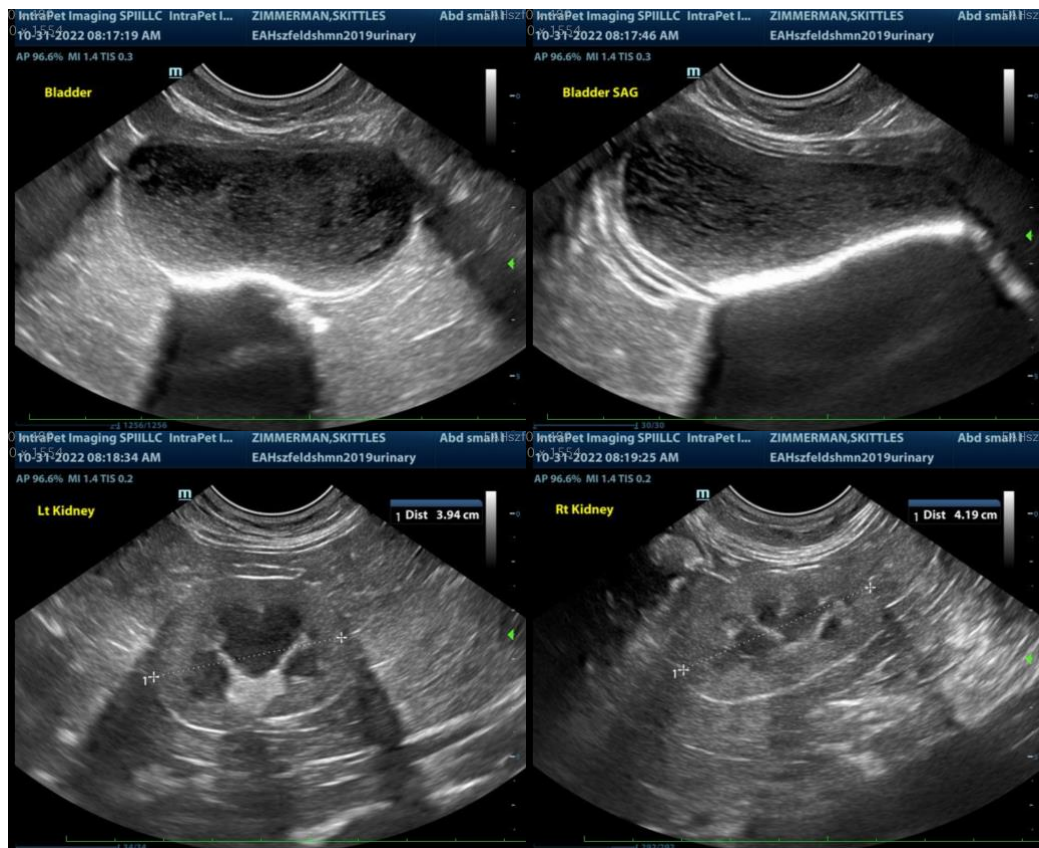




DATE	PRESENTING CLINICAL SIGNS
10/31/22	History: Sa Hx of intermittent hematuria and stranguria. PE was wnl on presentation.
PATIENT	Treating as FIC but abnormal imaging of bladder on fast scan of bladder and radiographs prompted further imaging.
Skittles Zimmerman	Current Medications: All medications started on 10/21: Prazosin 1mg capsule PO BID, Onsior 6mg tablets PO SID, Buprenex 0.02mg/kg TM BID, Gabapentin 10mg/kg PO BID, On C/d multicare diet
SPECIES	Lab Results: UA (10/21) - SG 1.050, amber colored, cloudy, ph 6.5, blood 50, suspect struvite crystals. CBC/chem (10/21) - wnl
Feline	Radiographs: (10/21 and 9/23) - no stones seen (no mineral density noted), but has increased soft tissue opacity centrally within bladder. Fast scan of bladder (10/21) - significant debris within bladder, no stones seen but shadowing noted.
BREED	Date of Previous IntraPet Ultrasound: No previous.
DSH	Sedation: Not required to complete full diagnostic ultrasound.
SEX	Stat Report: Not requested.
Neutered Male	Imaging Performed By: Stephanie Warga RDCS, RVT.
AGE	LIMITED ULTRASONOGRAPHIC EXAMINATION
9/23/19	Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a very large, marked amount of echogenic nonshadowing debris, both suspended and settled in bright clumps along the dependent wall. No discreet cystoliths or masses are observed, however, mineral debris/sand is suspected. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. Small cystoliths cannot be definitively ruled out.
WEIGHT	Left kidney is normal is size (3.94 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.
18.74 Pounds	Right kidney is normal is size (4.19 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.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> A large amount of suspended and gravity dependent mineral, sand and debris within the urinary bladder
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Eastern AH	A urine culture is recommended on a sterile urine sample, if not recently evaluated.
REFERRING VET	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).
Dr. Cusak	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.
INVOICE	
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If medical management of feline lower urinary tract disease does not result in improvement, a bladder flush/voiding urohydropropulsion, etc., then followed by management for serial feline lower urinary tract disease may be necessary.



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.

Beth Johnson, DVM DACVIM
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