

**DATE**

9/21/21

**PRESENTING CLINICAL SIGNS**

History: Tuffy Louise presented on 9/4 for stranguria and pollakiuria for the previous 24 hours. No urine sample was able to be obtained at that visit, but an x-ray showed no obvious uroliths. She was given fluids and sent home on Buprenex and Phenoxybenzamine. She did not improve. 3 days later we were able to obtain a urine sample which was normal. She has been intermittently on both of those medications (she is not a good medication taker) and would not take low dose Gabapentin. She is producing slightly larger amounts of urine but still has stranguria and pollakiuria. She also has had a decreased appetite for a few days.

**PATIENT**

Tuffy Louise Iszkiewicz

**SPECIES**

Feline

Current Medications: Buprenex 0.045mg tm BID, Phenoxybenzamine 5mg SID.

Lab Results: WNL. USG 1.058, inactive sediment, 1+ protein in urine

Radiographs: Lateral abdominal X-ray is WNL.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Gabapentin administered prior to scan.

Stat Report: STAT report not requested by the veterinarian.

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**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 moderate amount of suspended echogenic debris is observed within the lumen along with a small amount of gravity dependent mineralized sand. No discreet cystic calculi are seen. The region of the trigone and the visible portion of the proximal urethra are normal.

**AGE**

7/10/2018

The left kidney is normal size (3.60 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

9.5 lbs.

The right kidney is normal size (3.50 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present (0.11 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Cat Sense Feline  
Hospital

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

**Spleen**

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**REFERRING VET**

Dr. Sinclair

**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.

**INVOICE**

12232

**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 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***

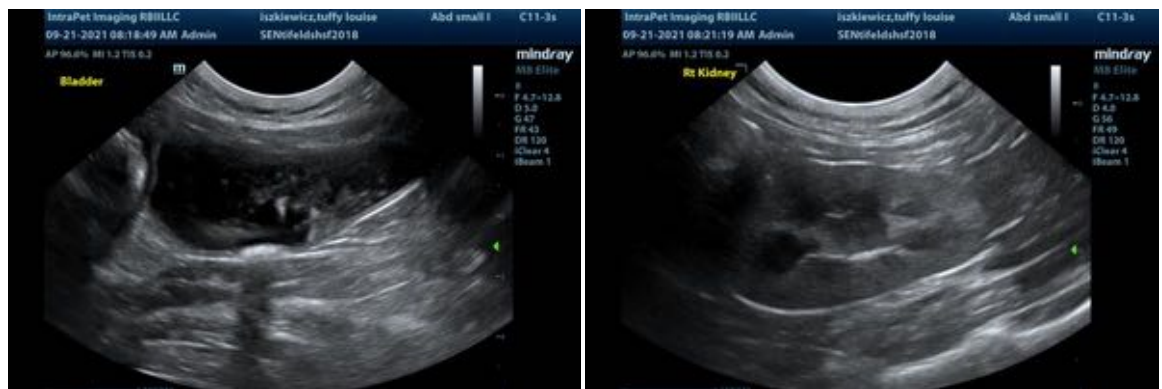
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 0.71 cm in length.

## **ULTRASONOGRAPHIC FINDINGS**

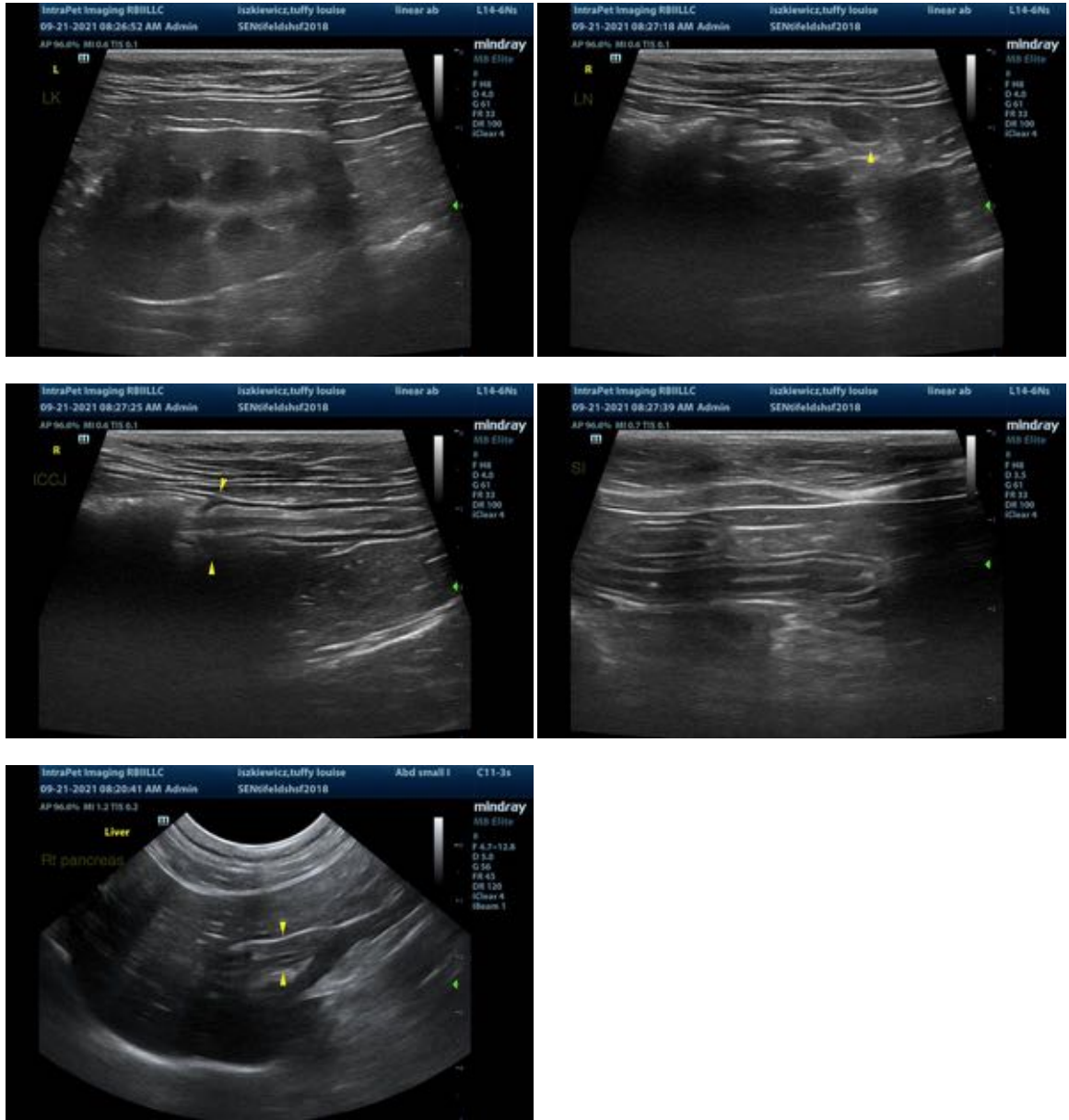
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- The trace right pyelectasia may be secondary to pyelonephritis, PU/PD (if applicable), other.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A urine culture and sensitivity is recommended. If there is no evidence of a urinary tract infection, empirical treatment for feline lower urinary tract disease should be considered.
- To further investigate for causes of hyporexia, consider the following:
  1. A fecal evaluation for ova/Giardia
  2. Serum cobalamin, folate, PLI and TLI
  3. Three-view thoracic radiographs to assess for occult disease in the chest.
  4. +/- endoscopic or surgical gastrointestinal biopsies.







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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)  
 Andrea.nicastro@sonopath.com