

PATIENT

Henry Parsons

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 years

WEIGHT

11.6 lbs

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blirstown AH

REFERRING VET

Dr. Clegg

INVOICE

12716

DATE

4.7.23

PRESENTING CLINICAL SIGNS

History: Chronic hematuria/FLUTD signs. Current meds: Dexamethasone, Gabapentin, Prazosin.
Abnormal PE/Chem/CBC/UA Results: U/A-RBC/WBC elevated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa is diffusely thickened and mildly hypoechoic. The thickest area measures 0.35 cm; and the least thick area measures 0.26 cm. The visible urethra is normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine with very few hyperechoic speckles. The bladder lumen contains only a small amount of urine, but the bladder mucosa appears thick regardless. At both the apex and within the trigone, there is hyperechoic mineralization either embedded in the wall, or this represents adherent bladder calculi. and bladder thickness is considered normal for volume of urine.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 3.90 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 3.82 cm. There is normal corticomedullary. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size at 0.44 cm. The right adrenal gland has normal shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size at 0.43 cm. The right adrenal gland has normal shape and is normal in appearance and echogenicity.

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.

Liver

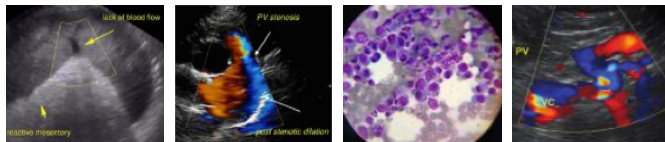
The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary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

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

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 are 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.



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The ileocolic junction was visualized and had normal intact wall layering and is subjectively or normal thickness.

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The sections 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.

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Peritoneum

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

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ULTRASONOGRAPHIC FINDINGS

Findings

- Cystitis with mucosal mineralization/adherent bladder calculi

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There is significant cystitis with mucosal mineralization or adherent/embedded bladder calculi. Consider a urine culture and if there is evidence of infection, treat for a prolonged length of time (6-8 weeks) with appropriate antibiotics (based on the culture), along with a lower urinary tract dissolution diet in an attempt to dissolve this mineralization.

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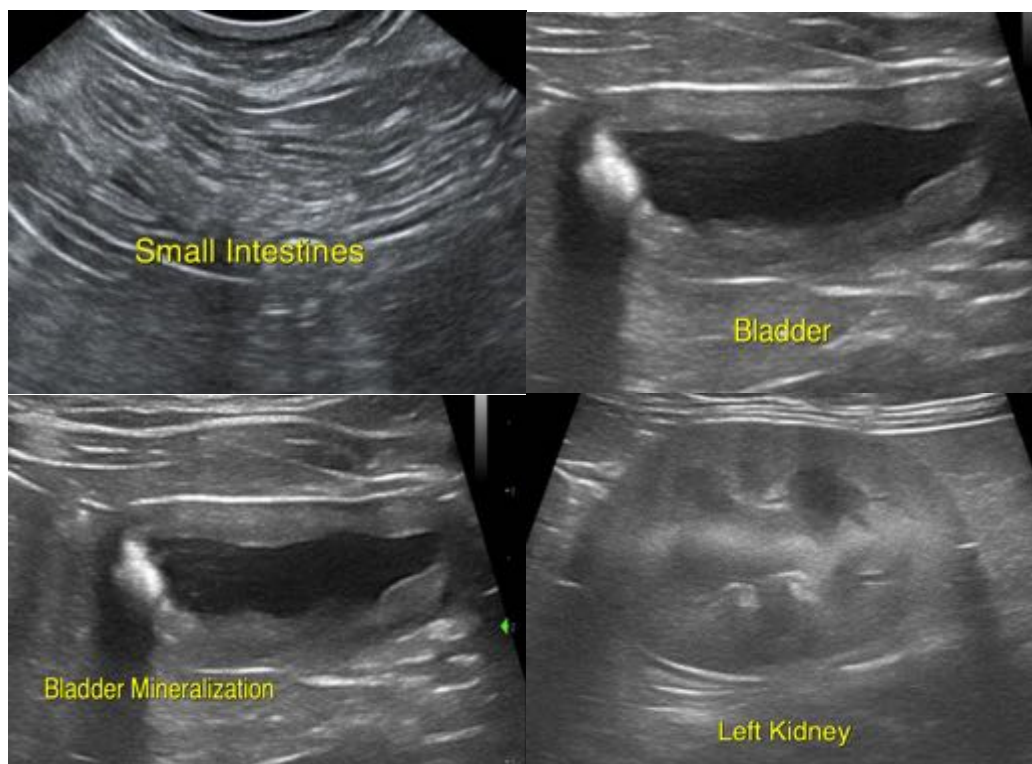
Dr. Clegg

