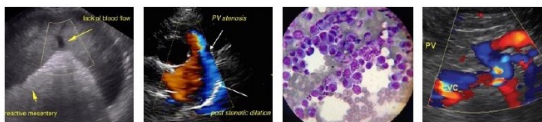
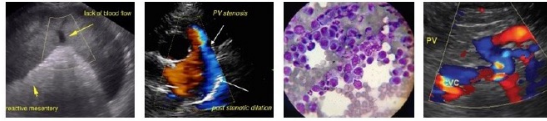


PATIENT	PRESENTING CLINICAL SIGNS
Bart Brooks	lethargy - dehydration - fever: 39.0 C yesterday presented with lethargy, anorexia abdominal palpation was good. today: fever responded to treatment, still mild dehydration present. urinating normal. -voided stones about 1mm in diameter and many of them. - past history of urinary blockage, had previous PU surgery and cystotomy, had ileum anastomosis, due to dehiscence of cystotomy incision. Prazosin 1mg: 1/2 tab PO TID x 7 days. Gabapentin AQ 100mg/mL: 0.8mL PO BID. Omeprazole 20mg: 1/4 tab PO SID. Mirtazapine 2mg: 1 tab PO EOD. Baytril 50mg: 1/2 tab PO SID. Felimazole 2.5mg: 1 tab PO BID. Abnormal PE/Chem/CBC/UA Results: please see attached rads and lab results.
SPECIES	
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DLH	Urinary System
SEX	The urinary bladder is moderately to subjectively overdistended with anechoic contents and a very large amount of echogenic debris/sand settled against the dependent wall. There appears to be one large 2.5 cm x 4.0 cm round cystoliths. However, a ball of accumulated smaller debris and sand against the bladder wall cannot be definitively ruled out. The urinary bladder, trigone, and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Neutered Male	
AGE	The right kidney is normal in size (4.24 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.
11 Years	
WEIGHT	The left kidney is normal in size (4.52 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.
8.02 kg	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (0.73 cm long x 0.47 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	The left adrenal gland is normal in size (0.70 cm long x 0.53 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Crystal Hill	
HOSPITAL NAME	Spleen
Simcoe AH	Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.
REFERRING VET	Liver
Dr. Aliaga-Leyton	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.
INVOICE	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The common bile duct is tortuous and mildly overdistended, measuring 0.47 cm
35747	
DATE	
2/17/22	



PATIENT	dilated with no visible obstruction observed in these images, but cannot be ruled out, as the bile duct cannot be traced to a normal taper in these images.
Bart Brooks	
	<i>Gastrointestinal</i>
SPECIES	The stomach is distended. It has a highly reflective, curved interface with acoustic shadowing, consistent with a soft foreign body-like hairball or potentially clot. Normal ingesta cannot be ruled out but is considered less likely, given the strong acoustic shadowing.
Feline	
BREED	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.
DLH	
SEX	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Neutered Male	
	<i>Pancreas</i>
AGE	The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
11 Years	
	<i>Free Abdomen</i>
WEIGHT	There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
8.02 kg	
	ULTRASONOGRAPHIC FINDINGS
INTERPRETED BY	<ul style="list-style-type: none"> Marked amount of urinary bladder sand/mineral with a suspected large cystoliths (versus accumulated smaller stones up against the bladder wall). Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes. Non-obstructive dystrophic mineralization in the kidneys Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered. Suspected gastric foreign body-like hairball – Normal ingesta cannot be ruled out, but is considered less likely. Tortuous, mildly dilated common bile duct – Rule out normal anatomic variant in a senior cat versus cholangitis versus an obstruction not visible in these images and considered less likely, given the very mild degree of biliary distention.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	
Crystal Hill	
HOSPITAL NAME	
Simcoe AH	
REFERRING VET	
Dr. Aliaga-Leyton	
INVOICE	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
35747	Diagnostic recommendations include urine culture as well as a fine needle aspirate of the spleen, especially if not sedated, if patient's coagulation status is appropriate. Therapeutic recommendations include a bladder flush to see how many of the small stones and how much of the debris can be removed (flush until urine comes out clear), followed by a recheck of the urinary bladder to help determine whether the mineral is one large stone or a pile of lots of smaller debris. IV fluids, broad-spectrum
DATE	
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PATIENT
Bart Brooks

antibiotics, and fasting for 24 hours recommended, at which time a recheck of the stomach is also recommended to help further differentiate potentially normal post-prandial ultrasound and normal ingesta versus foreign body.

