

**DATE PRESENTING CLINICAL SIGNS**

6/21/22

Was rescued from the streets, lame from large abscess, about 3 weeks ago. On the PE he was found to have an abnormal kidney and appeared very anemic. He was felv/fiv negative at that visit. The abscess was lanced and flushed and Convenia was given. He has continued to be non-weight-bearing on the RH leg. He was sedated today and found to have a badly fractured pelvis, possibly involving the acetabulum. There is a piece of ammo in him.

**PATIENT**

Phoenix Voelker

**SPECIES**

Feline

Current Medications: Convenia was given. Sedated today with domitor, ketamine, midazolam and torb.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**BREED**

DSH

**LIMITED ULTRASONOGRAPHIC EXAMINATION****SEX**

Neutered Male

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**AGE**

6/19/17

The kidneys are large in size (left 5.93 cm, right 5.34 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. 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 left kidney. No mineral noted in the right kidney.

**WEIGHT**

6.75 Pounds

Incidentally, while imaging the bladder, medial iliac lymphadenopathy was noted. Normal shape was maintained, likely reactive to the reported caudal body abscess.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**ULTRASONOGRAPHIC FINDINGS****IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**Cat Sense Feline  
Hospital

- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.
- Feline renomegaly – These renal changes can be seen with glomerular or interstitial nephritis, FIP, amyloidosis, acute tubular necrosis or infiltrative neoplasia such as lymphoma. Normal variant due to fat deposition cannot be ruled out but is less common in an enlarged kidney.
- Non-obstructive nephrolithiasis in the left kidney.
- Medial iliac lymphadenopathy – suspected to be reactive secondary to the reported abscess.

**REFERRING VET**

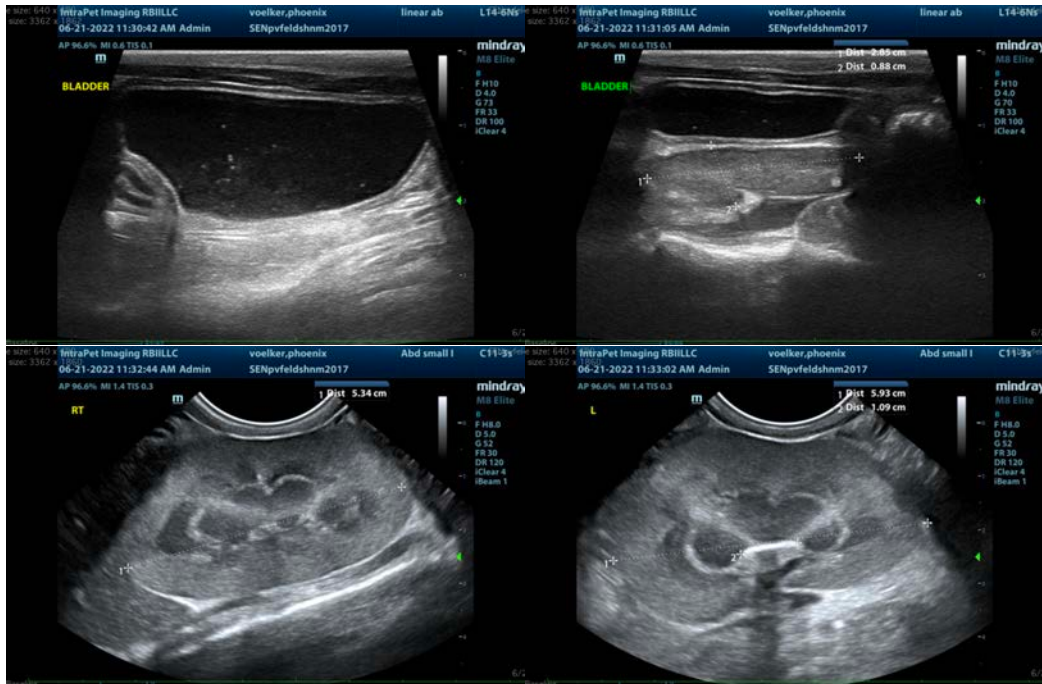
Dr. Sinclair

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****INVOICE**

38957

- Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
- CBC/chem panel and electrolytes for further evaluation of the kidneys, if not recently evaluated. Any isosthenuria, azotemia, proteinuria, etc. will help further interpret potential kidney pathology versus normal patient variant and possible fat deposition.

- If not recently evaluated, a blood pressure is also recommended.



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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