



PATIENT

Rosie Kupchik

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4

WEIGHT

12

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American AH

REFERRING VET

Dr. Vogel

INVOICE

21492

DATE

PRESENTING CLINICAL SIGNS

History: Bladder stones found on abd rads after presenting for stranguria and hematuria. No improvement after 2 wks of strictly CD diet. Mineralization or stone seen in one kidney and kidney size different between left and right.

Abnormal PE/Chem/CBC/UA Results: BUN slightly increased at 38 (n 14-36)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is empty. The urinary bladder wall appears thick and is unable to be fully assessed for pathology without further distention. No masses are observed. There is a large amount of mineral intraluminal contents and suspect cystoliths, with the largest appearing to be <0.5 cm in size. The trigone is of normal thickness with a smooth mucosal surface. The urethra is not well visualized in these images.

Left kidney is normal in size (3.1 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 or infarcts observed. Multiple, very small nonobstructive nephroliths were noted.

Right kidney is normal in size (4.0 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 or infarcts observed. Multiple, very small nonobstructive nephroliths were noted.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

Spleen

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.

Liver

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.

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. 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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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

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- A large amount of mineral urinary bladder debris with small cystoliths noted
- Bilateral nonobstructive small nephroliths also present

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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Given the lack of improvement with diet, etc., so far, stone retrieval is recommended for stone analysis to help better guide medical management. Given the apparent small size of at least some of the cystoliths, retrieval may be possible through heavily sedated/anesthetized voiding urohydropropulsion/bladder flush. If the stones are not of a dissolvable state, ultimately cystotomy for full removal may be necessary. There is no visible evidence of pyelectasia or hydronephrosis to suggest an obstruction and/or bladder distention to suggest a lower urinary tract obstruction visible in these images at this time.

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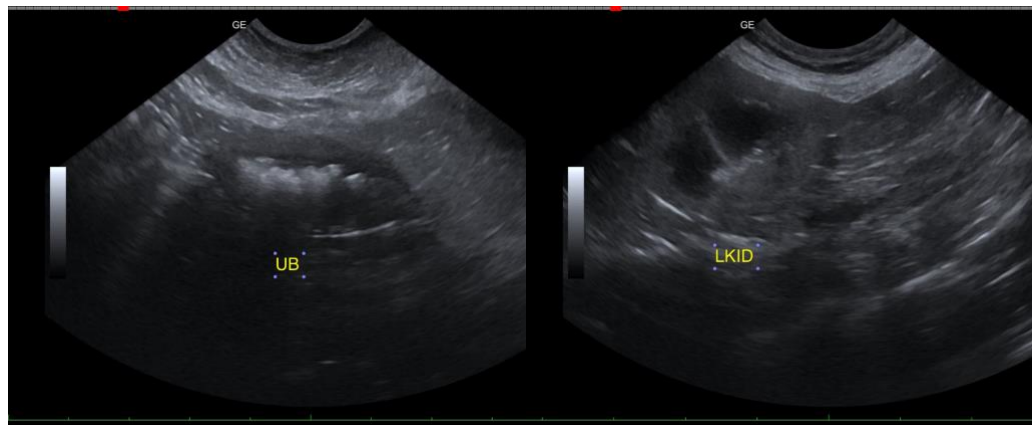
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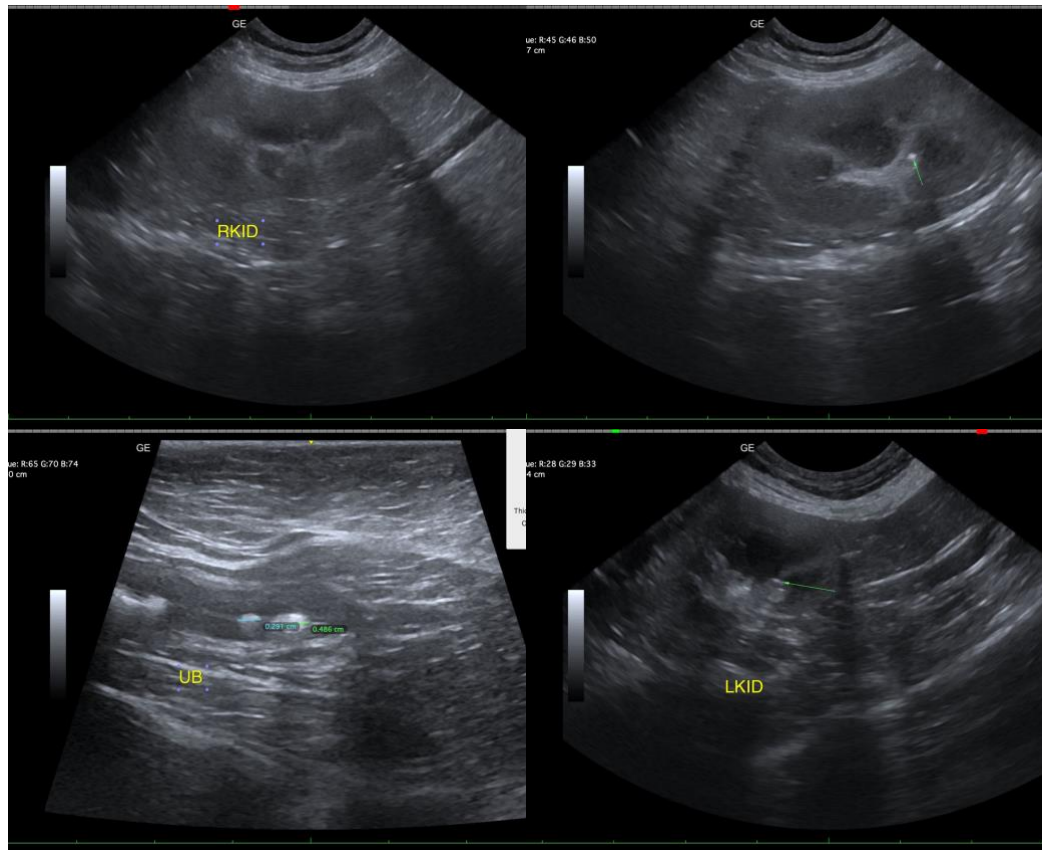
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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