


PATIENT PRESENTING CLINICAL SIGNS

Luna Rosman
SPECIES History: 11yo female spayed DSH cat. Has history of chronic hematuria and urinary tract infections since owners adopted her several years ago. When her symptoms start and she has hematuria, culture results are consistent with an E coli infection. Most recently, she was treated for 2 weeks with marbofloxacin, and culture performed 4 days post finishing medication and was no growth. 2 weeks after the negative culture, patient began having urinary signs and hematuria again. She is currently on 50mg gabapentin BID for stress/pain associated with urinary tract signs, just started on Hills C/D Urinary + stress. She is currently taking Marboquin to treat her current UTI. Most recent lab-work at Wilkinson AH on 3/29 was normal. Referring for ultrasound to assess kidneys/bladder to rule out pyelonephritis or other urinary tract changes.

Feline
BREED DSH
SEX Female Spayed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

Kidneys are overall normal in size (Left 3.82 cm) (Right 3.83) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The area of the adrenal glands is examined without evident adrenal gland pathology.

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.

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.

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

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Emily Salmon

INVOICE

14007

DATE

8.9.23



PATIENT *Pancreas*

Luna Rosman

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.

SPECIES

Feline

Free Abdomen

There is no free fluid. Mesentery lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Female Spayed

- This is a relatively unremarkable/normal abdomen, with the exception of some mild, age-related kidney changes.

AGE

11 years

- Reactive lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

WEIGHT

9.1 lbs

- Full assessment of the urinary bladder when fully distended, if possible, would be helpful to further rule out urinary bladder pathology.

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DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If not recently evaluated, a general metabolic health screen is recommended, including CBC, chemistry panel, electrolytes and total T4 +/- free T4.
- Given the reported immediate recurrence of this patient's urinary tract infections, treatment of a complicated, persistent urinary tract infection (vs truly recurrent urinary tract infections) can be considered in the form of a longer (i.e., 4-plus-week) course of antibiotics therapy based on culture and sensitivity results. With this plan, a follow-up culture a week to 10 days after starting antibiotics is recommended to help further investigate secondary infections, etc., as well as a final culture a week to 10 days after finishing antibiotics, to ensure that the infection is fully cleared. My suspicion is that the recheck culture (4 days after finishing antibiotics) may have potentially been a false-negative due to recent antibiotic therapy. In the meantime, as is reportedly already in place, maximizing water consumption (i.e., water fountains, canned food, etc.) is recommended, as well as reducing stress (with recommendations that can be found at Indoor Cat Initiative out the Ohio State University CVM), as well as urinary health diet.

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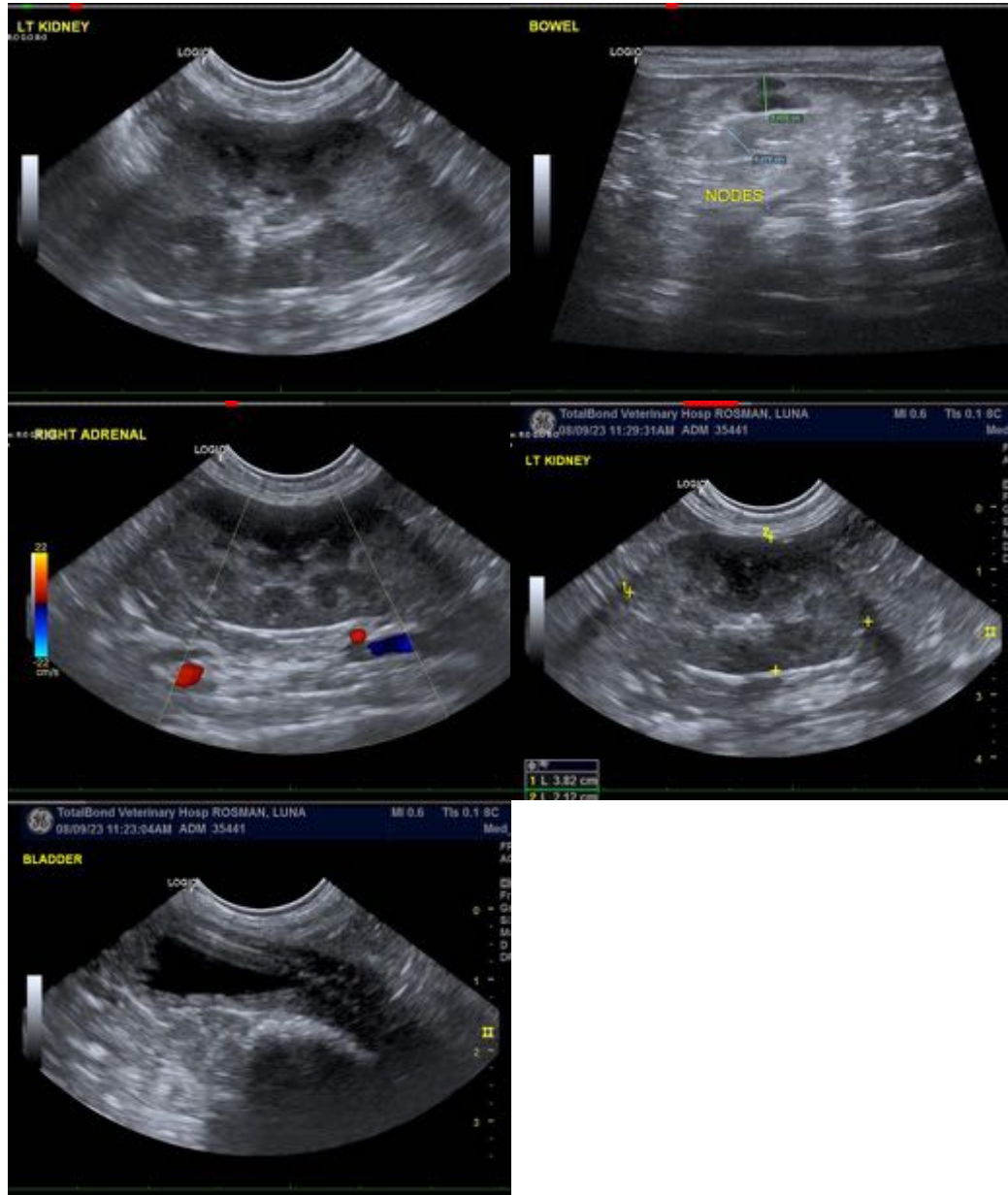
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

DATE

8.9.23

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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