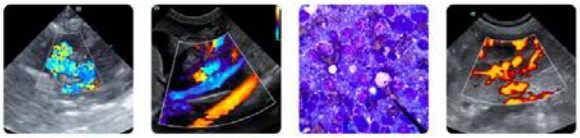

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PATIENT

Viper Carrubba

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

6.2 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency Clinic of the High Country

REFERRING VET

Dr. Phipps

INVOICE

73467

DATE

3/7/26

PRESENTING CLINICAL SIGNS

P presented to rDVM on Wednesday for urethral obstruction. BUN >130, Crea 10.3, P treated with fluids, ucath, urinating well, transferred to ER clinic, still urinating ok, but renal values are slowly coming down. Today bloodwork BUN 85, Crea 4.8. P ate a small amount overnight at E clinic.Urinalysis showed bacteria, Culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with a moderate amount of suspending swirling echogenic sediment and debris. There are several hyperechoic foci within the ventral urinary bladder wall that are minimally shadowing and may represent embedded uroliths within the bladder mucosa. There are several other hyperechoic partially shadowing pinpoint structures within the dependent aspect of the urinary bladder apex. The proximal urethra appears patent with no evidence of obstruction. No other overt evidence of urolithiasis.

The kidneys are enlarged with appropriate cortex to medulla ratio and corticomedullary definition. The pelvises are mildly dilated bilaterally, the left more prominent than the right, with mild left proximal ureteral distention. There is no overt evidence of ureteral obstruction or nephrolithiasis that would be concerning for potential previous or transient obstruction. Left kidney measures 4.91 cm. Right kidney measures 5.0 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.50 cm. Right measures 0.37 cm.

Spleen

The spleen measures 0.89 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no

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evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

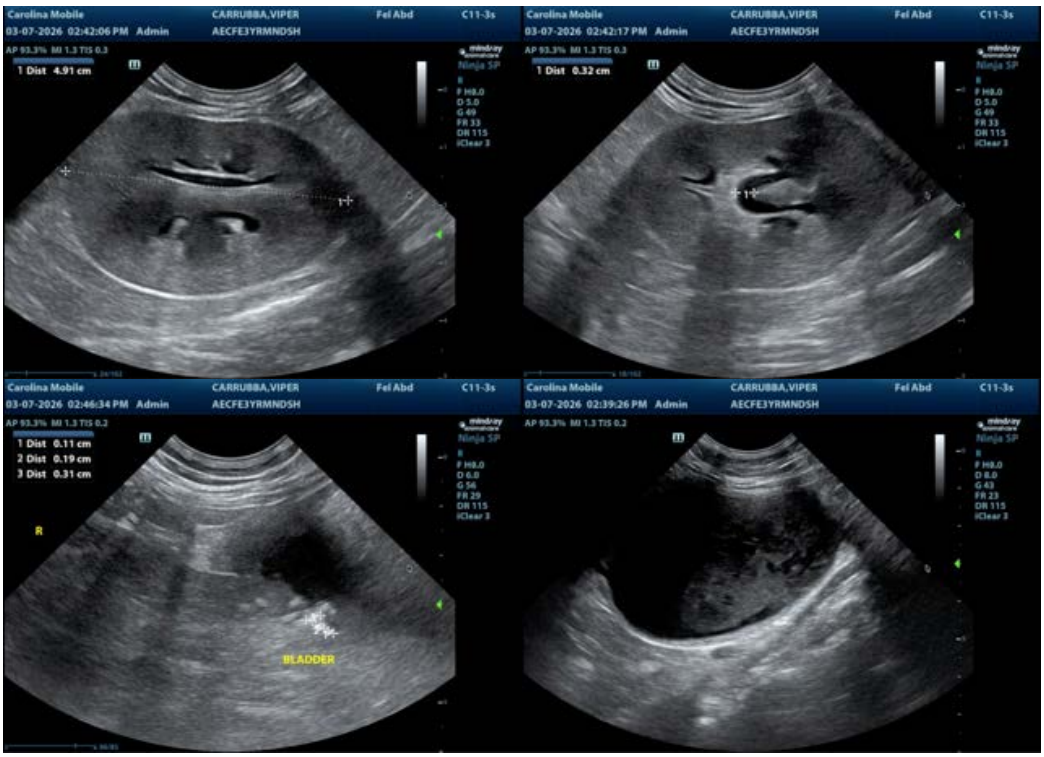
ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.

