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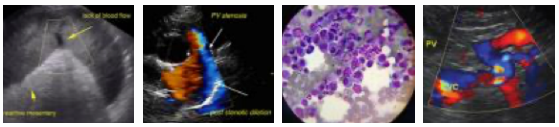


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Comfy Castillo

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
10 Yrs.

WEIGHT
10.42 lbs.

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

IMAGING PERFORMED BY
Jenna Walsh

HOSPITAL NAME
West Hills AH

REFERRING VET
Dr. Fogarty

DATE
9/2/21

INVOICE
12008

PRESENTING CLINICAL SIGNS

History: Pt has had two episodes of pollakiuria, stranguria and hematuria - 7/27 and 9/1. For first episode, UA and urine culture performed - no growth noted; pt placed on amoxicillin and Onsior and CS resolved in a few days.
Abnormal PE/Chem/CBC/UA Results: UA showed hematuria and non-squamous epithelial cells, USG >1.050; IRIS 1/4 kidney insufficiency, no other abnormalities.

Radiographs show some mineralized debris in the urinary bladder.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is diffusely thickened (up to 0.68 cm) and irregular, particularly in the region of the ventroapical aspect. Foci of mineralization are observed within the bladder wall. A scant amount of echogenic debris is suspended within the lumen. No distinct cystic calculi are seen. The region of the trigone is normal. The proximal urethra wall is subjectively mildly thickened. The mesentery surrounding the bladder is hyperechoic.

The left kidney is normal size (3.79 cm in length) with a slightly irregular shape. 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 or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.13 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 left adrenal gland is normal in size (0.59 cm length; 0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

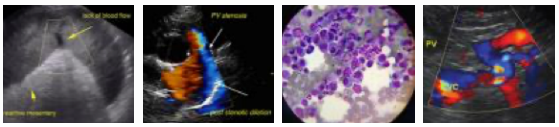
The right adrenal gland is normal in size (0.58 cm length; 0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.66 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/not seen.



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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 left and right limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The urinary bladder wall changes could be consistent with cystitis or infiltrative neoplasia (i.e., transitional cell carcinoma). Differentiation would require histopathology. Regional retroperitonitis is present.

Secondary Findings:

- Age-related renal pathology.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider a surgical bladder wall biopsy. If a more conservative approach is to be pursued, consider a repeat abdominal ultrasound 1-2 weeks following the last dose of antibiotics to determine if the bladder wall changes have improved.
- As a precaution, three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.

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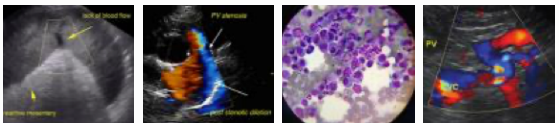

