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Clinical Sonography & Telecytology
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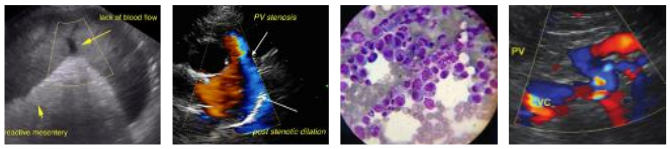


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Macy Hill

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

9 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Megan Cassels-Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Megan Cassels-Conway

INVOICE

17469

DATE

9/26/22

PRESENTING CLINICAL SIGNS

History: Presented 9/22/22 for urinating blood and inappropriate urination 3 days. Normal energy and appetite. On US guided cysto noted mild free fluid cranial to bladder (less noted on full US today). Aspirated few drops of fluid and was clear with water like consistency. Cytology of fluid pending. Adopted from shelter in April 2022 and was spayed prior.

Abnormal PE/Chem/CBC/UA Results: CBC eosinophilia 1560. Chem GGT 5, TBili 1.6. UA: 1.055, pH 9, Protein 4+, blood 2+, WBC 11-20, Ca Phos 11-20 FeLV/FIV neg Culture of urine and cytology of abdominal fluid pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (4.01 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.

Right kidney is normal is size (3.85 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

Left adrenal gland is normal in size (0.33 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.24 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

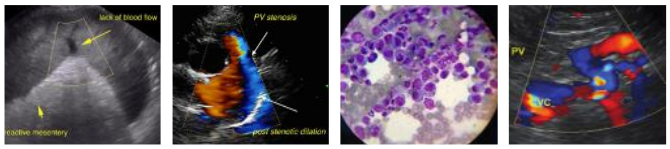
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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.

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



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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.

Pancreas

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.

Free Abdomen

Around the urinary bladder, there is a scant amount of anechoic free fluid and enhanced hyperechoic fat and mesentery.

ULTRASONOGRAPHIC FINDINGS

- A moderate amount of urinary bladder debris, consistent with mucus, blood clot, cells, crystals, etc., more significant than just normal fat in a feline bladder.
- The free fluid and enhanced tissue around the urinary bladder is suggestive of focal inflammation/focal peritonitis, part of which may be visibly inflamed, secondary to the recent abdominocentesis reported.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The already pending free abdominal fluid analysis and urine culture are recommended. In addition to further urinary testing, a fecal exam is recommended, if not recently evaluated, as occasionally capillaria can affect the urinary system and result in lower urinary signs. Regardless, empirical deworming with a 5-day course of Panacur is recommended, especially given this patients concurrent eosinophilia. There are no ultrasonographically visible reasons to explain the mild increase in bilirubin. If the sample was hemolyzed, that's an explanation. If the sample was not hemolyzed, a fine needle aspirate of the liver could be considered if the values persist and/or progress and patients coagulation status is appropriate.

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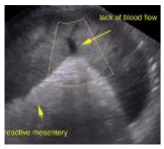
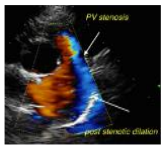
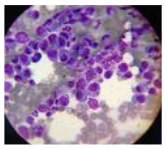
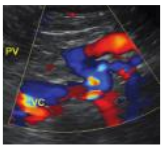

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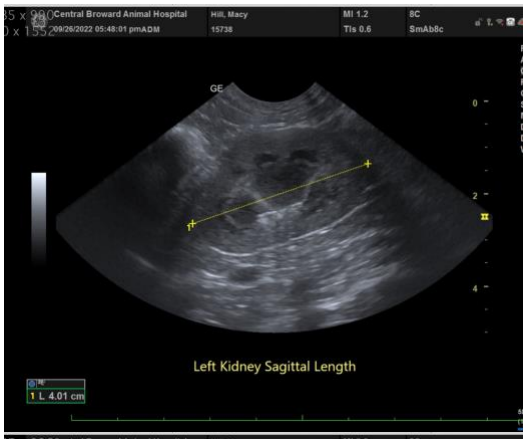

