SonoPath
Clinical Sonography & Telecytology
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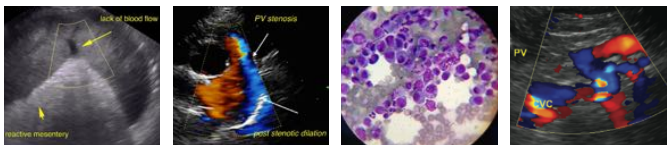


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Smokey Westwood Regional Hospital

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

1 ½ years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Westwood Regional VH

REFERRING VET

Dr. Hartwick

INVOICE

31897

DATE

7/25/22

PRESENTING CLINICAL SIGNS

History: Patient presented moribund with urethral obstruction having not urinated for 3 days per the owner on 7/22. Severe renal failure, K+ >10, hypothermic - wound dorsal to left scrotum - infected, urine foul smelling; possible abscess. Patient was unblocked, as of 7/23 renal values normnalized: BUN 40, creat. 1.4, WBC 38.26/neutrophilia down from 63.69. U/A consistent with UTI, but did not reflect severity of smell/abscess related to scrotal wound, pyelonephritis? Radiographs show no stones, plump kidneys, and grit in bladder. Suspect crystals/thick bladder. Current meds: Nacl IVFs, Baytril, Unasyn, Famotadine, ondansetron, and Prazosin. 7/23/22, eating and BAR.
Abnormal PE/Chem/CBC/UA Results: 7/22/22: BUN >130, creat. too high to read, K+ >10.1, phos > 16.1, WBC 63.69/neutrophilia. 7/23/22: BUN 40, creat.1.4, K+ 3.8, WBC 38.26. U/A: PH 6.5, WBC 4-10, RBC >50, 2-3 struvites, no bacteria seen. Urine C & S - pending. USG: 1.025.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed significant concentric wall thickening up to 1.0 cm with adhered debris and a slight amount of sand. Suspended debris was also noted. The deep pelvic urethra was also thickened. Urinary catheter is in proper position.

The **kidneys** were swollen with patchy, mixed echogenic cortical changes noted. There was no pyelectasia present. Slight areas of mineralization. The largest calculus in the bladder measured 0.28 cm. The right kidney measured 4.29 cm. The left kidney measured 4.38 cm.

Adrenal Glands

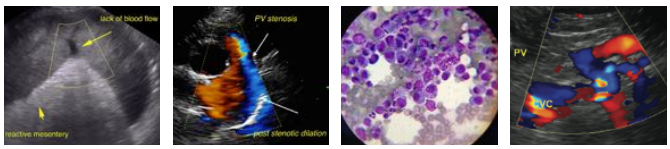
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.39 cm. The left adrenal gland measured 0.41 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 was 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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

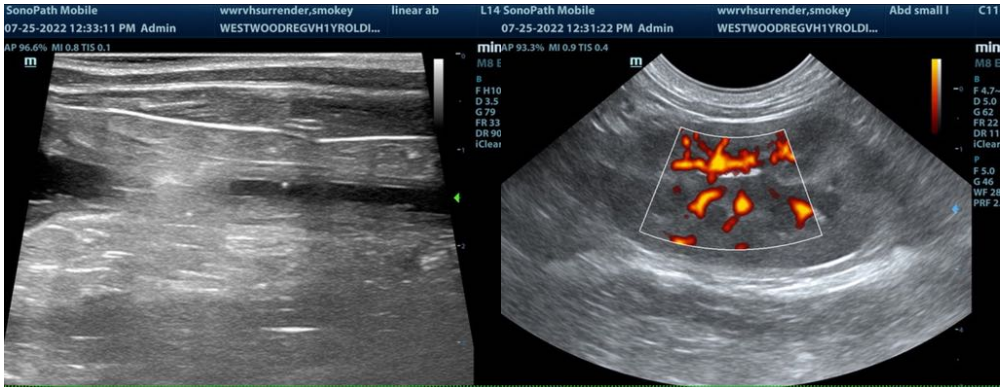
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Non-specific swollen kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Severe cystitis with sand and small calculi. Interstitial cystitis, possibly infectious related is suspected. The kidneys appear to only have minor degenerative changes. Acute insult such as obstructive disease, toxin exposure, infectious agents are all possible. 72-hour IV fluid protocol is warranted. It is recommended to leaving the urinary catheter in place for 48-72 hours. Traumatic catheterization of the bladder wall under sedation with culture and cytology is indicated for further definition. There is a minor potential for bladder lymphoma.