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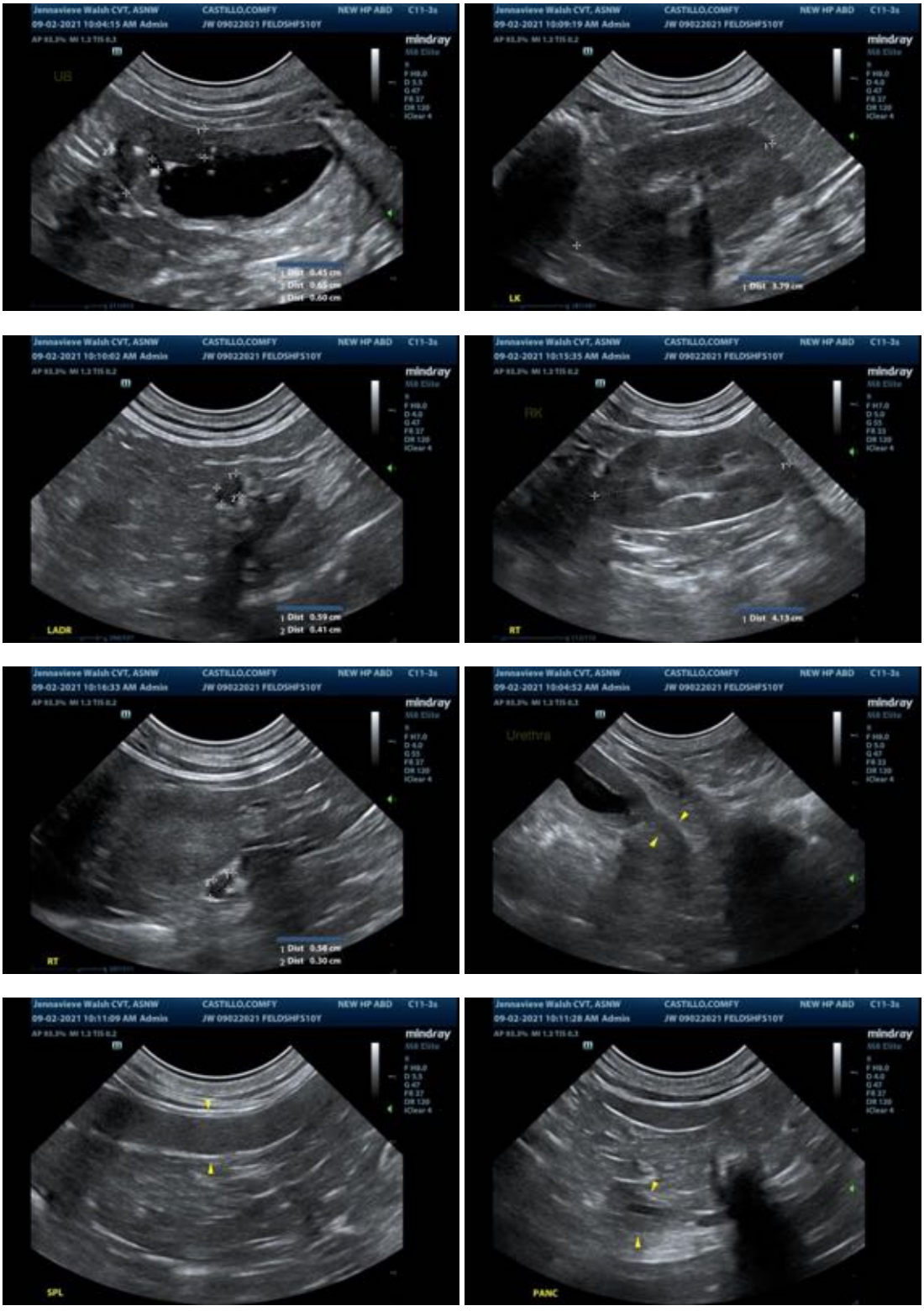

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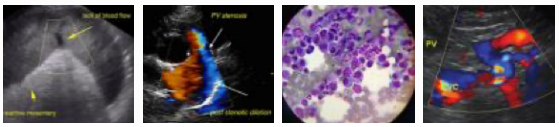

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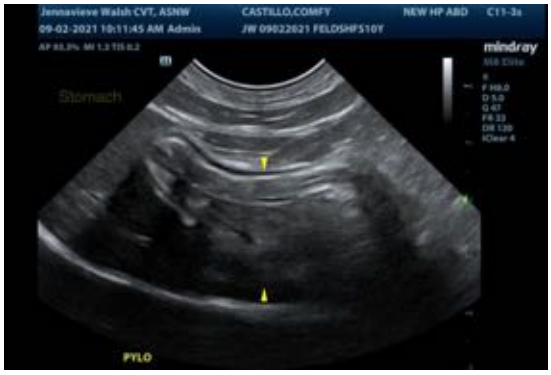

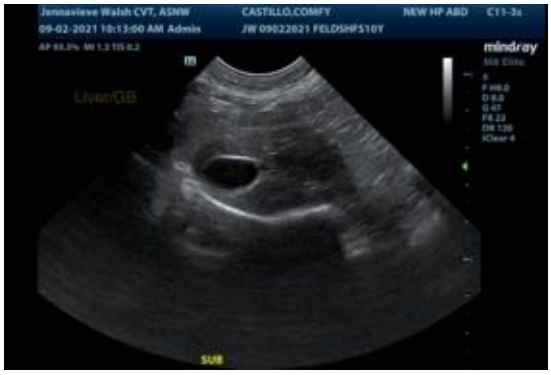

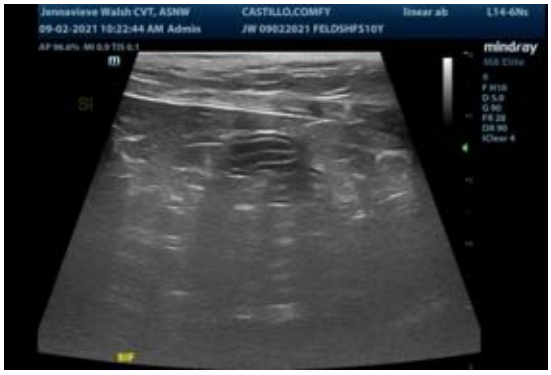

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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