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Clinical Sonography & Telecytology

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DATE

6/5/22

PATIENT

H.M. Princess
Periwinkle Critzer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2008

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Rachel Brillhart RDMS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. King

INVOICE

38415

PRESENTING CLINICAL SIGNS

Presenting Complaint: Hematuria / Blood In Urine. Difficulty Urinating.

History: Date: 06-05-2022 Notes: Has hx of hyperthyroidism-- has recently increase dosing Mild renal elevations-- owner unsure of values-- just had done. Had been seen by RDVM three times in March for urinary issues got convenia for UTI-- did not clear, then got clavamox. Had recheck June 1-- owner is unsure if got enough sample for culture, but thinks so(we may get one to save in case). Had labwork-- we do not have, but "stable" renal , liver. Still straining, uncomfortable and bloody urine.

Assessment: discussed give subq fluids, add pain meds and start abs. Will save a cysto sample for culture in case RDVM was unable.

Medications: gaba /chlorphenaramine/ methimazole. No antibiotics.

Lab Results: Attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed concentric mural thickening at the cystourethral junction and urethra. Wall thickness tapered cranially. Wall thickness measured up to 0.35 cm. The urethra wall measured 0.71 cm. Regional inflammation noted around the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Mineralization noted in both kidneys, non-obstructive. A right renal calculus measured up to 0.18 cm. Minor pyelectasia noted at 0.19 cm. The right kidney measured 3.41 cm. The left kidney measured 3.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder wall was slightly echogenic with a minor amount of sand present.

Gastrointestinal

Some retention of ingesta or hair accumulation noted in the **stomach**. 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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The left limb measured 0.95 cm with duct dilation of 0.23 cm.

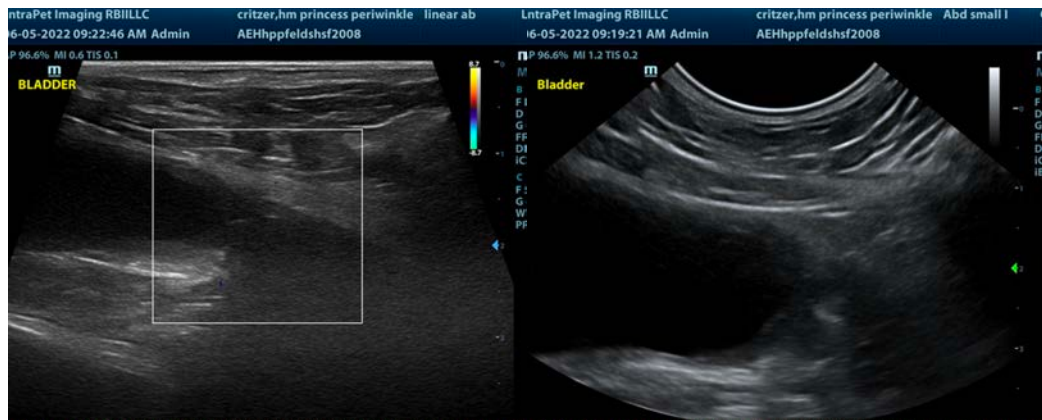
ULTRASONOGRAPHIC FINDINGS

- Concentric urethral and cystourethral junction thickening – Interstitial cystitis versus stricturing neoplasia/carcinoma.
- Right renal calculus
- Ingesta or hair accumulation in the stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for stricturing neoplasia in this patient, given the patient history and proximal urethra. Unless the patient can be catheterized for traumatic catheterization, surgical approach to biopsy of the cystourethral junction should be considered. Interstitial cystitis/urethritis possible. If sampling is not an option, a cortisone trial could be considered with recheck sonogram after 48 hours. Single dose Dexamethasone recommended at 0.25 mg/kg, yet only if biopsy is not an option. Hairball therapy warranted.

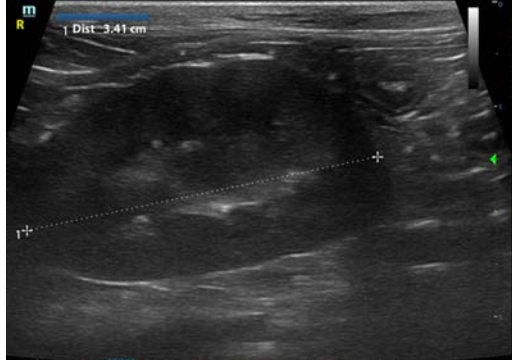
I recommend giving the patient the benefit of the doubt for a non-neoplastic issue, given that this patient has minor renal calculi, and often patients who are passing calculi may stricture or hypertrophy the cystourethral junction/urethra, and the lesion may be completely inflammatory. However, neoplastic criteria is present. Prognosis is guarded. Sampling is essential, yet somewhat problematic, given this is a female cat.