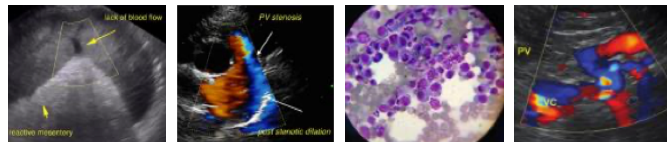
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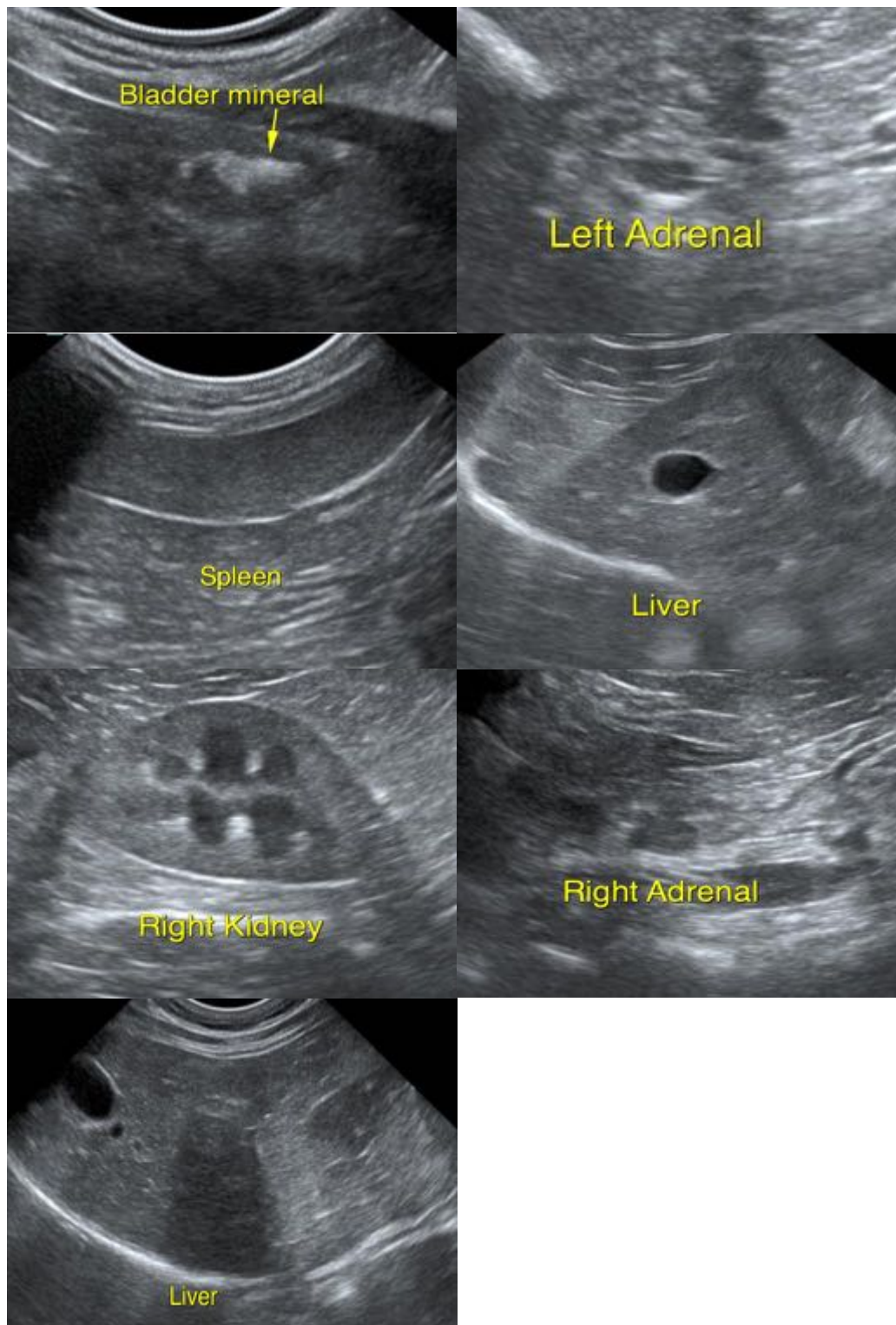
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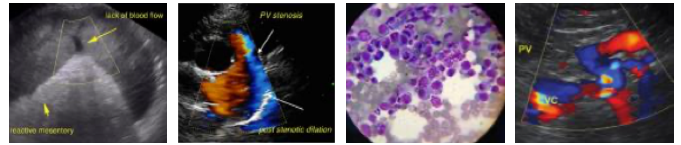
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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