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.02 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Simcoe AH

REFERRING VET

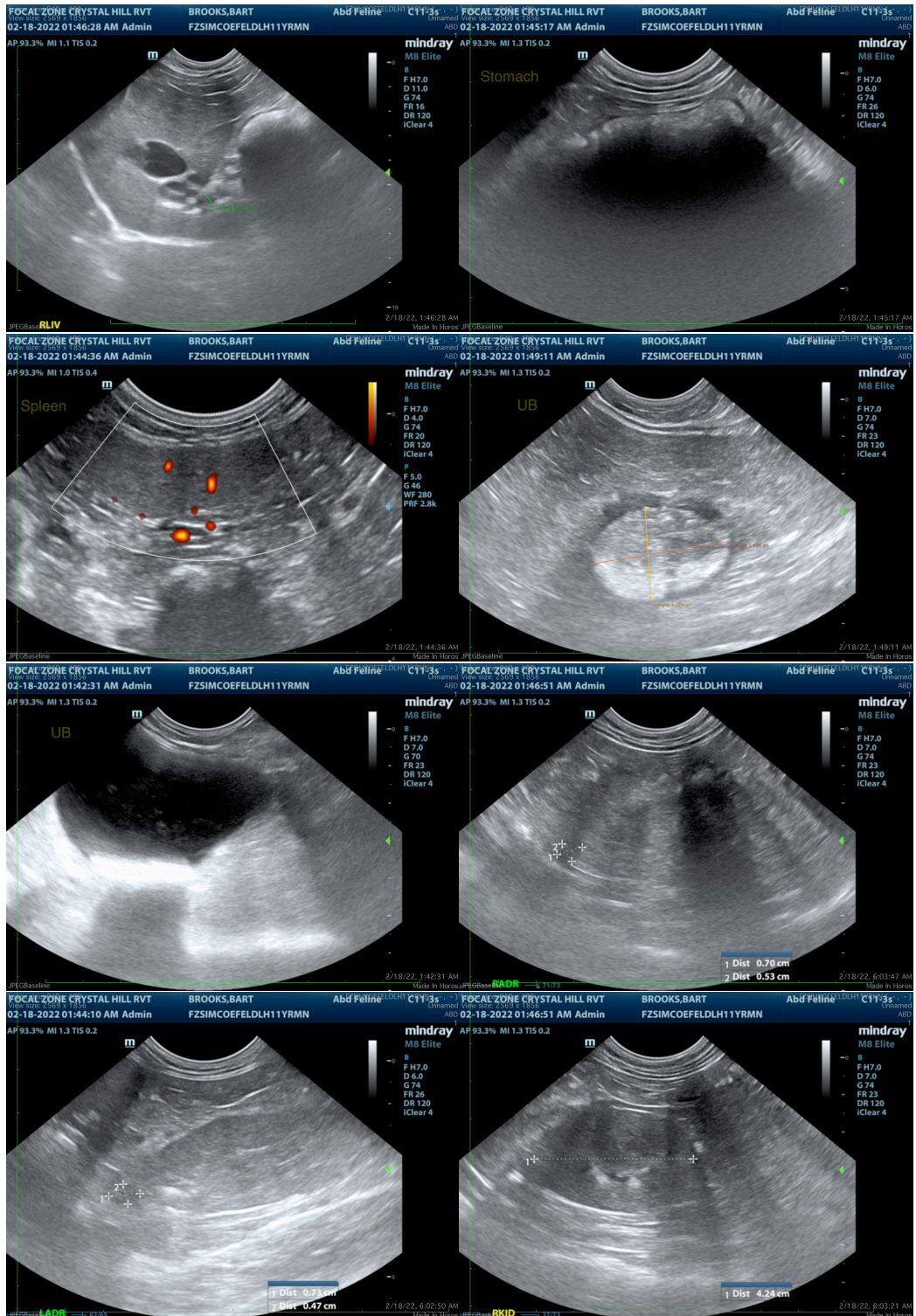
Dr. Aliaga-Leyton

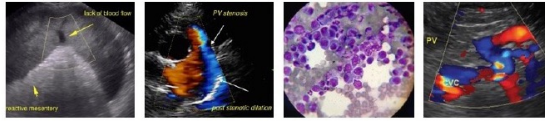
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PATIENT

Bart Brooks

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.02 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Simcoe AH

REFERRING VET

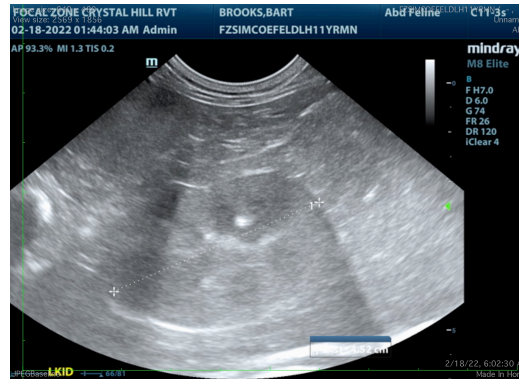
Dr. Aliaga-Leyton

INVOICE

35747

DATE

2/17/22



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com