



PATIENT PRESENTING CLINICAL SIGNS

Izzy Mahieu 12/10/2021
History: P presents for straining to urinate and blood noted in urine
PX:

SPECIES
BCS 5/9

Feline T:103.1F ; P:200bpm; R:48brpm
MM pink & moist, CRT < 2sec

BREED
Ocular: Clear OU
Aural: clean, free of debris, tympanic membrane intact AU

DSH Oral Cavity: No abnormalities noted
Integument: no abnormalities noted, no ectoparasites observed
Respiratory: Normal bronchovesicular sounds auscultated all 4 lung quadrants

SEX
Cardiovascular: No murmur or arrhythmia auscultated

Spayed Female Abdominal: Soft, non-painful; no organomegaly, lymphadenopathy, or masses palpated; painful on abdominal palpation

AGE
Musculoskeletal: No abnormalities noted, patient ambulates normally

8/1/20 Urinary: No abnormalities noted, no urination observed in hospital

Genital: Normal spayed female

Neurologic: No abnormalities noted on brief neurologic exam.

Diagnostics: Urinalysis via cystocentesis, abdominal radiographs

WEIGHT
DX: Cystitis, Crystalluria (Struvite)

Tx: Cerenia, Clavamox, Gabapentin

8.6 lbs

12/20/2021

Recheck exam. Owner notes no longer noticing blood in urine, but patient is still urinating frequently.

PX:BCS 5/9

T:101.9F ; P:200bpm; R:60brpm

MM pink & moist, CRT < 2sec

Ocular: Clear OU

Aural: clean, free of debris, tympanic membrane intact AU

Oral Cavity: No abnormalities noted

Integument: no abnormalities noted, no ectoparasites observed

Respiratory: Normal bronchovesicular sounds auscultated all 4 lung quadrants

Cardiovascular: No murmur or arrhythmia auscultated

Abdominal: Soft, non-painful; no organomegaly, lymphadenopathy, or masses palpated

Musculoskeletal: No abnormalities noted, patient ambulates normally

Urinary: No abnormalities noted, no urination observed in hospital

Genital: Normal spayed female

Neurologic: No abnormalities noted on brief neurologic exam.

Diagnostics: Urinalysis via cystocentesis to IDEXX

Dx: Polyuria

Tx: pending UA results

INTERPRETED BY

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

IMAGING PERFORMED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal

HOSPITAL NAME

Foxbank VH

REFERRING VET

Dr. Ashley Ruth

INVOICE

13140

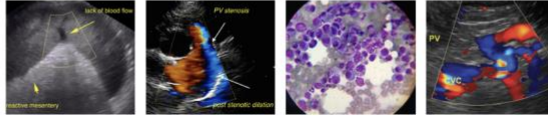
DATE

12/23/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. 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.



PATIENT

Izzy Mahieu

The left kidney is normal size (3.52 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.

SPECIES

Feline

The right kidney is normal size (3.65 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.

BREED

DSH

Adrenal Glands

SEX

Spayed Female

The left adrenal gland is normal size (0.32 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.

AGE

8/1/20

Spleen

The spleen is normal in size (0.82 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.

WEIGHT

8.6 lbs

Liver

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Internal Medicine)

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.

**IMAGING
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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.

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Pancreas

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 2-3 prominent mesenteric lymph nodes are visualized, the largest measuring 1.63 cm in length.

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SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

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WEIGHT

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ULTRASONOGRAPHIC FINDINGS

- Reactive lymph nodes. The abdomen is otherwise remarkable

*An obvious cause for the patient's clinical signs is not identified in the study. Considerations include idiopathic cystitis, occult infection, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity is recommended, preferably on a pre-antibiotic sample or a sample obtained 5-7 days after the last dose of antibiotics. If there is no evidence of infection and clinical signs persist, medical management for idiopathic cystitis is recommended.

