



PATIENT PRESENTING CLINICAL SIGNS

Rio Earl

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

12 years

WEIGHT

5.62 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Simcoe AH

REFERRING VET

Dr. Kennedy

INVOICE

32637

DATE

8/30/22

History: Presented November 3, 2021 with FLUTD, blocked at after hours. Unblocked and treated. Presented June 18, 2022 straining. Rads showed no uroliths, U/A showed UTI, U/S showed free floating glob in bladder consistent with a clot Since then he has presented twice more with straining, not obstructed. Responds to pain meds and Prazosin U/As show blood and usually are consistent with UTI Have been trying to schedule recheck U/S to see if "clot" still present, but keeps representing and eating up owner's available funds. Prazocin 0.5mg/kg q 12 hours since August 23, Convenia given August 23, Alprazolam 0.25mg q 24 hours

Abnormal PE/Chem/CBC/UA Results: During crisis, BG is elevated but resolves to normal with treatment July 8, 2022 U/A showed 75-100 RBC/hpf with 0-2 WBC/hpf and C&S was no growth. Rads: June 18, 2022- no visible uroliths June 19, 2022 - U/S- possible clot in bladder Patient is also on Cosequin daily

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents as well as some echogenic, suspended debris. Along the dorsal wall there is a 0.7 x 1.3 cm echogenic density without acoustic shadowing appreciated. No cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (3.69 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 mineral or infarcts observed. Mild pyelectasia was noted.

Right kidney is normal is size (4.46 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 (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

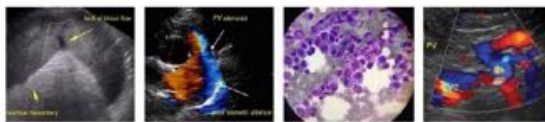
Right adrenal gland is normal in size (0.5 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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



PATIENT homogenous in echotexture. A 0.7 x 0.8 cm hyperechoic nodule in the mid liver. Visible vasculature and biliary tree appear normal without distension or congestion.

Rio Earl

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.

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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.

Domestic Longhair

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.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris including an approximately 1.0 cm echogenic density without a shadow is consistent with a blood clot or other mucous accumulation. A pedunculated, soft tissue nodule cannot be definitively ruled out, but is considered less likely.
- A discrete, hyperechoic liver nodule appears most consistent with fibrosis or calcification of an old hematoma or granuloma, etc. An infiltrative neoplastic lesion or metastatic disease cannot be definitively ruled out, but is considered much less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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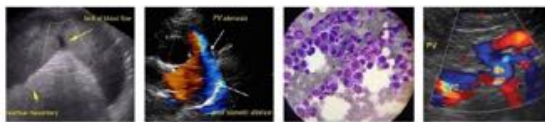
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I recommend:

1. Urine culture was reportedly negative a month or two ago; however, given the flare-up of clinical signs. 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.
2. In the face of negative urine culture(s) and no cystoliths, masses, etc., these urinary signs are most consistent with sterile cystitis or feline lower urinary tract disease (FLUTD).

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Recommendations include maximizing water consumption (water fountains, canned food, etc) as well as reducing stress (recommendations can be found at Indoor Cat Initiative out of The Ohio State University CVM). Transition to a urinary health diet such as Royal Canin Urinary SO (or similar) could also be considered.

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3. Ultimately the medical management, Prazocin, etc. that this patient responds to during flare-ups may have to be continued long term instead of during flare-ups, to prevent the flare-ups. Ultimately if signs of obstruction continue cystoscopy may be necessary to flush out the urinary bladder and try to break up the mucous, clot, etc. and expel it or alternatively a surgical cystotomy can be performed to remove any solid tissue present potentially obtain a biopsy and culture of the bladder wall and consider PU.