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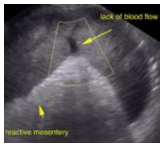
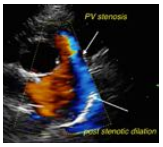
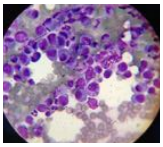
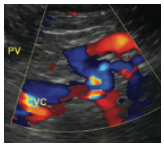

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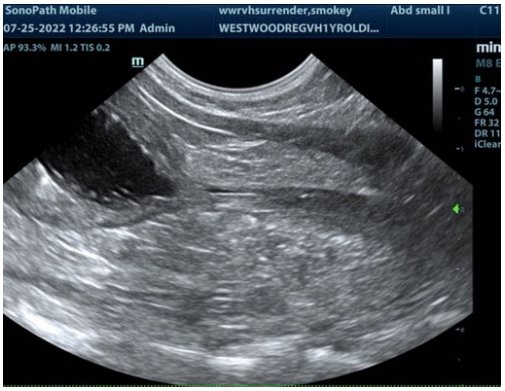

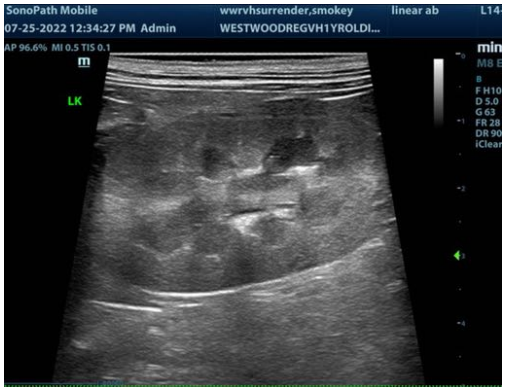

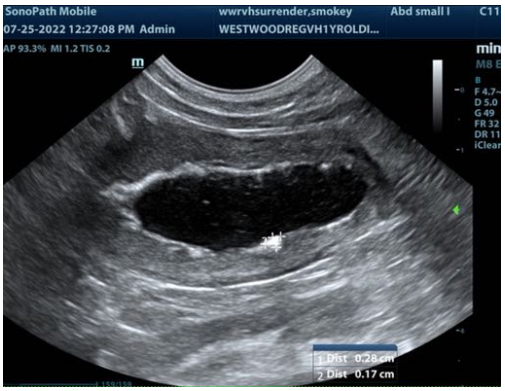

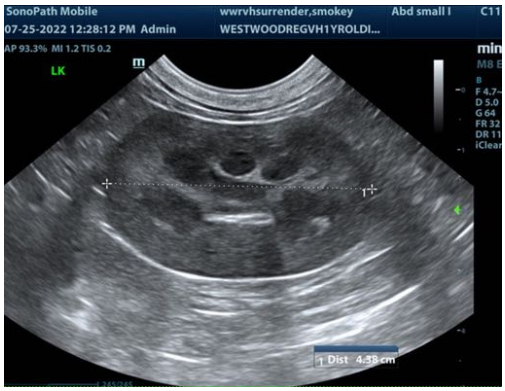

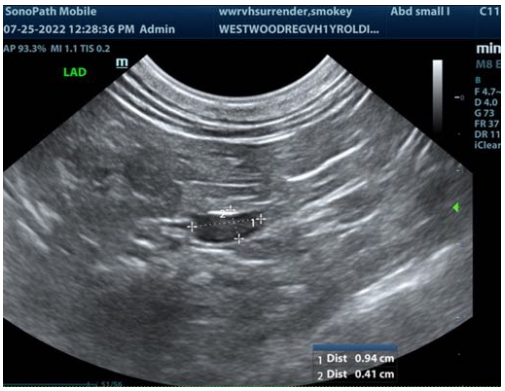

