

**DATE**

06/20/2022

PRESENTING CLINICAL SIGNS

Hematuria and a few instances of urination outside of the litter box. When pet sits down, there are frank blood spots left behind.

Otherwise, pet is eating and active as normal.

Current Medications: Convenia injection 5/5/22.

PATIENT

Gracie Robertson

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

2011

WEIGHT

13.25 lb

INTERPRETED BYBeth Johnson, DVM
DACVIM**HOSPITAL NAME**Bayside Animal
Medical Center**REFERRING VET**

Dr. Sims

INVOICE

10861ag

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is mildly distended with anechoic contents. A 0.6 cm long echogenic foci with acoustic shadowing along the dependent wall that with agitation breaks up into two smaller foci was present. It is difficult to determine whether this is several small cystoliths vs piles/accumulations of mineral debris. No masses or inflammatory changes are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Right kidney is normal in size (3.75 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.

Left kidney is normal in size (3.64 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

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

Left adrenal gland is normal in size (0.46 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

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 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 observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

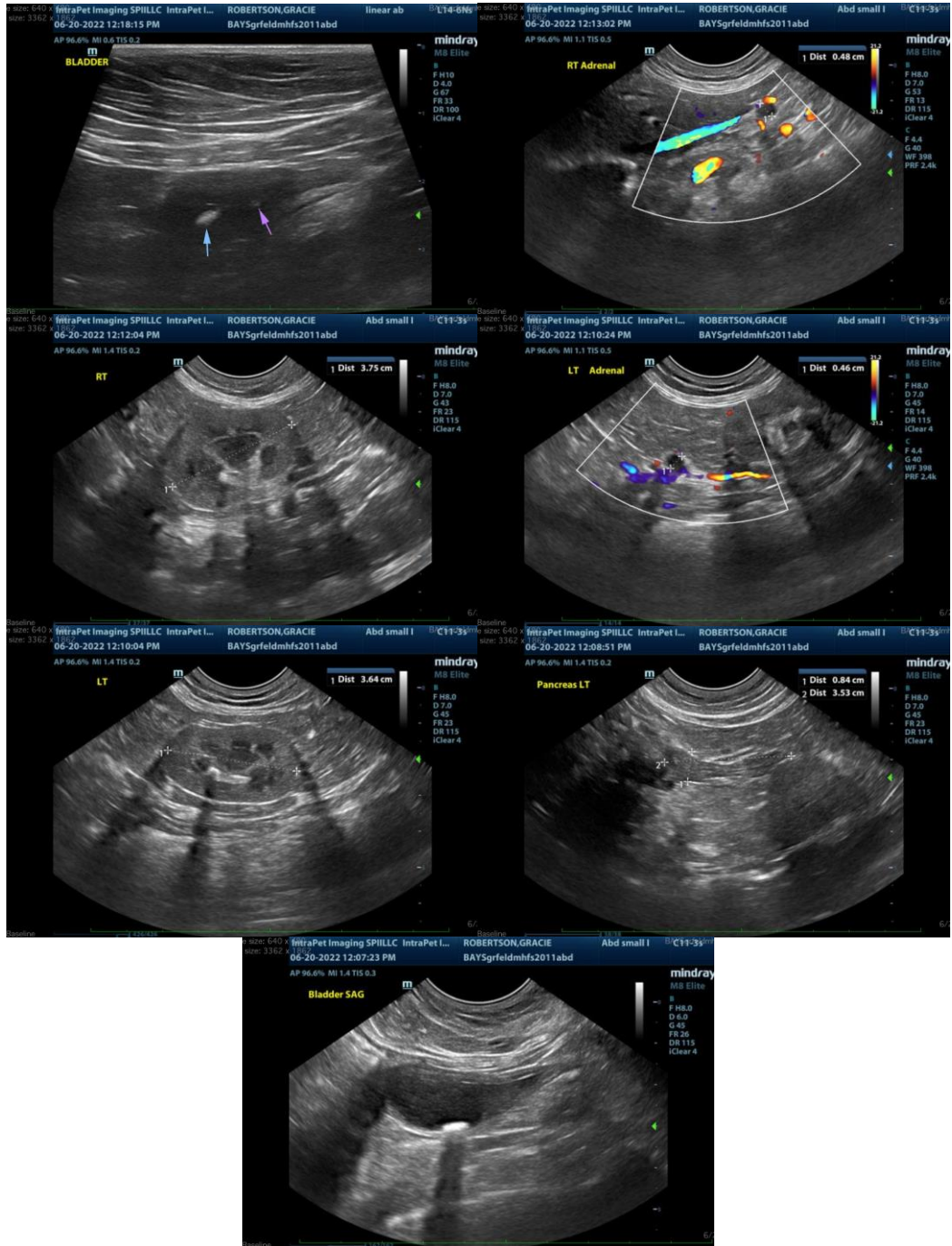
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mineral debris either accumulated in small piles or small solid cystoliths
- Age related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If urine C/S at least a week post antibiotic therapy is negative then sterile cystitis as a result of mineral debris/cystoliths is considered the top differential. Recommendations would include increasing hydration in the form of canned diet, fountains etc. and potentially transition to a urinary bladder dissolution diet. If this does not result in improvement of clinical signs and reassessment of the bladder ideally when more distended reveals persistent mineral debris a cystotomy may have to be considered for cystolith removal.



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.

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