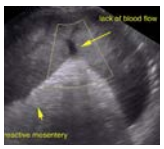
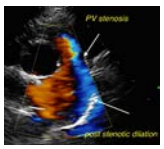
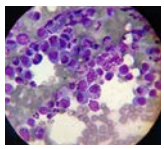
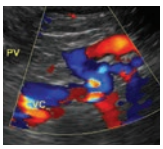
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Luna Quinn

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
4 Years

WEIGHT

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
New Bridge VP

REFERRING VET
Dr. Abina Glennon

INVOICE
38742

DATE
6/15/22

PRESENTING CLINICAL SIGNS

Patient presents for hematuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. The cranioventral urinary bladder wall is thick, measuring 0.78 cm in maximal thickness. The mucosa is mildly irregular and hyperechoic. No cystoliths are observed. The visible pelvic urethra is normal in thickness with a smooth mucosal surface. No focal masses are evident.

The right 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.

The left kidney is normal in size (4.2 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 right adrenal gland is normal in size (0.32 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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.

Liver

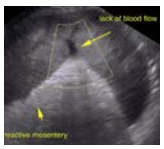
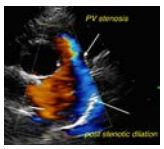
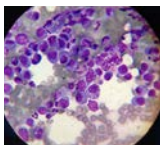
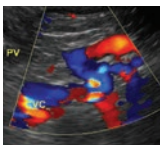
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal 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. **Note: There is an incidental anatomic variant of a bilobed gallbladder, and there is a focal round, echogenic foci, consistent with a non-obstructive cholecystolith within the lumen.

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

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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 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.

Free Abdomen

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

PRIMARY FINDINGS

- Urinary bladder wall changes are most consistent with chronic inflammatory cystitis. Infiltrative neoplasia cannot be ruled out, but is considered less likely, especially given this patient's young age.

SECONDARY FINDINGS

- Incidental bilobed gallbladder with a non-obstructive cholecystolith
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a urinalysis and urine culture.

Therapeutic recommendations include treating a urinary tract infection, if present, or if not, considerations could be given to feline lower urinary tract disease management with increased hydration, minimizing stress +/- diet transition to a crystal dissolution or prevention diet. Other recommendations for management of this condition can be found on the indoor cat initiative web page from Ohio State Veterinary School.

If clinical signs persist beyond medical management, and a urinary tract infection is not present, urinary bladder catheterization for cytology could be considered, and/or fine needle aspirate of the bladder wall thickening, being aware that tumor seeding can occur if a tumor is present, with that procedure.

If recent lab work has not been evaluated, CBC/serum chemistry panel and electrolytes is also recommended to further evaluate liver enzymes, given the cholecystolith, which is likely incidental, but should be interpreted in combination with enzyme elevation and/or clinical signs such as nausea, vomiting, cranial abdominal pain, etc.

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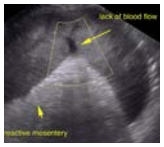
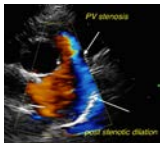
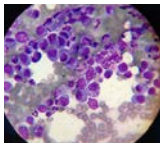
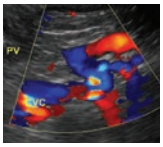

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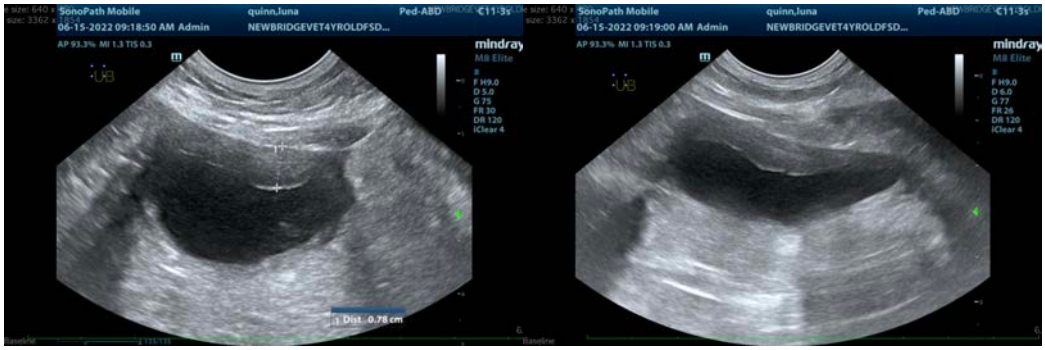

