
PATIENT PRESENTING CLINICAL SIGNS

Lil Bosley
 History: History of inappropriate urination. Significant hematuria without strong evidence for infection. No response to empirical treatment. Currently on Prazosin 2.5 mg q12h, injection of Convenia given 11/23/2021

SPECIES
 Abnormal PE/Chem/CBC/UA Results: HCT 26.1 (3.03-52.3), MCH 21.2 (11.8-17.3), MCHC 42.1 (28.1-35.8), LYM 0.88 (0.92-6.88), SDMA 15 (0-14), GLOB 57 (28-51)

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED *Urinary System*

Domestic shorthair

The urinary bladder is moderately distended. In the region of the dorsal wall, irregular mineralizations are visualized. It is unclear if these mineralizations represent discreet calculi or mineralization within the wall. The remainder of the urinary bladder wall is normal in thickness with a smooth mucosal surface. Luminal contents are otherwise anechoic. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

AGE

12 Yrs.

The left kidney is normal size (3.84 cm in length) with an irregular shape. The cortex is hyperechoic and variably thickened with poor corticomedullary distinction. There is visible loss of normal renal medulla. A 0.66 cm focus of mineralization is observed. A cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia. Renal vasculature is normal.

WEIGHT

5.8 kg.

The right kidney is normal size (4.11 cm in length) with an irregular shape. The cortex is variably thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Cortical infarcts are suspected at the lateral aspect. Moderate pyelectasia is present (0.49 cm in the longitudinal plane). Hyperechoic shadowing diverticular foci are visualized with small nephroliths. There is no evidence of 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 (0.49 cm length; 0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.40 cm length; 0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Reshny, RVT

Spleen
HOSPITAL NAME

Snelgrove VS

The spleen is normal in size (0.80 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
REFERRING VET

Dr. Gunsinger

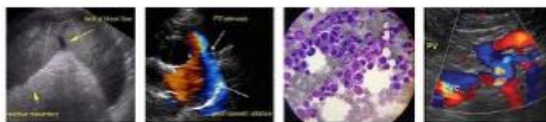
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

INVOICE

12641

DATE

12/1/21



PATIENT

Lil Bosley

Gastrointestinal

SPECIES

Feline

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.

BREED

Domestic shorthair

Pancreas

SEX

Female, spayed

The left limb of the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

AGE

12 Yrs.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

WEIGHT

5.8 kg.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Urinary bladder mineralizations. Rule out cystic calculi vs thickening/mineralization of the dorsal urinary bladder wall.
- Bilateral nephropathy with non-obstructive nephrolithiasis and cortical infarcts.

Secondary Findings:

- Age-related pancreatic remodeling/fibrosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider a cystotomy to assess for cystic calculi +/-biopsy the dorsal bladder wall, if abnormal.
- If a more conservative approach is desired, consider a prescription urinary diet and broad-spectrum antibiotic therapy as empirical medical treatment for cystic calculi. If this approach is pursued, a urine culture and sensitivity should be performed at this time and a repeat ultrasound should be performed in 3-4 weeks to assess for progression. When ultrasound is repeated, images of the bladder should be obtained in recumbent and standing positions to determine if the mineralizations are mobile.
- Given the patient's age, three-view thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.
- Serial monitoring (i.e., every 4-6 months) of the patient's renal values is recommended to assess

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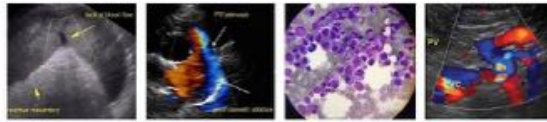
Dr. Gunsinger

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for progressive renal disease.

