



PATIENT PRESENTING CLINICAL SIGNS

Charlee Straathof

History: Straining to urinate, urine culture and UA's have been normal: UA cysto, pale yellow, sl cloudy usg 1.052 ph 6.5 pro 30mg/dl glu neg ket neg ubg 1mg/dl bil neg bld 10 ery/ul no rods/cocci (was suspected, but not confirmed by bacterial confirmation) 1/hpf wbc 2/hpf rbc epi normal no casts/crystals UpCr ratio normal

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: normal x-rays Bloodwork: CBC wnl besides mild lymphopenia 0.89 (0.9-6.8) mild low eosinophils 0.08 (0.17-1.57) CHEM wnl TT4 wnl SDMA wnl

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Intact Female

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A scant amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

10 years

The **left kidney** is normal size (4.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic. One to two pinpoint mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

WEIGHT

8.7 lbs

The **right kidney** is normal size (4.50 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is mildly hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The **left adrenal gland** is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

IMAGING PERFORMED BY

Laura Field with
Brian Barnes

Spleen

The **spleen** is normal in size (0.77 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.

HOSPITAL NAME

Westview VH

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.

REFERRING VET

Laura Field

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/not seen.

Gastrointestinal

INVOICE

11753

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 ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

DATE

9.29.22

Pancreas

The tip of the left limb is visible, with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

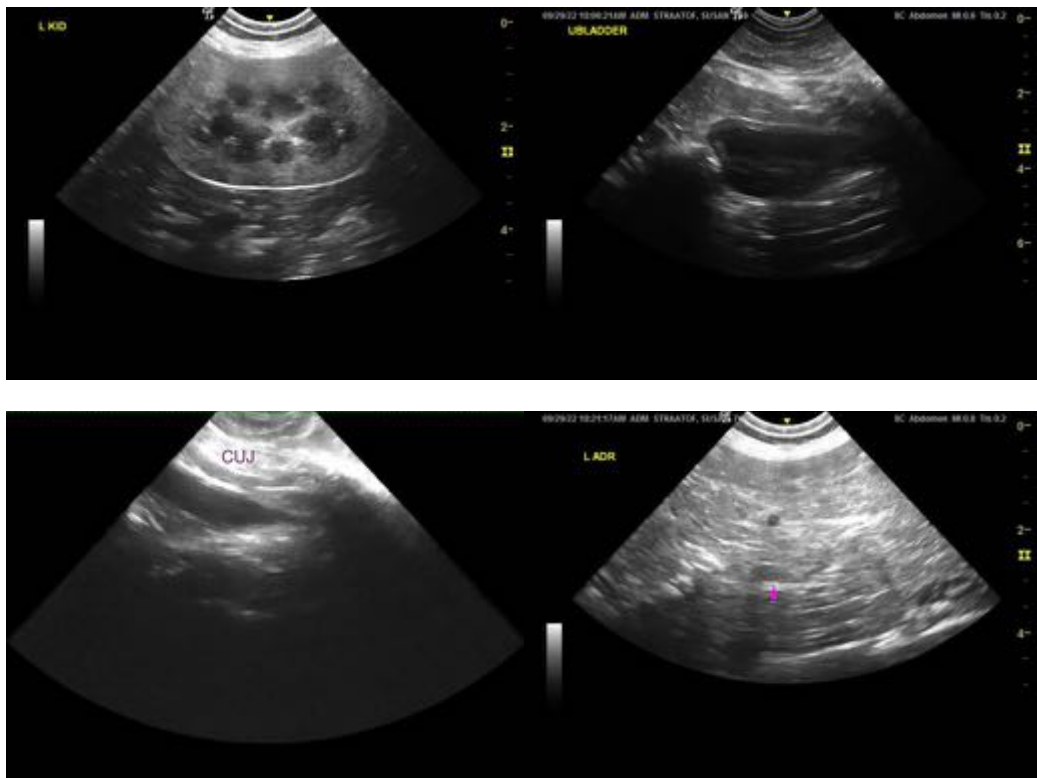
Primary Findings

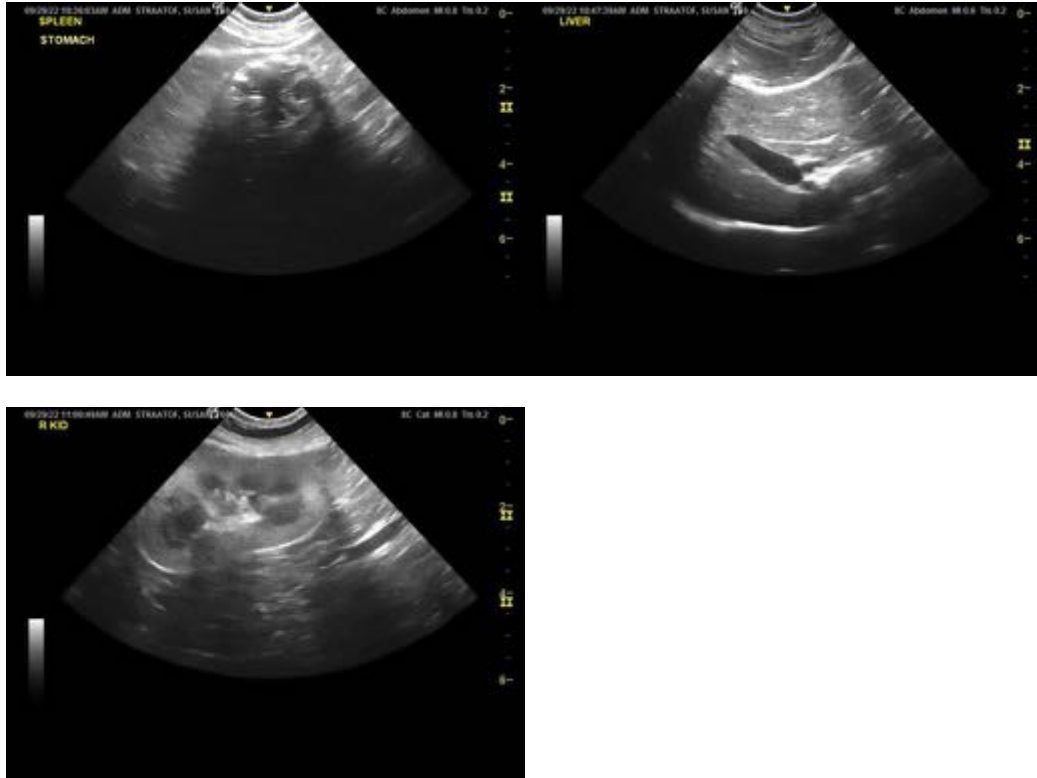
- Minor age-related renal and pancreatic changes/remodeling

*An obvious cause for the patient's stranguria is not identified in this study. Considerations include occult urinary tract infection, idiopathic cystitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture and sensitivity is recommended to assess for occult infection. If the culture is negative, consider empirical treatment for feline idiopathic cystitis (i.e., increased water consumption, stress reduction, antispasmodics, pain medication).





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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