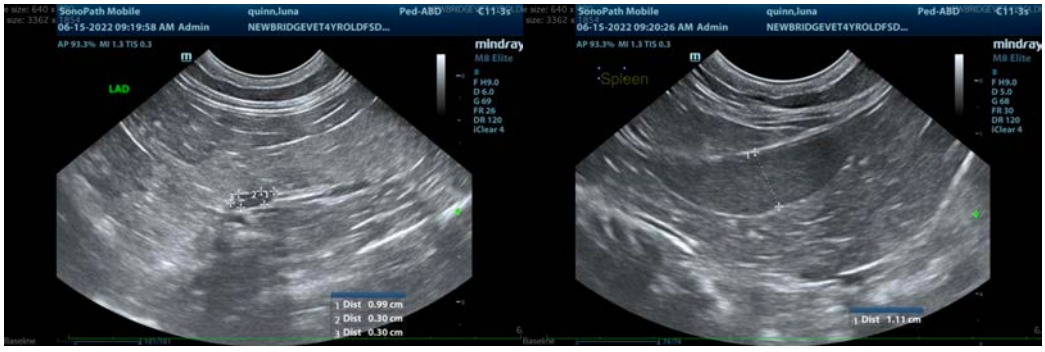

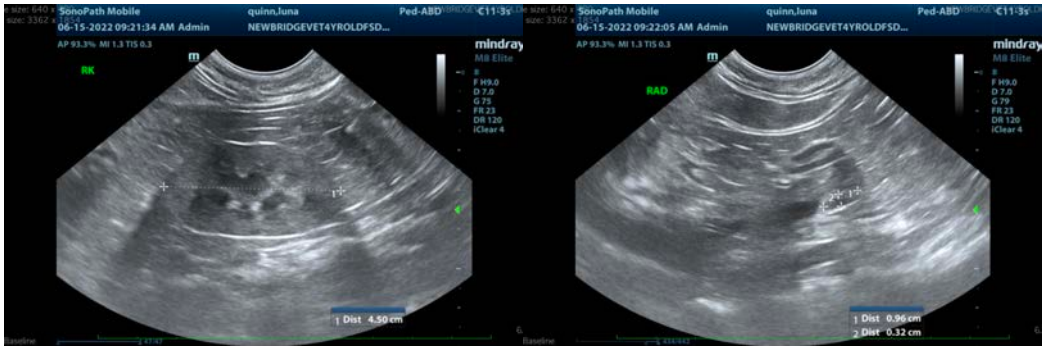

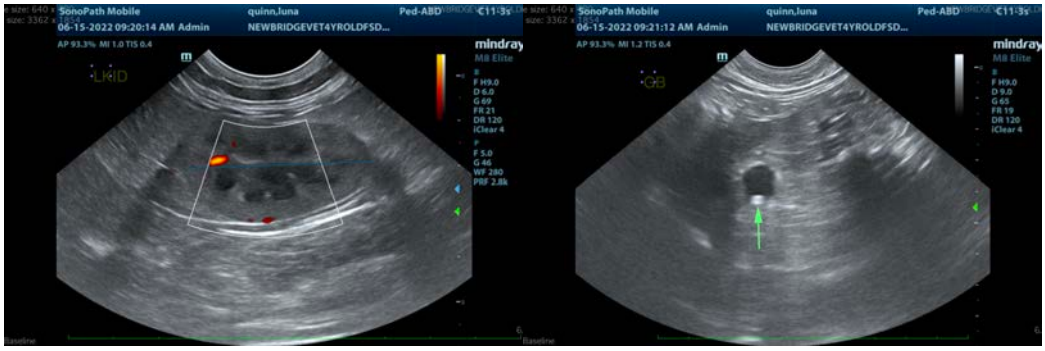

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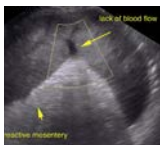
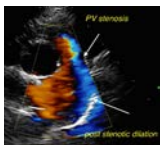
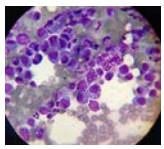
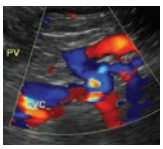

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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