

**DATE PRESENTING CLINICAL SIGNS**

4/17/23

History: Not urinating post cystotomy, leaking blood.

**PATIENT**

History: 4/10 AEH for not urinating, vomiting - Diagnosed

Nipsey Wetzel

Urinary obstruction - Extreme \$ concern\*\*\*\* Declined, IVF, declined hospitalization- ONLY BUN/CREA, sedated, unblocked and sent home. (No hospitalization, no UA, No xray) - Crea 9.2, BUN 86 - Unblocked - Rxd- buprenorphine, gabapentin, prazosin 4/11- referral from rDVM for UO - rDVM bloodwork: Crea off scale; BUN 125 - In hospital bloodwork: Crea 8.1 - Lytes wnl - PCV/TP: 55/8 --> 31/6 - Xray- stones - UA- 1024, blood, wbc/ rbc, struvites - Recheck bun/ crea / lytes wnl- 4/12 - IVF, unblocked - Rx amoxicillin - transferred for cystotomy 4/13 - spay now. ATO in room: - Cystotomy this Thursday- went well, removed a large stone. O thought there were several stones but maybe thinks some dissolved - After got home strained once, defecated in carrier - Friday/ yesterday- tried once to go to the bathroom - Eating mouth fulls, not drinking - Last night strained, O syringing water - O giving pain meds- buprenorphine, gabapentin, prazosin - Given convenia at Spay now - O has Hills Rx diet - O states hx of stress with other cat, just recently moved O doesn't have prozac script

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

Current Medications: Buprenorphine, Gabapentin, Cerenia.

Lab Results: See attached.

**AGE**

Radiographs: Urinary bladder small/moderate size. Decreased serosal detail.

Date of Previous IntraPet Ultrasound: No previous.

10/10/10

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**WEIGHT**

Imaging Performed By: Rachel Brillhart, RDMS.

12.2 Pounds

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****INTERPRETED BY****Urinary System**Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **urinary bladder** was mildly thickened and mildly overdistended. Urinary catheter was in proper placement. The irregular tissue noted around the urinary bladder was undifferentiated up to 2.0 cm and appeared to be associated with the ventral apical wall, concern for dehiscence of the cystotomy site in this patient. Echogenic omental patching was noted around the bladder apex. The bladder wall appears unhealthy and underlying mural disease is suspected.

**HOSPITAL NAME**Animal Emergency  
Hospital

The **left kidney** was swollen with irregular contour and pericapsular inflammatory pattern. The left kidney measured 4.51 cm. Pyelectasia was noted in the left kidney, measuring 0.53 cm.

The **right kidney** revealed minor pericapsular inflammatory pattern. The right kidney measured 4.33 cm. Pyelectasia in the right kidney measured 0.8 cm. Echogenic debris was noted in the right kidney.

**REFERRING VET**

Dr. Kalwa

The renal presentation is most consistent with post-obstructive nephritis.

**INVOICE**

22052

**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 0.41 cm. The right adrenal gland measured 0.58 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.

### ***Gastrointestinal***

A minor amount of soft shadowing material was noted in the **stomach**, likely hairball accumulation. The small intestine and colon were unremarkable.

