

**DATE PRESENTING CLINICAL SIGNS**

1/17/23

Buddha started having LUTD signs last week. She was treated by another vet with gabapentin and an injection of Convenia. She was still symptomatic when she presented on Monday. A radiograph was taken to check for bladder stones. No obvious bladder stones were seen but mineralization in the uterine stump area was noted. Prazosin was started along with the gabapentin and she is now more comfortable. Buddha also has a history of barbering her ventral abdomen and is on 5mg megestrol acetate po once weekly per her previous veterinarian.

PATIENT

Buddha Jones

SPECIES

Feline

Current Medications: Prazosin 0.5mg po bid, 50mg gabapentin po bid, Convenia injection given 1/6/23, 5mg megestrol acetate po siw

Radiographs: See attached.

BREED

DSH

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

8/20/14

WEIGHT

13.5 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM

The right kidney is normal in size (4.26 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

HOSPITAL NAMECat Sense Feline
Hospital & Boarding

The left kidney is normal in size (3.78 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The areas of the adrenal glands are examined without evident adrenal gland pathology noted.

REFERRING VET

Dr. Sinclair

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

INVOICE

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Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

The uterine stump is prominent in size and diffusely hypoechoic in appearance with bright echogenic/possibly mineral foci noted. There is no evidence of fluid distention or active inflammatory change surrounding the area.

PRIMARY FINDINGS

- Urinary bladder debris
- Prominent uterine stump with bright echogenic foci – This likely represents suture material and should be interpreted in combination with the suture material that was used.

SECONDARY FINDINGS

- **Pancreatic age-related remodeling** – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

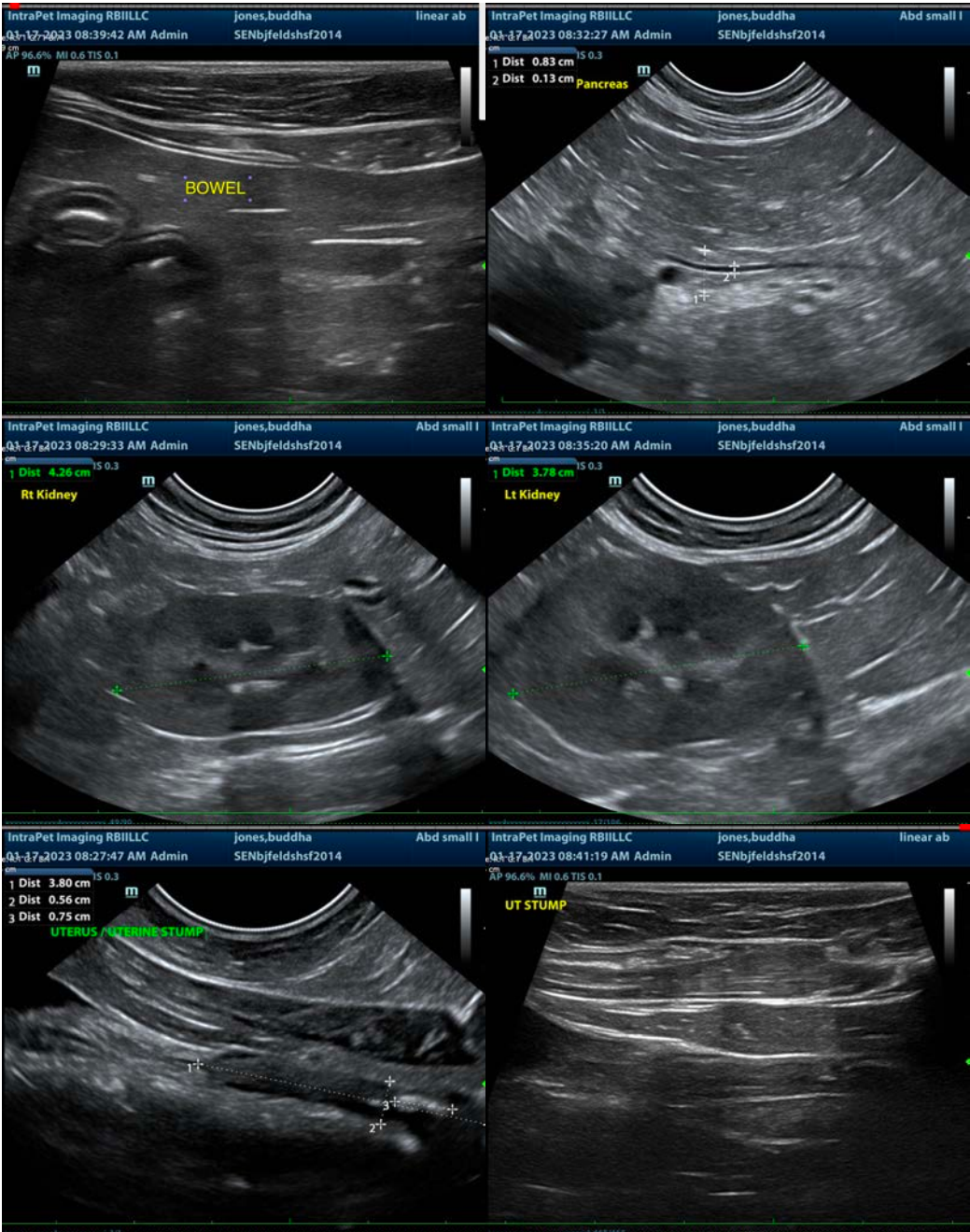
The prominent uterine stump is of unknown clinical significance in this patient. There is no ultrasonographic evidence of fluid distention or inflammatory change surrounding the stump. However, contribution to this patient's clinical signs cannot be ruled out, especially given the prominent appearance.

