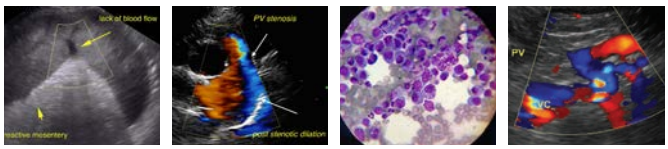
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Gibbs Chevarria

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
10 Months

WEIGHT
9.7 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Leon Anderson

HOSPITAL NAME
Elizabeth AH

REFERRING VET
Dr. Leon Anderson

INVOICE
33928

DATE
1/3/22

PRESENTING CLINICAL SIGNS

Pollakiuria and blood clots in urine over the weekend. Lethargic and off food as well. Sedation and bladder relief before scan. 18ml iv fluids before scan.
Abnormal PE/Chem/CBC/UA Results: Lethargic, dehydrated, large-firm-painful urinary bladder on palpation. cbc: neut 14.17 K/uL chem: Glucose 216 mg/dL, Cl 111 mmpl/L, ALP < 10 U/L. Creat 6.7 mg/dL, BUN 115 mg/dL, Phos 9.8 mg/dL. Urine via cysto: bloody and purulent. SG 1.036, pH 6.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented concentric wall thickening with suspended debris. The thickening continued into the pelvic urethra, most consistent with acute interstitial cystitis.]

The **kidneys** were bilaterally swollen. The left kidney measured 4.82 cm. The right kidney measured 4.46 cm. Free fluid was noted in the retroperitoneal space and abdomen surrounding the kidneys. Mild hyperechoic medullary rim sign noted in the kidneys.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.38 cm. The right adrenal gland measured 0.21 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. The liver was surrounded by a minor amount of free fluid.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

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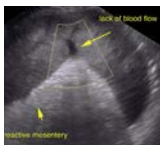
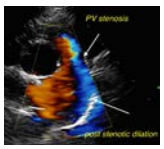
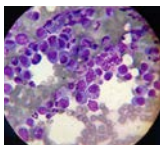
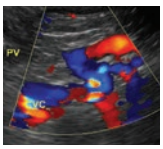

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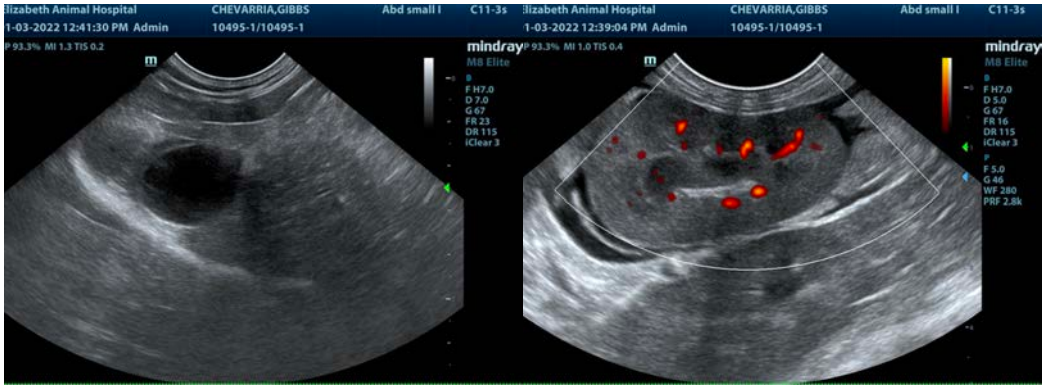
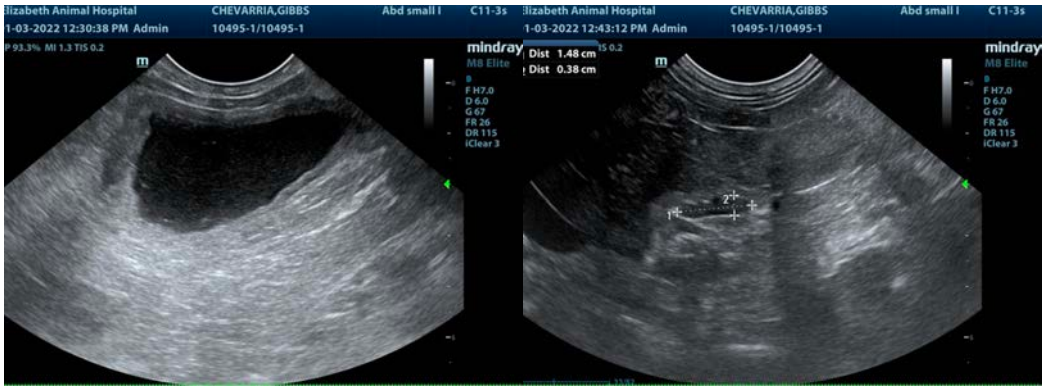
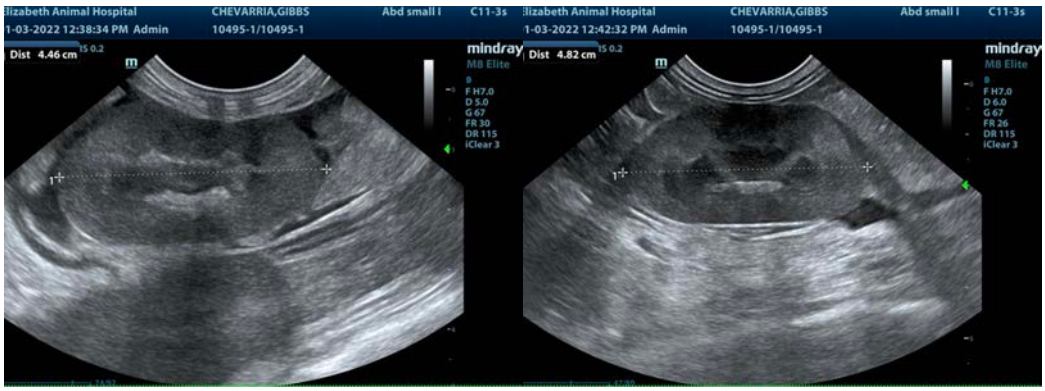
- Acute renal insult/nephritis with interstitial cystitis, infectious or toxic insult suspected. Minor potential for underlying manifestation of FIP.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Indwelling catheter recommended. No evidence of calculi present. Treatment for feline cystitis warranted. However, infectious agents should be considered as potentials. If the patient was obstructed, then the free fluid may be deriving from bladder overdistention, which can cause fluid accumulation in the abdomen without bladder defect. In addition, post-hydronephrotic kidney can also present in this fashion. Recommend IV fluid support, broad-spectrum antibiotics, pain management, and aggressive fluid therapy. Recheck sonogram in 48 hours. There is no surgical physical obstruction at this point. Urethral spasm is likely the underlying issue unless distal urethral plug is evident.







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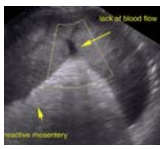
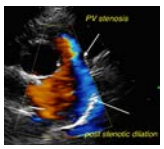
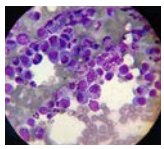
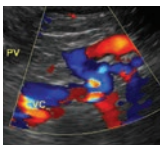

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com