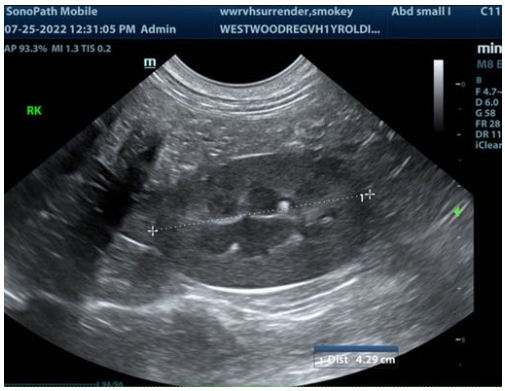

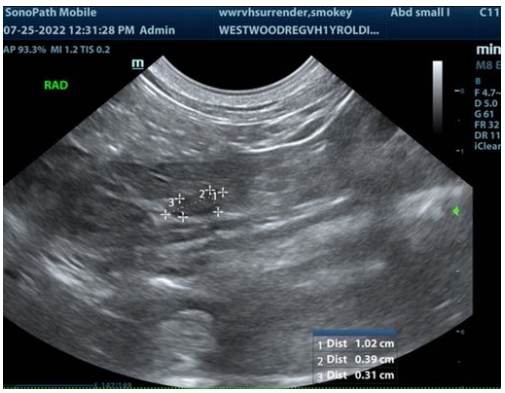

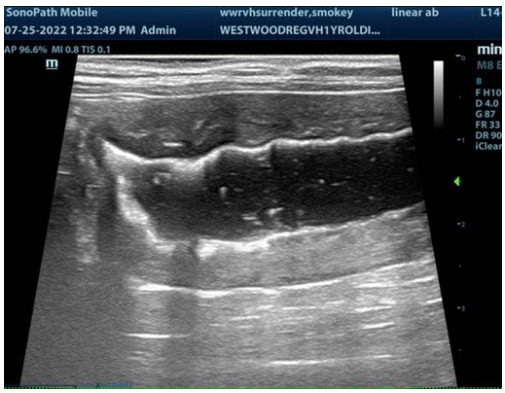

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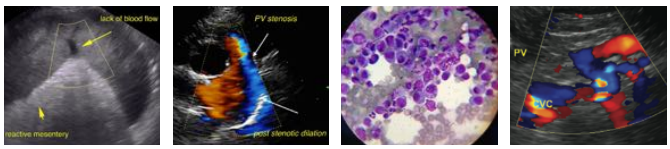

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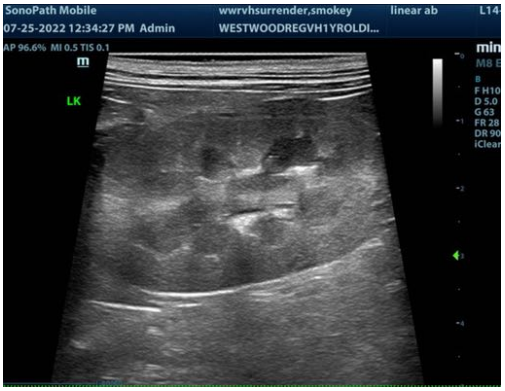

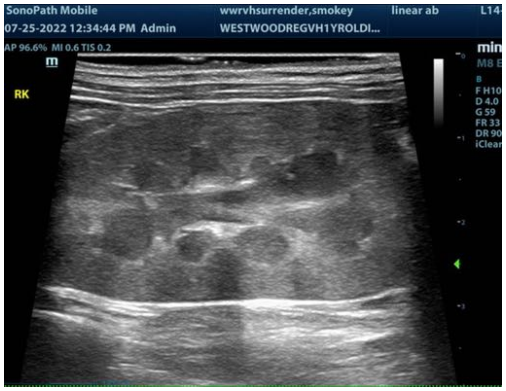

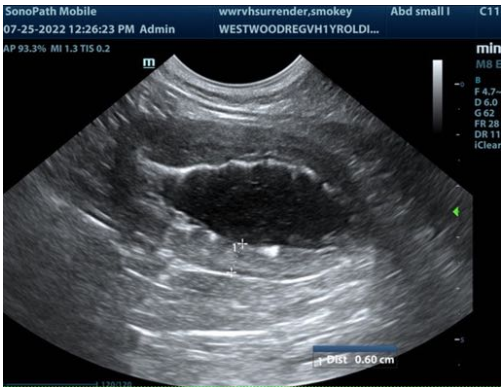

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Info@SonoPath.com