

**DATE PRESENTING CLINICAL SIGNS**

5/30/22

Hx of urinary issues We saw on 3/17 for UO struvites, noted active- got convenia , Azotemia- resolved at 24 hours Was nervous in hosp-- would not urinate for us, but able to express good stream went home owner fighting to try to find appropriate diet-- He has been on HA for long time for ibd/vomiting. Will take pred as need for flare ups-- sometimes daily, sometimes very sporadic. They tried to do combination diet--- HA/s/o, but would not eat, then tried straight urinary diet and would vomit. does not have the canned version of the regular HA tonight straining owner thinks she may be seeing gritty material in pan present again blocked, still has marked struvites, no obvious stones on rads, I was able to unblock, and express, but unable to pass a u. cath -- got stuck at about 2 inch in --attempt walpoles, lidocaine, 50/50 lubricant and saline. Did contrast-- cath stops in the pelvis, but can see good fill in the urethra in the abdomen and bladder, no leaks/tears.

PATIENT

Omar Lewis

SPECIES

Feline

BREED

Domestic shorthair

Radiographs: No visible stones with contrast can see the urethra and contrast in the bladder.
 Date of Previous IntraPet Ultrasound: No previous ultrasound.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

SEX

Male, neutered

Imaging Performed By: Andi Parkinson, RDMS.

AGE

3/17/12

WEIGHT

12.6 lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small to moderate amount of mineralized sand, some of which is gravity-dependent and some of which is suspended, is observed within the lumen +/- tiny calculi. The region of the trigone is normal. Within the proximal urethral lumen, sand, tiny calculi are visualized. The urethral wall appears normal. The mesentery effacing the serosal surface at the apex is hyperechoic.

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 minimal loss of corticomedullary distinction. Trace pyelectasia is present (0.17 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.24 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency
 Hospital

Adrenal Glands

The left adrenal gland is normal in size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. King

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

Spleen

The spleen is normal in size (0.61 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.

INVOICE

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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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile

ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended with ingesta, consistent with a post prandial presentation. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.32 cm) with a normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in some segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. 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

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

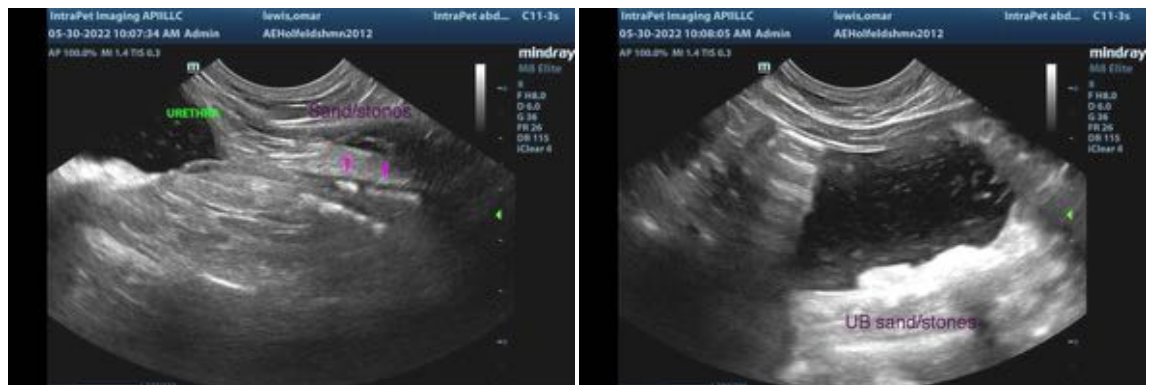
- Urinary bladder/urethral sand +/- tiny calculi with caudal retroperitonitis.

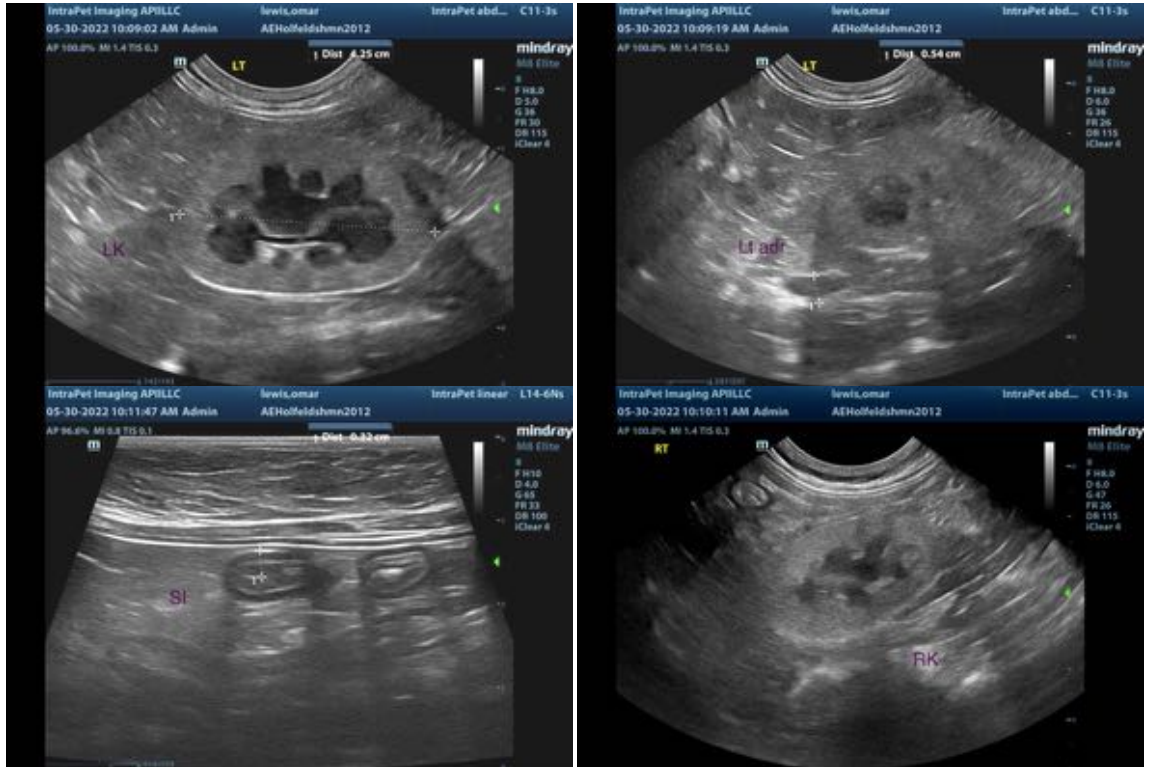
Secondary Findings:

- The bilateral trace pyelectasia may be secondary to recent urinary obstruction, fluid therapy, pyelonephritis, other.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity, preferably on a pre-antibiotic sample.
- Urethral de-obstruction is recommended along with cystotomy and submission of the urinary bladder sand/stones for analysis and culture. If urethral obstruction recurs, a perineal urethrostomy may be warranted.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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