



**PATIENT**

Mittens Lazar

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

8.3 kg

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for AUS. Started w owner noticing possible worms, pet was hiding, took to rdvm and ran bloodwork and urinalysis, blood in the urine, was put on a supplement and switched to Purina for UR tract. Retested UR and still blood present. Rec AUS. Previous Health Concerns: hernia sx in 2019 Current Medications: zylkene, Convenia inj Appetite/When did they eat last: last night

Abnormal PE/Chem/CBC/UA Results: Abdominal: large amount intra-abdominal fat; difficult palpation due to BCS Genitourinary: difficult to palpate, suspect small thickened urinary bladder; tense on urinary bladder palpation rdvm UA: 12/27/22 blood 3+; PH 7.0; AP Grav 1.055 rdvm bloodwork: 12/27/22 LYM 56%; Chol 236; CK 750; T4 1.9 rdvm UA 1/12/23 WBC <1; RBC >50; sqEPI <1; nsEPI <1;

**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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

The right kidney is normal in size (4.29 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 observed. There is a punctate non-obstructive nephrolith suspected in the right kidney. A small chronic infarct is suspected in the cranial pole of the right kidney.

**IMAGING PERFORMED BY**

Erin Wicks

The left kidney is normal in size (4.5 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**

**HOSPITAL NAME**

Shores VEC

The right adrenal gland is unable to be well visualized in these images.

The left adrenal gland is normal in size (0.48 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**REFERRING VET**

Dr. Lupole

**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.

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3/23/23

**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.



**PATIENT**

**Gastrointestinal**

Mittens Lazar

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.

**SPECIES**

Feline

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.

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DMH

**SEX**

Neutered Male

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

**AGE**

4 Years

**Pancreas**

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.

**WEIGHT**

8.3 kg

**Free Abdomen**

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

There is no apparent lymphadenopathy noted in these images.

**INTERPRETED BY**

**ULTRASONOGRAPHIC FINDINGS**

Beth Johnson, DVM  
DACVIM

- Urinary bladder debris
- Punctate non-obstructive nephrolith suspected in the right kidney

**IMAGING PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Erin Wicks

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).

**HOSPITAL NAME**

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.

Shores VEC

**REFERRING VET**

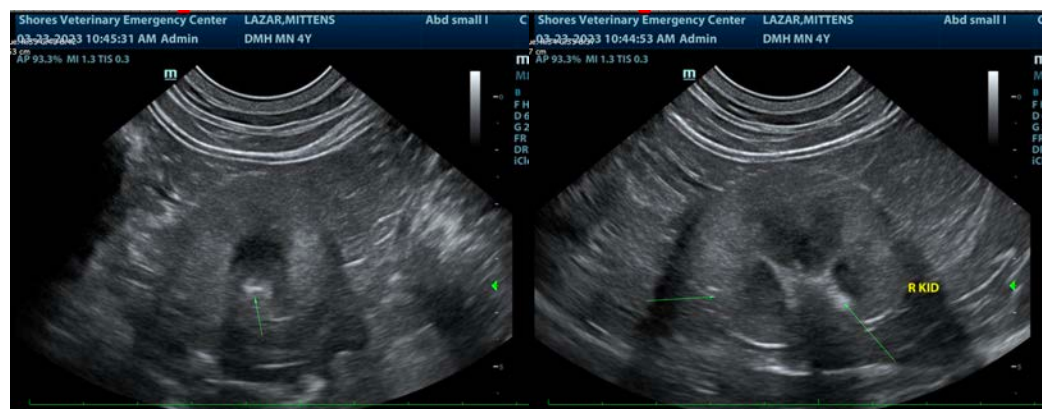
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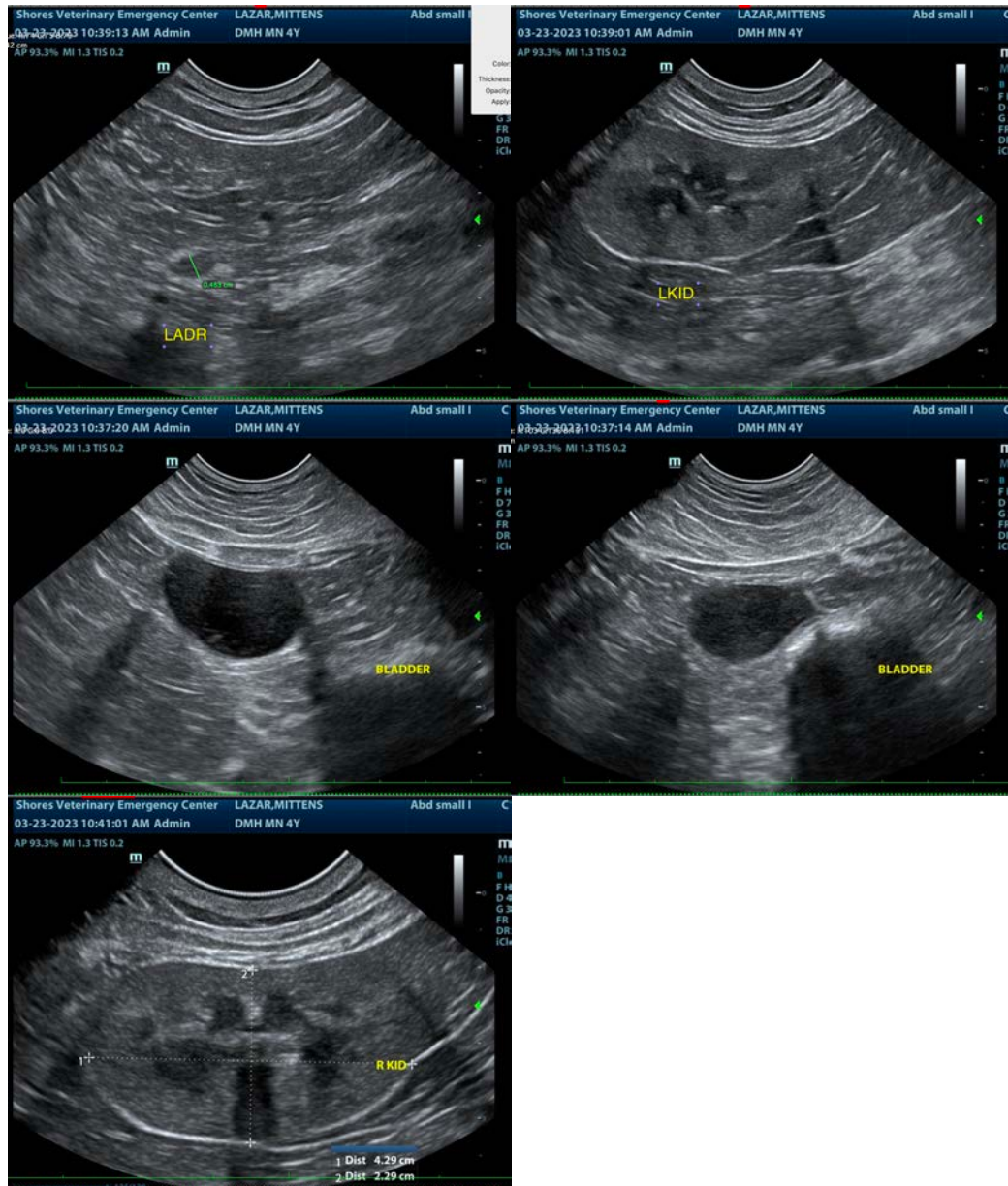
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
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