

**DATE PRESENTING CLINICAL SIGNS**

6.21.23 Reoccurring UTIs.

PATIENT

Slippers MAAH

Current Medications: None listed.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

**This study was limited to the urinary system. There is a potential for pathology in organs that were not visualized.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Female Spayed

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic debris, as well as some gravity-dependent mineralized sand is observed within the lumen. No distinct calculi are visualized. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

4/5/2005

The left kidney is normal in size (4.27 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9 lbs

The right kidney is normal in size (3.51 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS**HOSPITAL NAME**

Mount Airy AH

Primary Findings**REFERRING VET**

Dr. Riley

- Bilateral chronic renal changes with nonobstructive nephrolithiasis
- Urinary bladder debris/sand

INVOICE

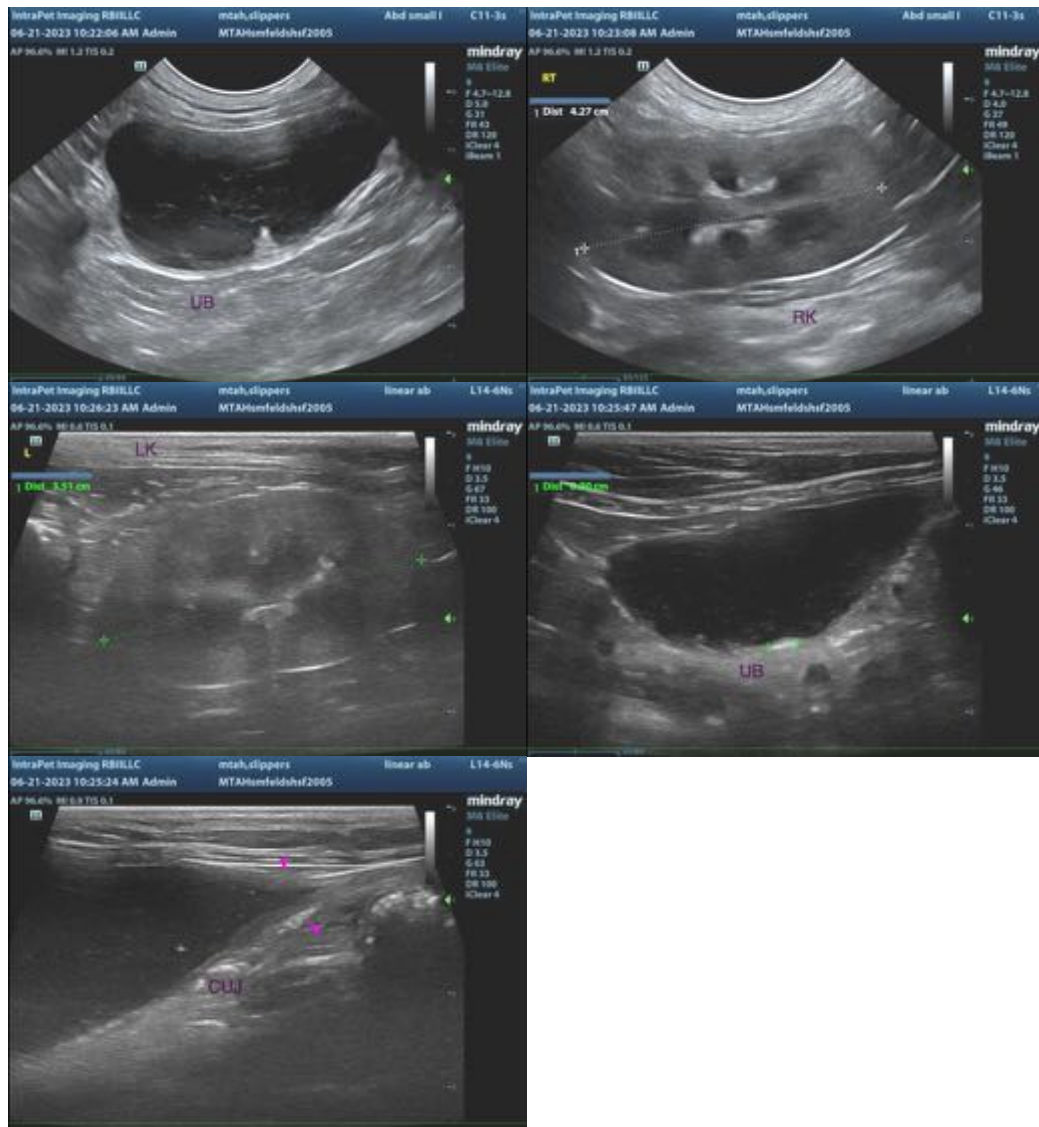
13434

*An obvious cause for the patient's clinical recurring urinary tract infections is not definitively identified in this study. Considerations include underlying metabolic issue (i.e., diabetes mellites), a resistant strain of bacteria, external predisposing factors, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Evaluation of the external genitalia is recommended to assess for predisposing factors.

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended (if not already performed).
- A urine culture and sensitivity is also recommended.
- If infection recurs, a more prolonged antibiotic course (i.e., 3 weeks) may be warranted with a urine culture performed halfway-throughout the treatment regimen, and again 5-7 days after the last dose.



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.

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