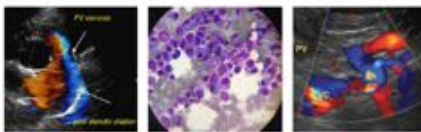


IMAGING PERFORMED BYSVS Mobile Imaging 262-366-5970
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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Duke Murphy 56512A

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

7.5 kg

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Veterinary
Services Dr. Strauss**INVOICE**

42751

DATE

2/13/23

PRESENTING CLINICAL SIGNS

History: Duke presented to the MVS Emergency Service on Feb 09, 2023, at 9:20am, for evaluation of stranguria. Owner got home from her overnight work shift this morning at 8:30am. Duke did not greet her at the door like he normally does. When owner found him, he was vocalizing and did not seem to want to get up. Duke hissed and seemed painful when owner picked him up. After this, Duke went to his litter box twice for extended periods of time and was straining without production. He continued vocalizing and hiding this morning until owner brought him in. No prior urinary history.

Abnormal PE/Chem/CBC/UA Results: Urogenital: M/C, urinary bladder moderate in size, unexpressible, tip of penis is dark red-purple Duke was anesthetized and using a sterile olive tipped catheter, a mucus plug was dislodged from the tip of the penis and advanced to the level of the obstruction and retropulsed with sterile saline to relieve the obstruction. A 3.5 french red rubber was passed with continued retropulsion. The urinary bladder was emptied and copiously flushed with sterile saline. Using 3-0 Nylon, the catheter was secured. A sterile closed collection system was attached to the red rubber catheter and secured to the tail. The recovery was uneventful. Bloodwork: BUN 43, otherwise WNL UA: USG 1.050, protein 500, >50 RBC/hpf, 0-1 WBC/hpf, extracellular cocci

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** revealed variable concentric thickening that measured 0.43 cm. Small calculi were noted. The largest of which measured 0.15cm. Grouping of which measured 0.4 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.72 cm with pinpoint mineralization that was non-obstructive. The left kidney measured 4.34 cm with slight pyelectasia. Enhanced pericapsular fat was noted. This is suggestive for inflammation or history of obstruction.

ULTRASONOGRAPHIC FINDINGS

Bladder calculi, interstitial cystitis pattern.

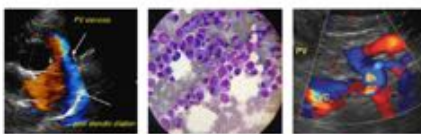
Post obstruction insult to the kidneys/nephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary catheter was visualized and in proper position. No obstructive disease was noted at the time of the sonogram. I recommend cystotomy, stone analysis and bladder wall biopsy to assess inflammatory cell type for long term management. Mural disease was noted as well as the bladder calculi. Stone analysis and culture is indicated. There was no evidence of neoplasia. However, bladder lymphoma cannot be completely ruled out, yet not expected.

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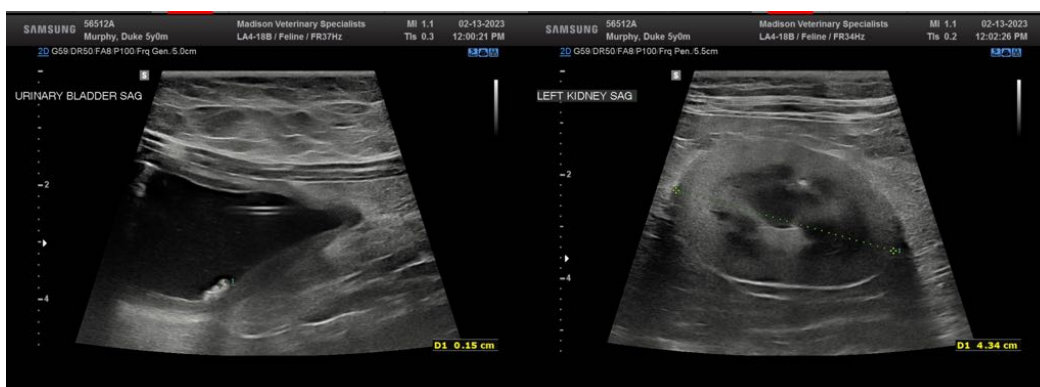
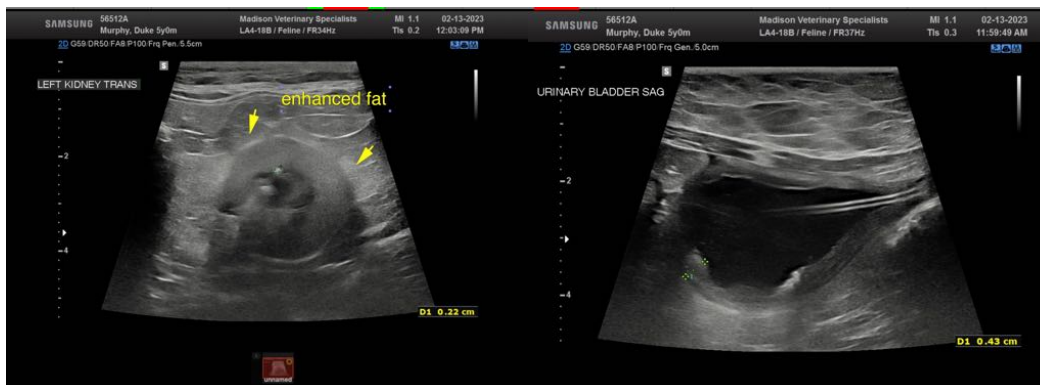
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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