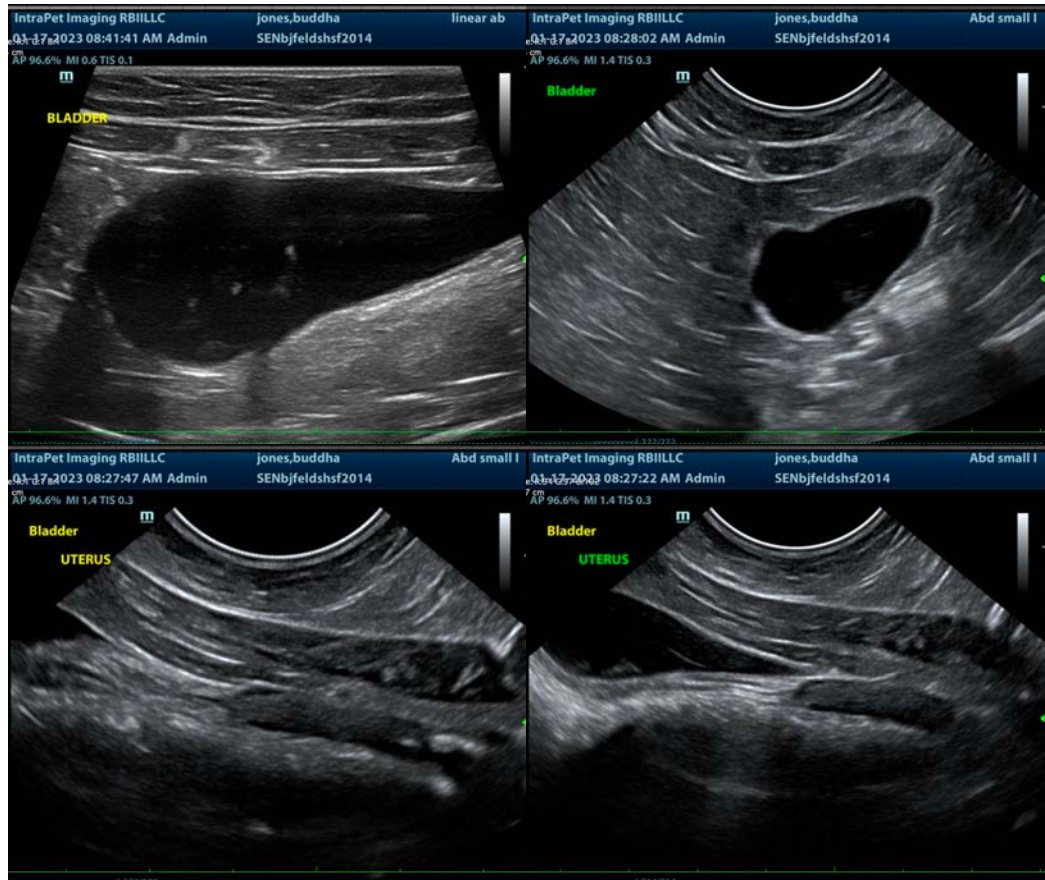
If not recently evaluated, a urine culture is recommended a week to 10 days after finishing antibiotics to ensure no occult urinary tract infection or the resolution of one if previously diagnosed.

In the face of negative urine culture(s) and no cystoliths, masses, etc., these urinary signs are most consistent with sterile cystitis or feline lower urinary tract disease (FLUTD).

Recommendations include maximizing water consumption (water fountains, canned food, etc) as well as reducing stress (recommendations can be found at Indoor Cat Initiative out of The Ohio State University CVM). Transition to a urinary health diet such as Royal Canin Urinary SO (or similar) could also be considered.

Options regarding the prominent uterine stump based on whether it is believed to be contributing to the clinical signs, etc. include either further evaluation via vaginoscopy, abdominal CT scan, or even exploratory surgery, or recheck ultrasound of the area if clinical signs don't resolve and/or progress.





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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