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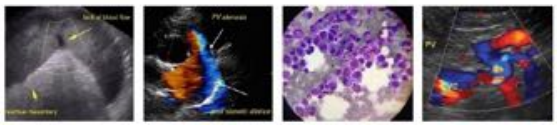

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Quinn Domeniucci

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

5 years

WEIGHT

10.3 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Tilsonburg VC

REFERRING VET

Dr. Reed

INVOICE

39976

DATE

10/6/22

PRESENTING CLINICAL SIGNS

History: Ongoing hematuria. Has been on Gabapentin and Metacam. Quite uncomfortable for scanning over bladder and kidneys.
Abnormal PE/Chem/CBC/UA Results: July 2022, sp. Grav- 1.023, pH 6.0, protein 3+, Blood 3+, RBCs greater than 50/hpf, Creatinine M1 elevation Creatinine and RBCs. Otherwise NSF.

ULTRASONOGRAPHIC EXAMINATION OF THE

Urinary System

Urinary bladder is not fully distended resulting in an overall, mildly thick appearance to the urinary bladder wall. Multiple, shadowing cystoliths are observed ranging in size from 0.4-0.8 cm. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (3.72 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Non-obstructive areas of mineralization/nephroliths are noted. There is no evidence of pyelectasia or infarcts observed.

Right kidney is normal is size (4.1 cm),shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Non-obstructive areas of mineralization/nephroliths are noted. There is no evidence of pyelectasia or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.47 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.5 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.

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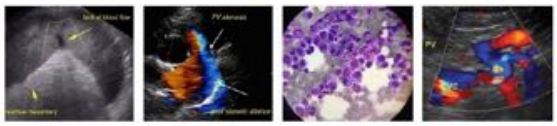

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Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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 (< 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. 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

There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

Multiple urinary bladder cystoliths measuring up to 1.0 cm in size.

Non-obstructive nephrolithiasis bilaterally.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture is recommended if not recently evaluated.

Given this patient's young age bile acids could be considered to rule out an underlying cause for a type of stone that may be dissolvable such as urates. Ultimately however cystotomy or less invasive stone retrieval methods if available geographically are recommended to remove and analyze the stones. Following stone removal diet therapy is recommended to try to prevent recurrence of stones.

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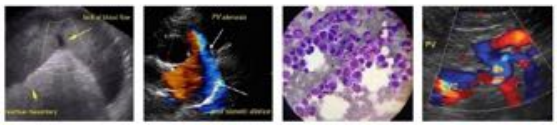

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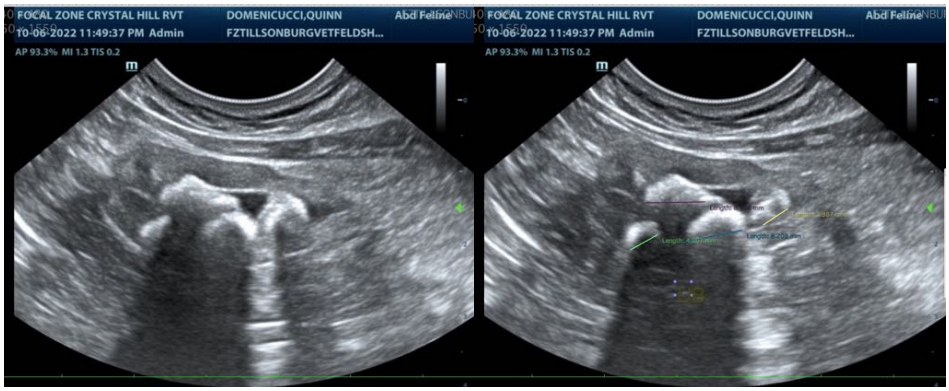

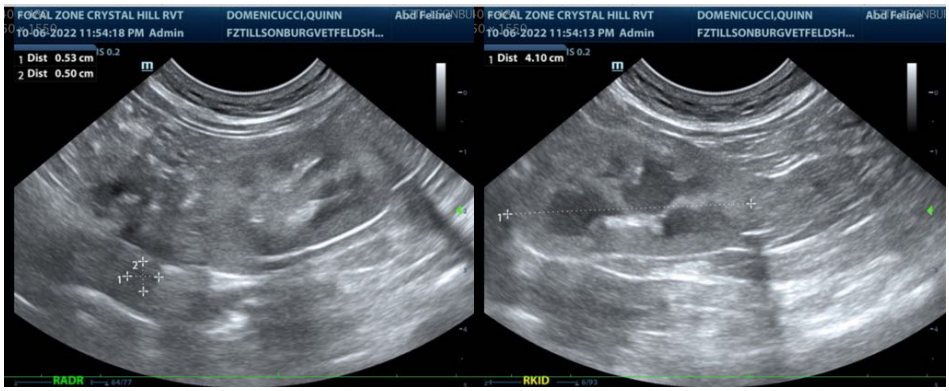

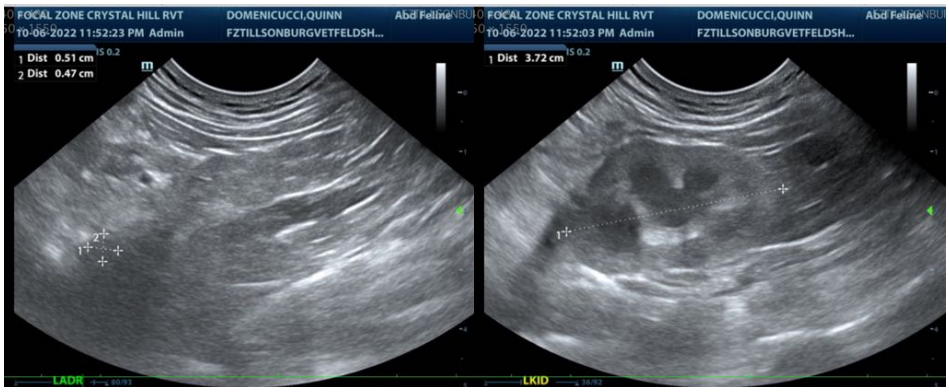

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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