- The renal pelvis dilation and left proximal ureteral dilation is suspected to be secondary to IV fluid therapy and historic fluid diuresis. However, a transient or ascending bacterial infection or pyelonephritis cannot be definitively excluded. This is further suspected based on the unilateral left ureteral distention.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pending urinalysis and urine culture, empiric antibiotic therapy should be instituted at this time, especially given the concern for bacteriuria and persistent azotemia. Continued fluid diuresis and supportive care, as clinically indicated, is recommended pending further diagnostic results.



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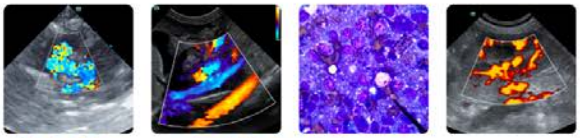

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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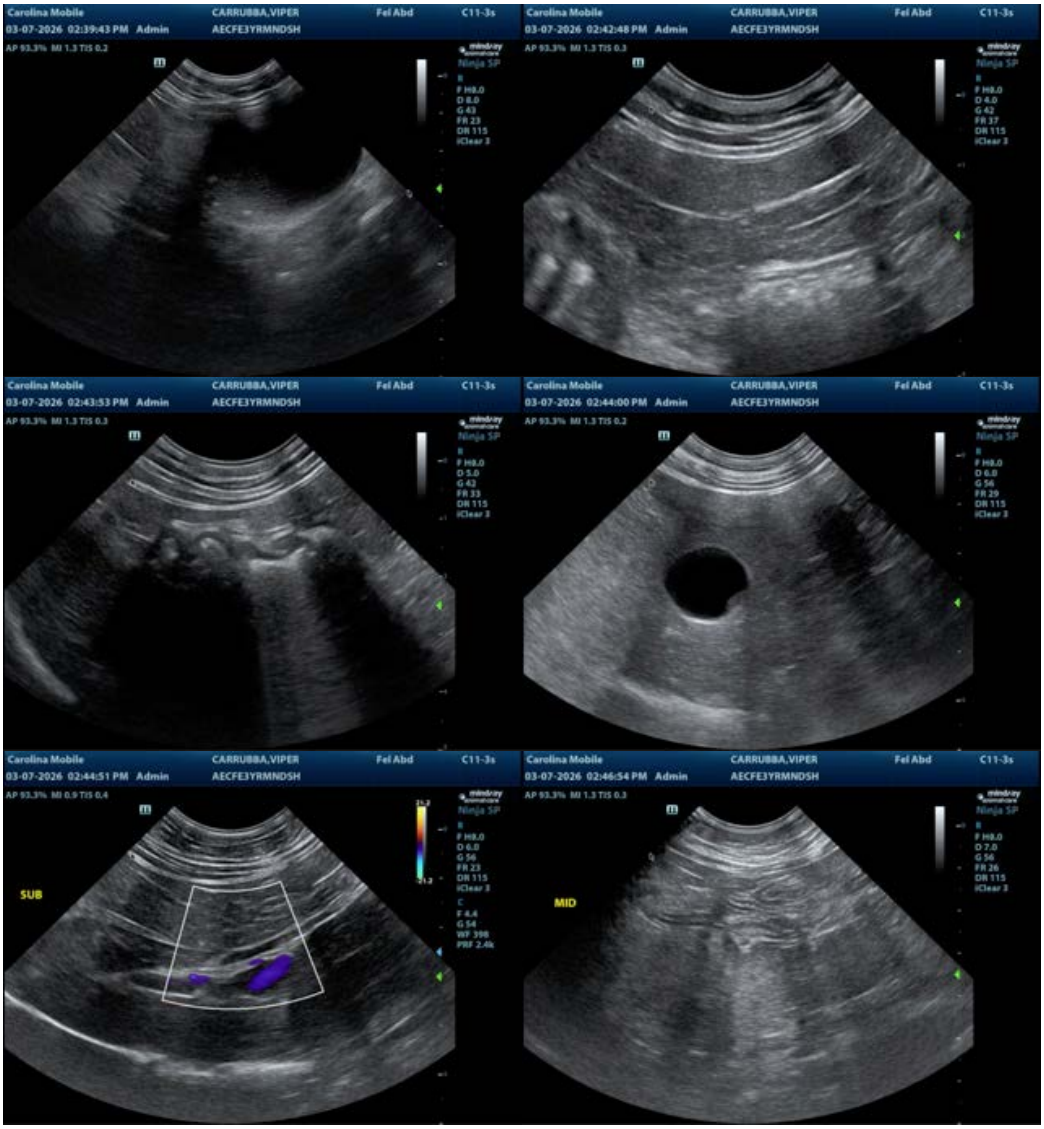

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com