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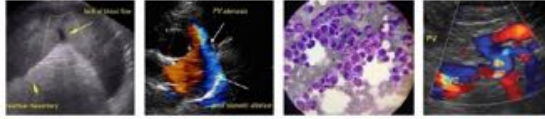
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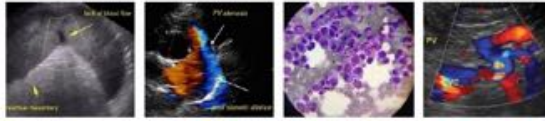
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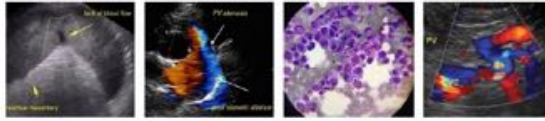
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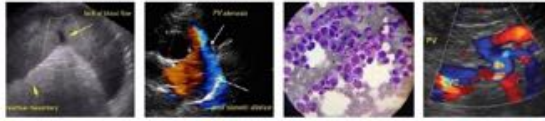
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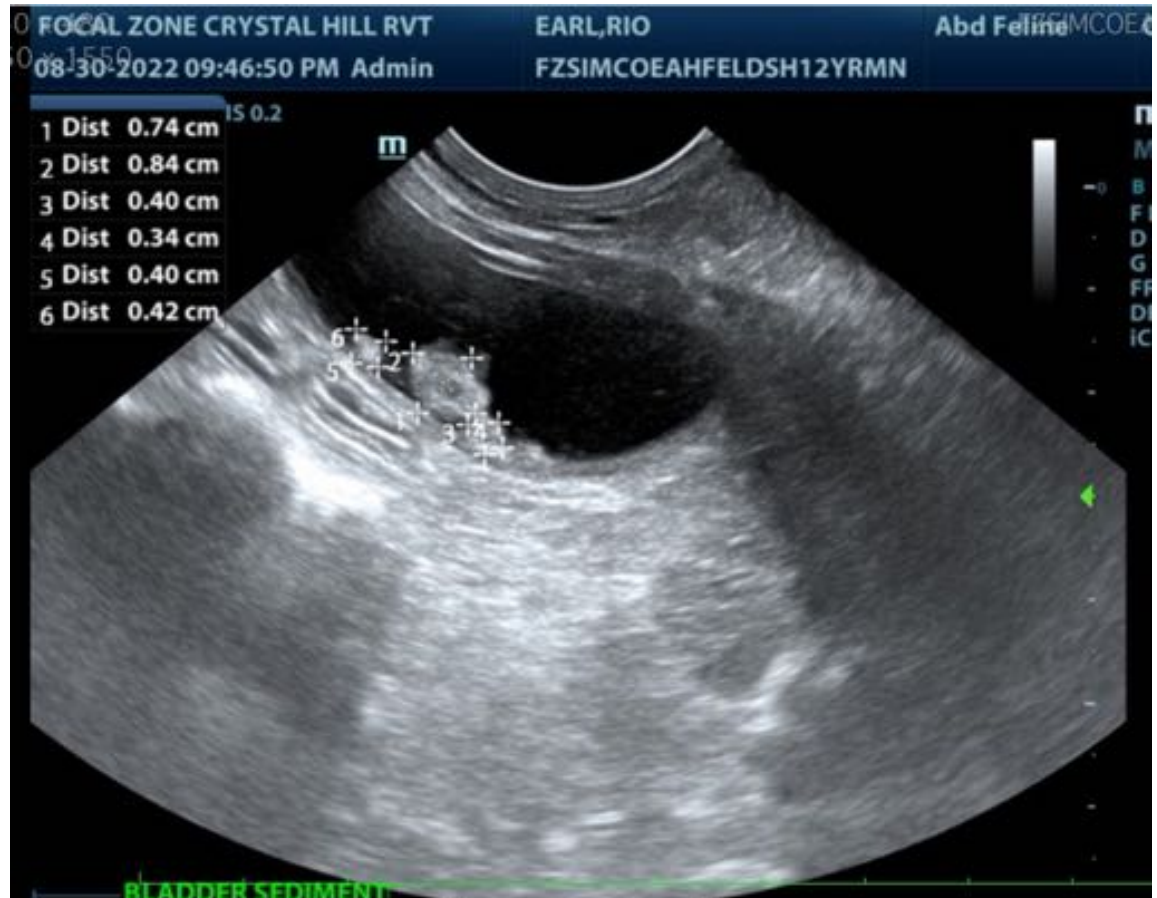
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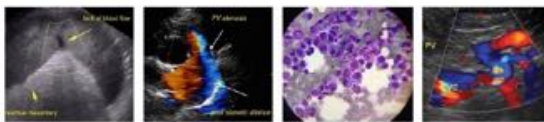
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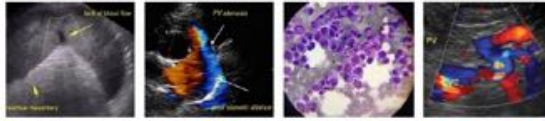
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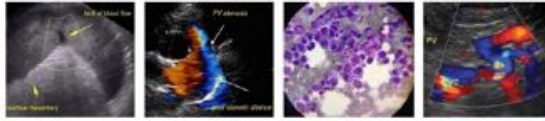
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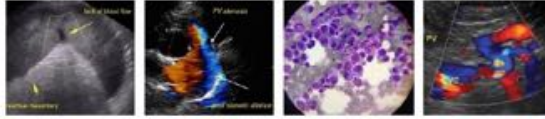
