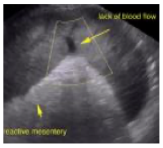
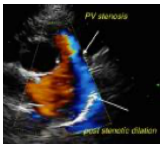
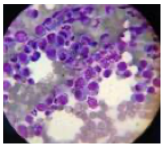
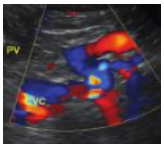
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Macy Gadol

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
15 years, 4 mos

WEIGHT
10 lbs

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

IMAGING PERFORMED BY
Michaleen

HOSPITAL NAME
DPC VH

REFERRING VET
Dr. Feldt

INVOICE
11400

DATE
8.12.22

PRESENTING CLINICAL SIGNS

History: Rechecking: Blood still in urine
15yo SF Shorthair is presented today b/c P is still straining in litter box & still urinating blood. From last visit till this morning @5am P was doing good O thinks medication is helping P feeling being that behavior is going back to normal P seems happier. But this morning O noticed alot of blood in the litter box O gave P her clavamox dose but then after P started running back & forth frantically to litter box trying to urinate but nothing would come out. O not sure what to do. (GAVE 1ML GABAPENTIN THIS MORNING AT 8:30AM.)

Abnormal PE/Chem/CBC/UA Results: Brief exam, as P will not allow full without sedation:
Mild tensing on abdominal palpation, bladder intermittently palpable, unable to express
P attempted to urinate in the carrier multiple times, no production
No obvious murmurs or abnormal lung sounds over growling
Unable to exam face - mouth, ears, eyes

Discussed P will not allow full exam or additional diagnostics without sedation, discussed potential risks with sedation especially at P's age, although P seems unable to urinate which if P is urinary obstructed can turn into an emergency, discussed concerns for possible bladder mass with secondary infection, owner understands potential risks with sedation and elects sedation for AUS with Dr. Feldt.

8/7/22 DIAGNOSTICS

1) CBC: HCT 28.5 (30.3-52.3), HGB 9.0 (9.8-16.2), LYM 0.90 (0.92-6.88)
2) CHEM: SDMA 35 (0-14), K 3.3 (3.5-5.8)
3) TT4: 4.2 (0.8-4.7)
4) FeLV/FIV/HW snap test: Negative
5) UA (cysto): SG 1.015, PRO 30mg/dL, BLD 250Bld/uL, LEU 500Leu/uL, WBC >50/hpf, RBC >50/hpf, rods present, cocci suspect presence

Testing Performed: Urine C&S
Results: Heavy growth observed of E. coli --> S to all antibiotics listed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is moderately distended. Overall, the wall is normal in thickness. At the mid-dorsal aspect, a 2.39 cm irregular, echogenic lesion is visualized. In addition, in the apical region, a 1.83 x 0.74 cm irregular, echogenic lesion is visualized. A small amount of suspended, echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The **left kidney** is normal size (4.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.20 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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.

Spleen

The **spleen** is normal in size (0.93 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 **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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 ileocecocolic 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

- The echogenic lesions within the urinary bladder may represent blood clots, masses, inflammatory foci, granulomas, other.

Secondary Findings

- Bilateral, age-related degenerative renal changes

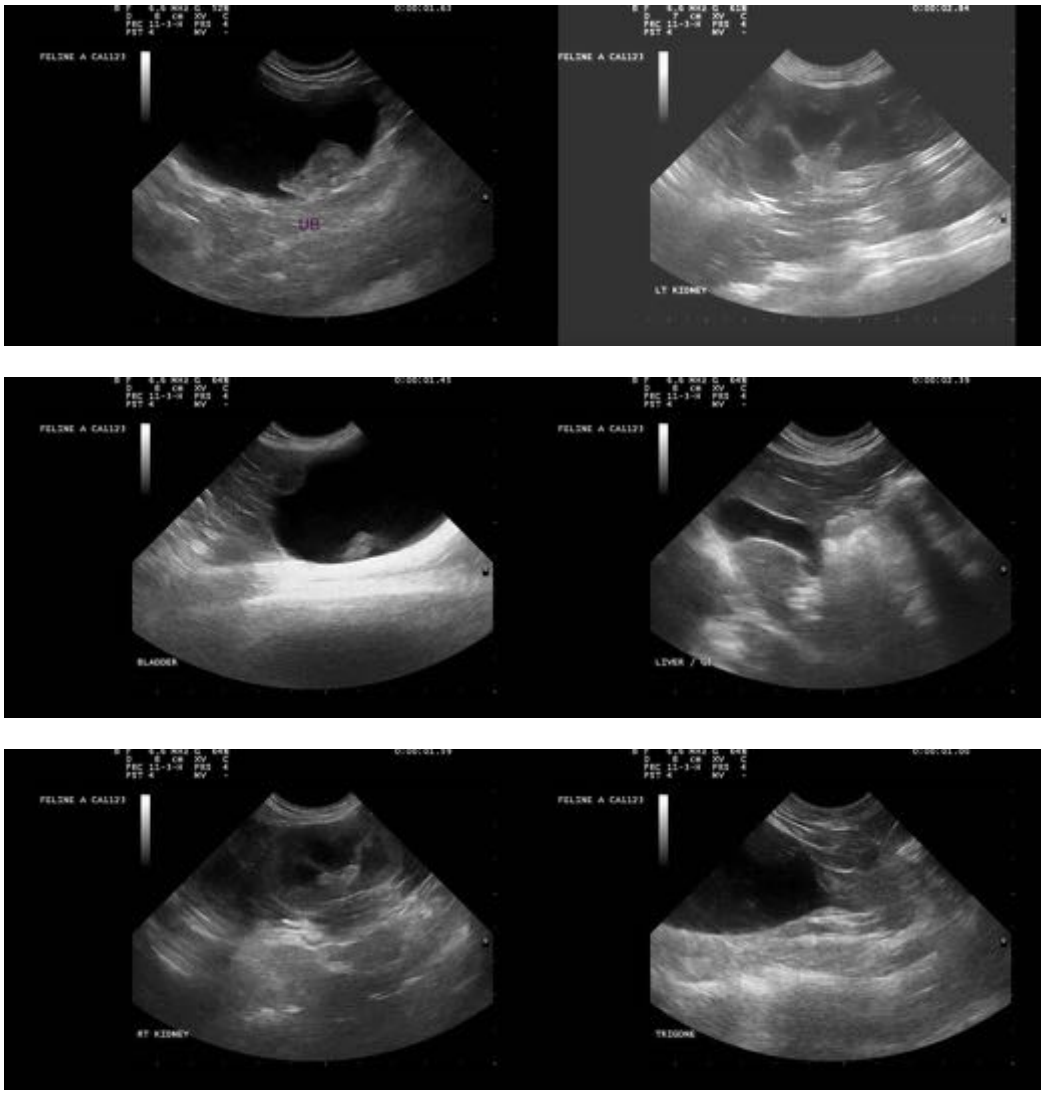
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider applying Doppler flow over the urinary bladder regions to determine if the echogenic structures have blood flow, which would support an inflammatory or neoplastic process (versus a blood clot).

- Also consider a urine BRAF test to further evaluate for lower urinary tract neoplasia. It should be noted however that a negative BRAF test does not completely rule out the possibility of cancer. Therefore, if a negative result is obtained and the clinical suspicion for cancer is high, further testing (i.e., bladder wall biopsy) may be necessary to get a definitive diagnosis.

- Consider passing a urinary catheter to determine if a urethral obstruction is present.

- Treatment of the urinary tract infection should be based on the urine culture and sensitivity results.



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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