

**DATE PRESENTING CLINICAL SIGNS**

6/16/22 Hematuria. Not improving with antibiotics (Convenia) Acting normally. Indoor only.

PATIENT

Hemgingway Levine

Current Medications: Convenia injection 0.7 mL on 06/10/22.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

SEX

Neutered Male

AGE

10/19/15

WEIGHT

15.4 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.99 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Pyelectasia is noted at 0.64 cm in the transverse view. There is no evidence of mineral or infarcts observed.

The left kidney is normal in size (3.7 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. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

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 (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively enlarged in size with slightly irregular, scalloped margins. Parenchyma is homogeneously 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. Incidental anatomic variant of bilobed gallbladder present.

INVOICE

38799

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.

Andi Parkinson RDMS

HOSPITAL NAME

Abbey AH

REFERRING VET

Dr. Klutz

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.

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

- Non-obstructive nephrolithiasis in the left kidney
- Pyelectasia in the right kidney - Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.
- 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.

SECONDARY FINDINGS

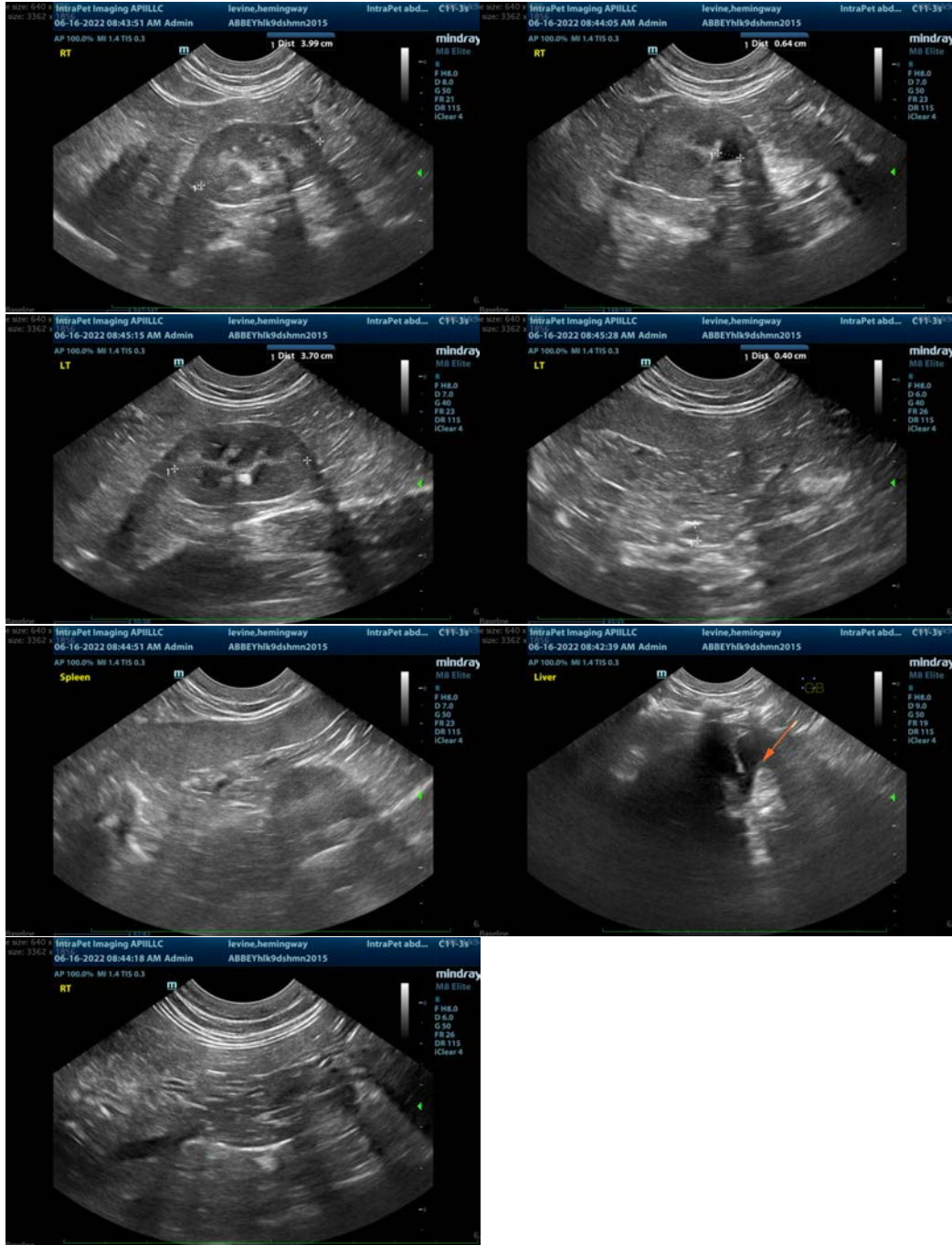
- Incidental, normal anatomical variant of a bilobed gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture at least one week off of any recent antibiotics is recommended, given the pyelectasia and the reported hematuria. If not recently evaluated, a CBC/serum chemistry panel and electrolytes are also recommended to assess overall metabolic health, including platelet count in the rare chance this could be a coagulopathy, as well as kidneys, etc.

If coagulation status is appropriate, and culture is negative, recommendations are to address possible feline lower urinary tract disease, and considerations for that could include a diet change to a urinary health, crystal prevention/stone prevention diet, increasing water take, minimizing stress, as well as other indoor cat recommendations that can be found on the Indoor Cat Initiative website put out from the Ohio State Veterinary College.

Finally, given the abnormal appearance of the spleen, a fine needle aspirate of the spleen is recommended, pre-medicating with Diphenhydramine in case of mast cell disease.



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