### ***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.

### ***Free Abdomen***

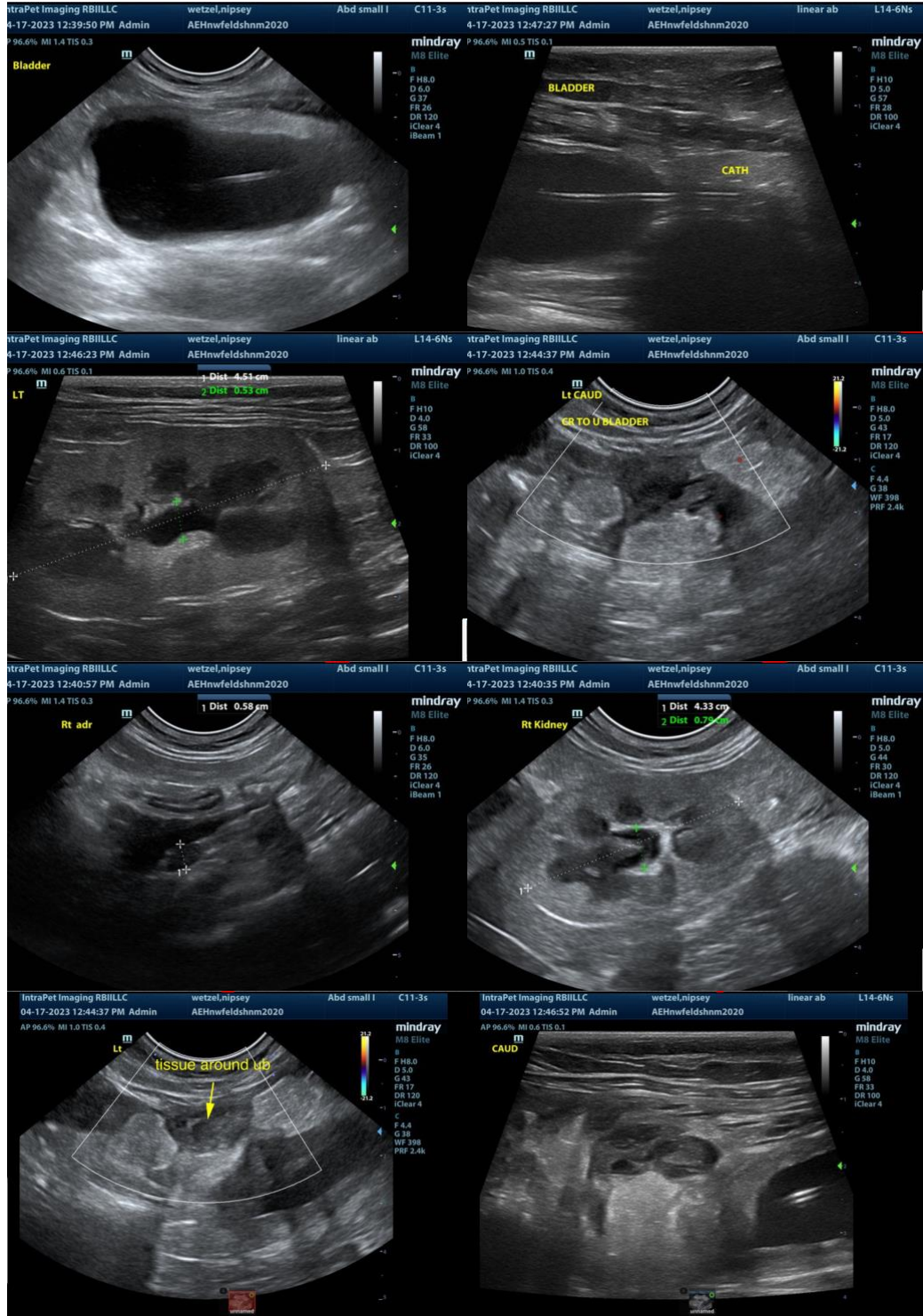
**Free fluid** was noted in the abdomen.

## **ULTRASONOGRAPHIC FINDINGS**

- Unhealthy apical bladder wall with strong potential for dehiscence and blood clot or proliferative tissue at the apical ventral wall site with omental patching
- Post obstructive nephritis/nephropathy
- Free fluid in the abdomen
- Soft shadowing material in the stomach, likely hairball accumulation

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend medical stabilization of the azotemia in this patient with surgical exploratory for debridement and biopsies of the irregular tissue and assessment of the bladder surgical site, as concern for underlying lymphoplasmacytic or other interstitial cystitis is a potential in this patient. Minor potential for bladder lymphoma. Resection of the apical 1/3 of the bladder wall would likely be appropriate given that the bladder wall itself appears unhealthy. Prognosis is guarded. Bladder wall biopsies are essential in this patient.



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