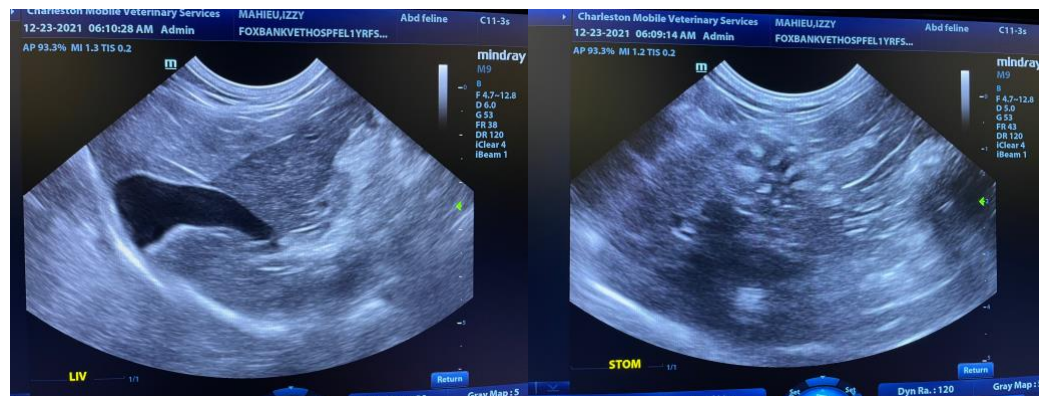


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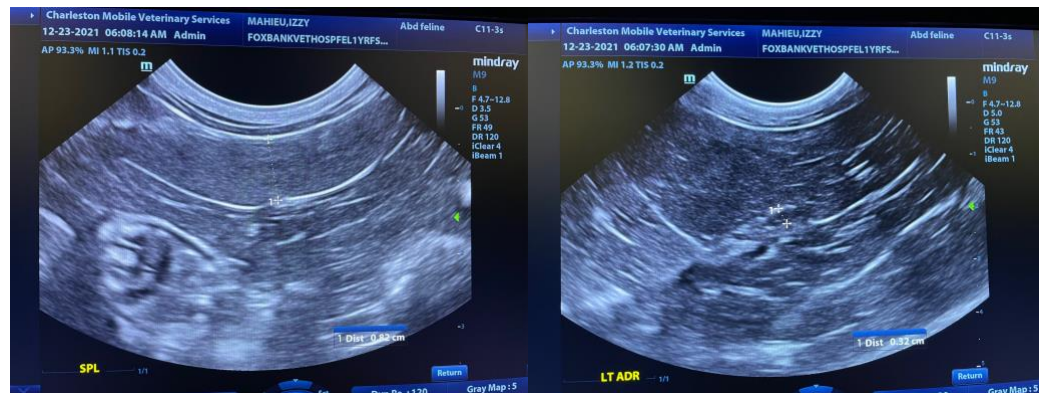
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PATIENT

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SPECIES

Feline

BREED

DSH

SEX

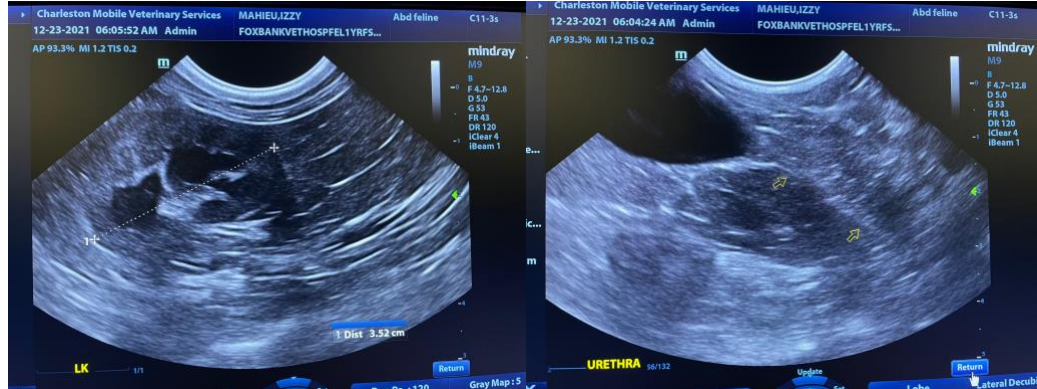
Spayed Female

AGE

8/1/20

WEIGHT

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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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