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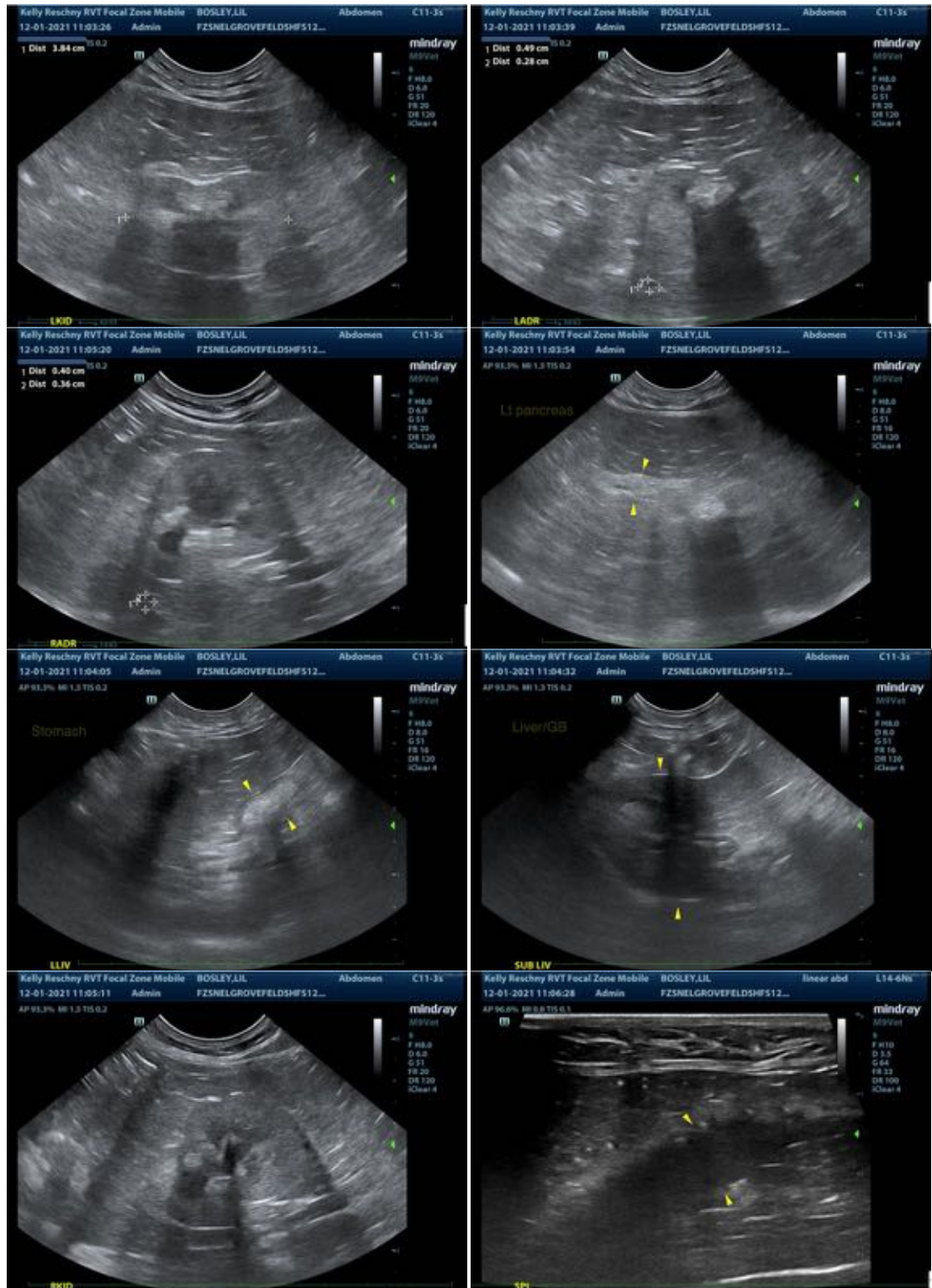
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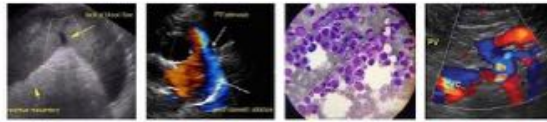
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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