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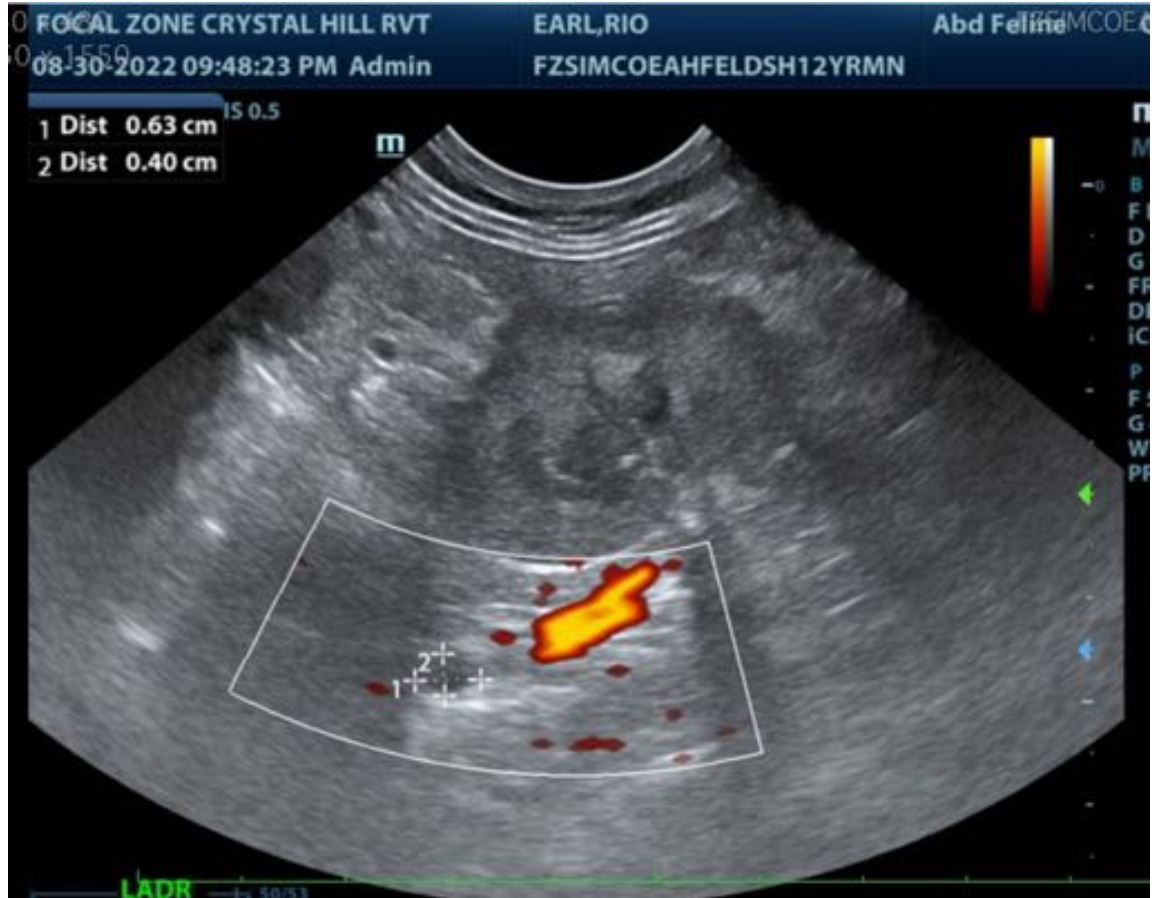
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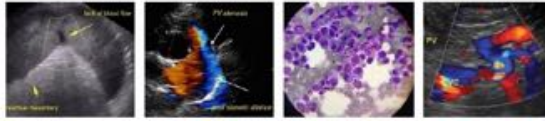
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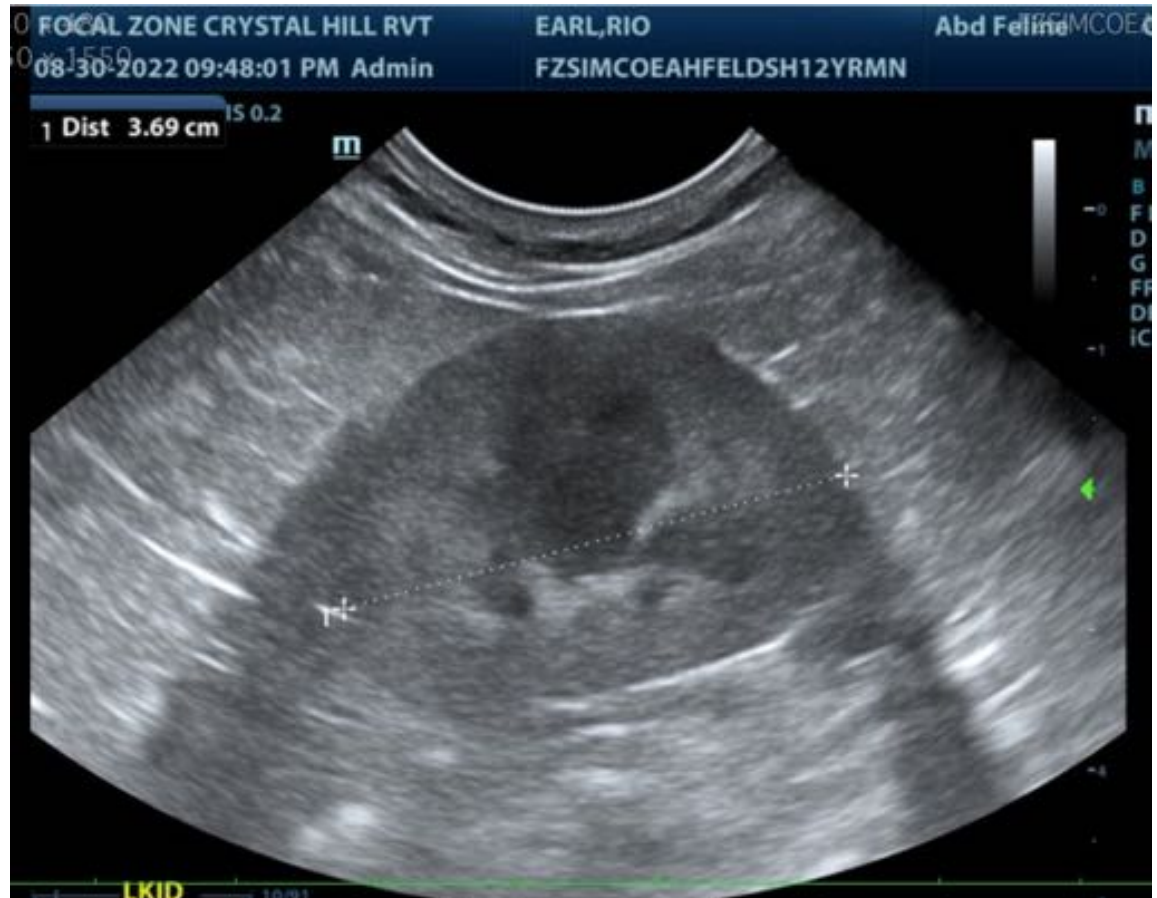
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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