern consistent with inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.
- Bilateral, chronic age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity, preferably on a pre-antibiotic sample
- Consider transitioning to a prescription urinary diet.
- Continued supportive care for idiopathic cystitis is recommended.
- Serial sonographic monitoring (i.e., every 3-4 months) of the urinary bladder is recommended to assess for the development of discreet calculi, which may warrant surgical removal if they develop.



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