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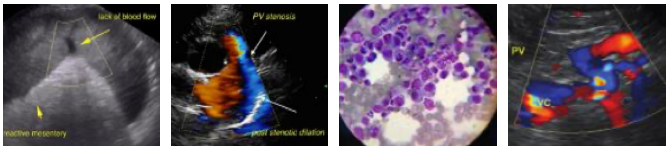


PATIENT
Ziggy Limbacher

SPECIES
Feline

BREED
Domestic longhair

SEX
Male, neutered

AGE
10 Yrs.

WEIGHT
5.6 kg.

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores Veterinary Emergency Center

REFERRING VET
Dr. Law

INVOICE
14887

DATE
5/3/23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for possible urinary blockage. O came home last night and found him curled up which is not like him. When he pet him, he started vocalizing. He is usually very affectionate. O said he was the same this am. Current Medications/Supplements/OTC: none Unblocked and placed a URC, on IVF in hospital. On brief US, saw concern for possible tumor in the bladder. Rec AUS.
Abnormal PE/Chem/CBC/UA Results: Epoc:pH 7.228 L, sodium 145 L, ica++ 1.09 L, BUN >120 H, creatinine 9.86 H, glucose 216 H Idexx proBNP: abnormal Urinalysis: blood 3+ (250, hemolyzed), protein 4+ (2,000), glucose 250, pH 7.0, USG 1.028, leukocytes 1+ (75) wbc 3-5/hpf, rbc tntc, casts none, epithelial cells 0-1/hpf, crystals struvite few, bacteria none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal to mildly thickened (up to 0.57 cm) with an irregular mucosal surface and a polypoid like lesion at the caudal ventral aspect. A urinary catheter is observed within the lumen. A small to moderate amount of echogenic to mineralized debris +/- tiny calculi are observed within the lumen. The region of the trigone is normal. The mesentery effacing the serosal surface of the urinary bladder is mildly hyperechoic.

The left kidney is normal size (4.41 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.67 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

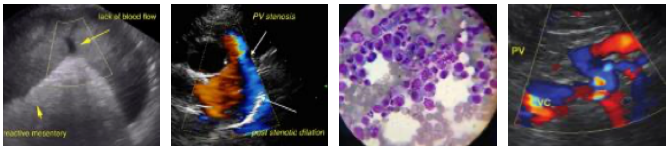
The spleen is normal in size (0.72 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal 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 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



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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

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

The urinary bladder wall changes are most consistent with cystitis. The polypoid like lesion at the caudoventral aspect is most consistent with polypoid cystitis. However, an emerging tumor cannot be completely excluded. Mineralized urinary bladder sand +/- tiny cystic calculi. Mild adjacent peritonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity.
- Consider a urine BRAF test to further evaluate for lower urinary tract neoplasia. This is an off-label use of the test in cats.
- Continued supportive care for the patient's azotemia, including IV fluids, broad spectrum antibiotics and other symptomatic measures is recommended.
- Consider a recheck ultrasound once the urinary catheter is pulled to assess for persistence of the urinary bladder sand/tiny calculi.
- If the patient re-obstructs, a cystotomy with stone removal, analysis and culture +/- a perineal urethrostomy may be warranted.

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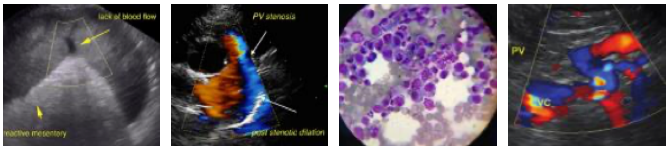

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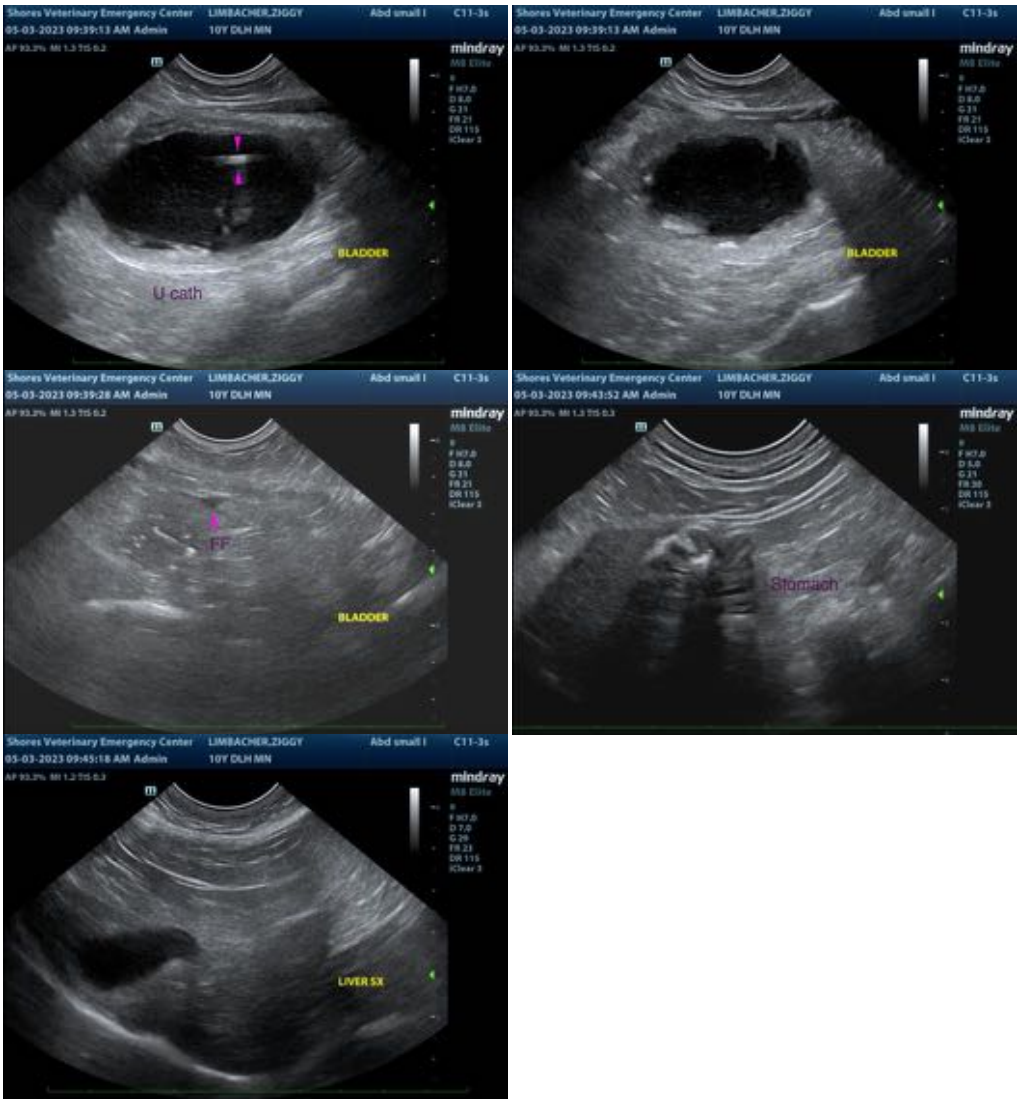

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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