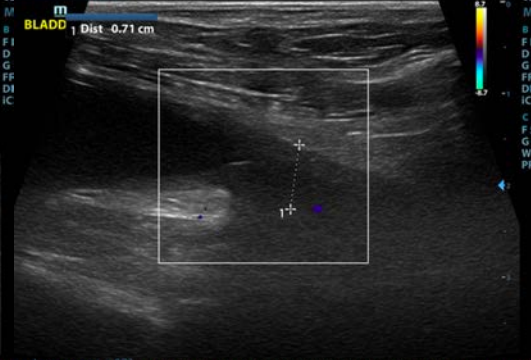
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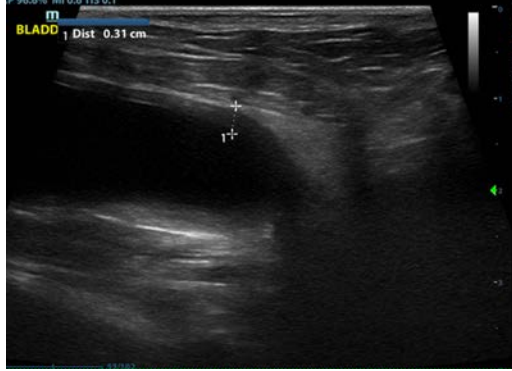
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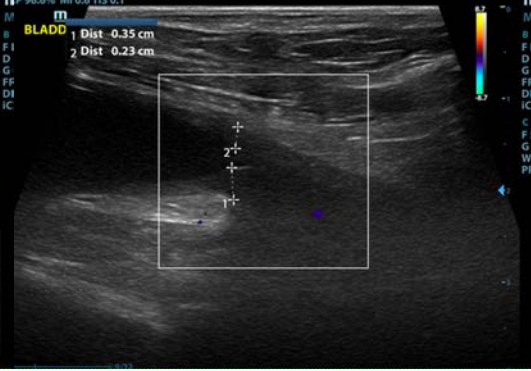
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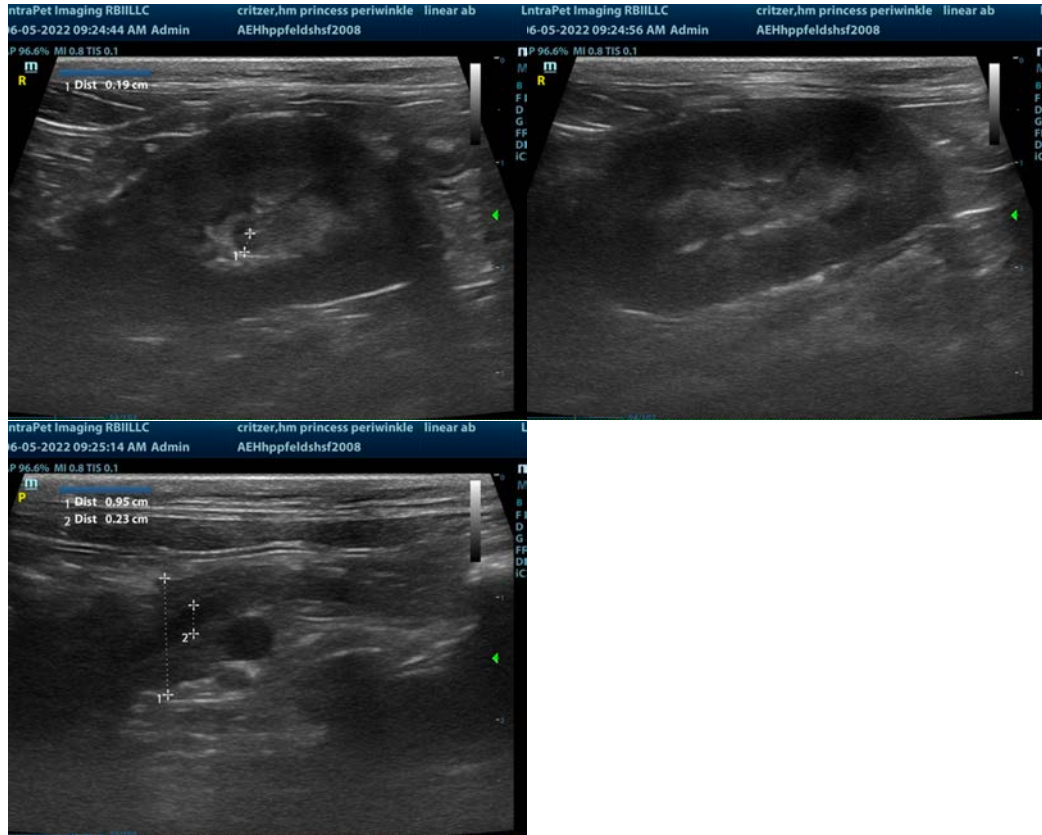


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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