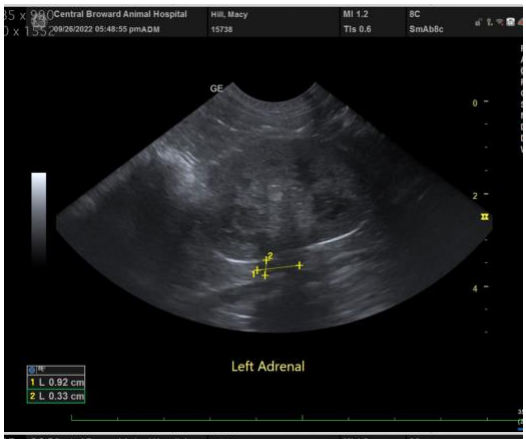

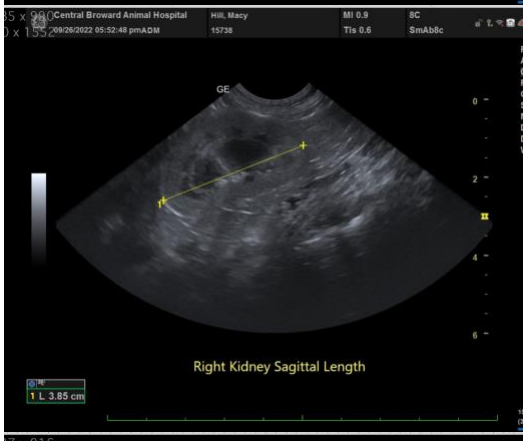

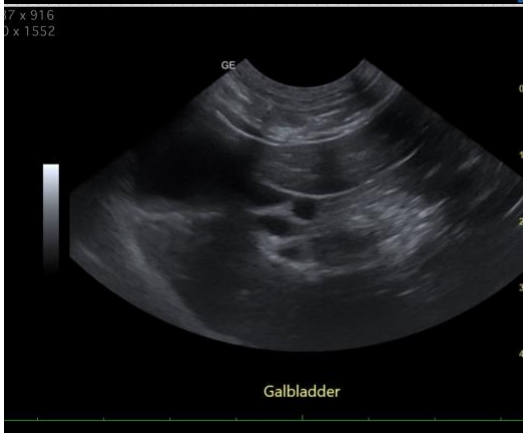

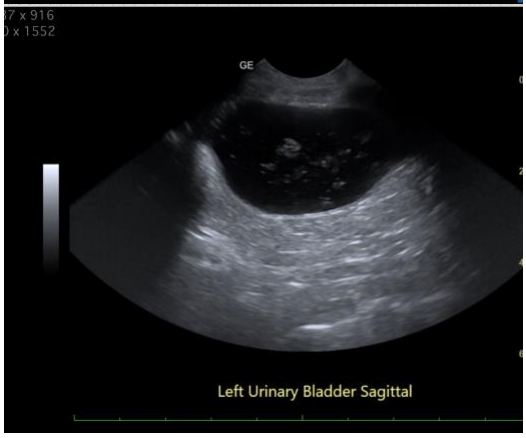

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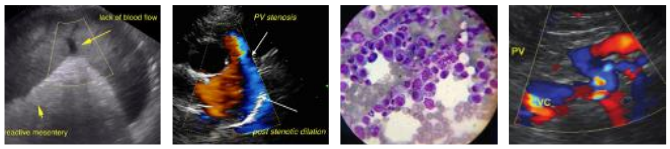

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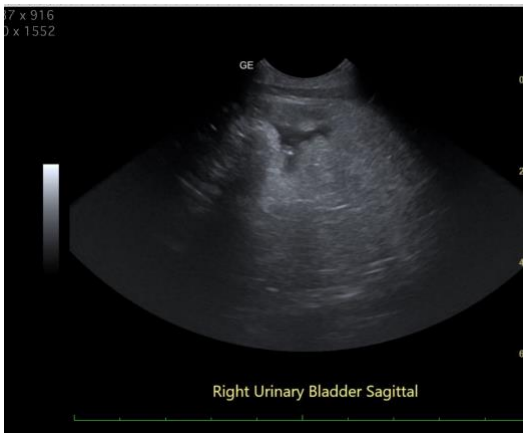

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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