



PATIENT **PRESENTING CLINICAL SIGNS**

Jeter Gillmore

History: Presented at our hospital for AUS. Took to rdvm for yearly checkup and found blood in his urine. No other symptoms, acting fine, eating fine, UR output normal per owner. Pet is normally a nervous/anxious cat. Previous Health Concerns: none Current Medications: none Appetite/When did they eat last: last night

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Rdvm UA: Blood 3+; RBC >50; pro 80.4; crea 315.9; PC ratio 0.3

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen had a small volume of anechoic urine and bladder thickness is considered normal for volume of urine.

AGE

8 years

The left kidney is normal in size, shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

7.8 kg

The right kidney is normal in size, shape and architecture with a slightly, irregular peripheral margin consistent with a prior infarct. There is normal corticomedullary. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

While the adrenal glands were not directly visualized the area of the adrenal glands were well visualized and no abnormalities were seen.

IMAGING PERFORMED BY

Erin Wicks

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

HOSPITAL NAME

Shores Veterinary
Emergency Center

Liver

REFERRING VET

Dr. Lupole

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder has a small volume of anechoic bile.

INVOICE

42690

DATE

2/10/23



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Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines also is normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The section of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

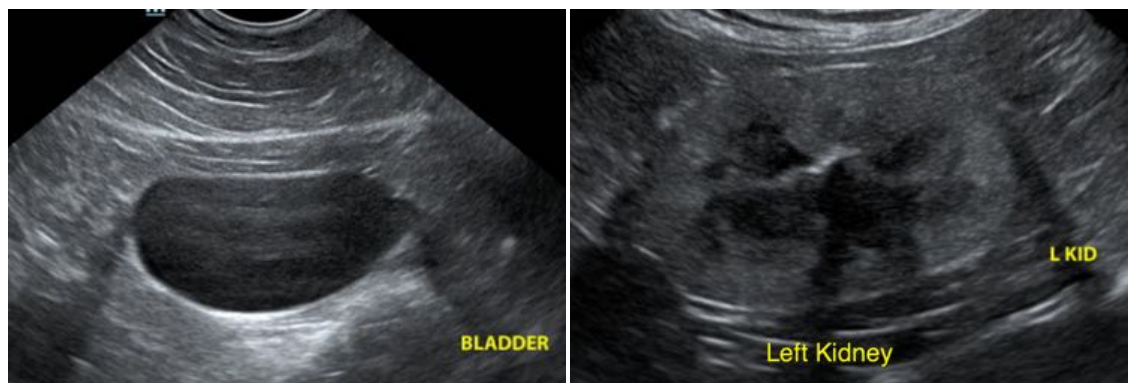
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Age related degenerative changes to the right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the hematuria is not sonographically apparent as the urinary tract appeared without significant findings. There were only mild, degenerative changes were noted in the right kidney and are considered age related. Given the lack of clinical signs I recommend rechecking a urinalysis and consider urine culture as the blood may have been from cystocentesis.





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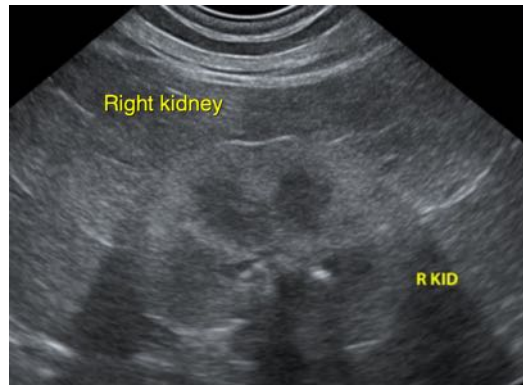
Neutered male

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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.

IMAGING PERFORMED BY

Erin Wicks

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.

Jessica Midence, DVM, DACVIM (SAIM)

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