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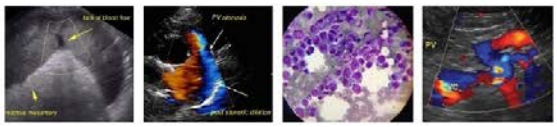

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Bingley Dubeau

SPECIES

Feline

BREED

DLH

SEX

Neutered

AGE

7 Years

WEIGHT

4.2 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Mellish

INVOICE

33337

DATE

12/8/21

PRESENTING CLINICAL SIGNS

Patient has lost nearly 2kg over last year (owner notes this over past 6-8months, last weight in clinic was 15months prior). Was refusing to eat food for a while, though currently is eating and drinking. BM and U normal. Seems to beg for food. Has history of FLUTD, had perineal urethrostomy in September 2019. Was given Gabapentin 100mg for scan, can be spicy,
Abnormal PE/Chem/CBC/UA Results: BW including CBC and biochemistries with TT4 all WNL. UA will be run once urine obtained.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic urine. The Bladder wall in the region of the trigone appears thickened and slightly irregular, measuring up to 0.64 cm. The apex appears normal. There is no evidence of a focal mass effect, and the ureters appear normal. The visible urethra (to a depth of 2cm) appears to have more echogenic debris within it, and it appears mildly thickened. No cystic calculi are visualized. Findings would be most consistent with cystitis or possibly a cancerous process.

The left kidney has a normal shape and size (4.06 cm) Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.24 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.34 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.48 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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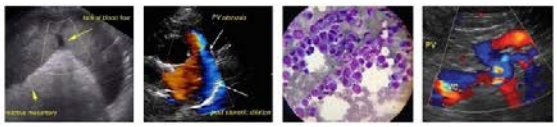

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.2, 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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.

Free Abdomen

Scant free fluid is visualized. No lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Echogenic urine in the urinary bladder with diffuse bladder wall thickening in the area of the trigone – most likely differentials would include cystitis or neoplasia of the bladder wall.
- Scant anechoic free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm hoping that the bladder wall irregularity visualized could be secondary to cystitis. Cats with perineal urethrostomies tend to have chronic infection issues and can be prone to developing pyelonephritis, etc. Recommend urinalysis and culture. If the culture is positive, treat appropriately and recheck bladder ultrasound approximately 2-3 weeks after starting antibiotics. If culture is negative, then there is more concern for a possible underlying neoplastic process and I would consider traumatic catheterization of the urinary bladder.

I do think that in some patients with chronic severe cystitis, that this can lead to weight loss, etc., but there is also the chance that there is more than one problem occurring at once. The most common cause for weight loss in a feline patient with no blood work changes and minimal ultrasonographic changes would be primary GI disease. If you're concerned about that, then consider a GI panel to Texas A&M University with a quantitative fPLI, TLI, cobalamin and folate to try to obtain more information regarding the GI Tract.

If a urinary tract infection is confirmed, then close observation for recurrent infections is warranted.

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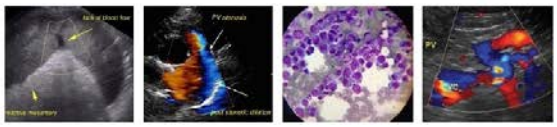

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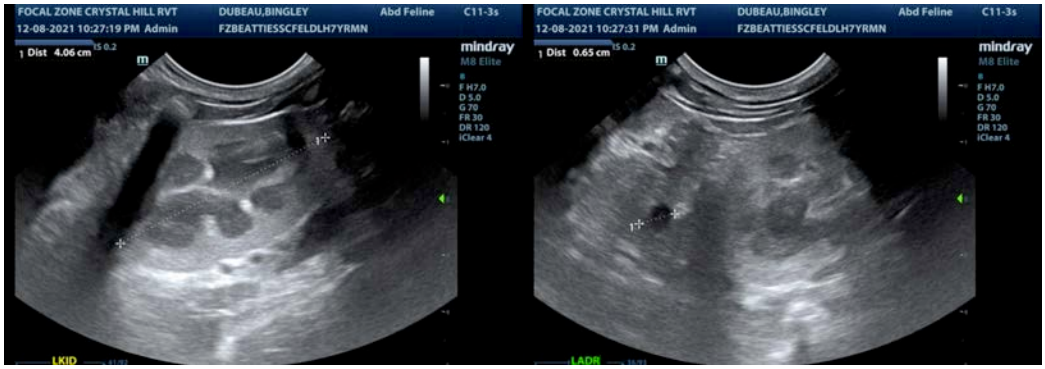

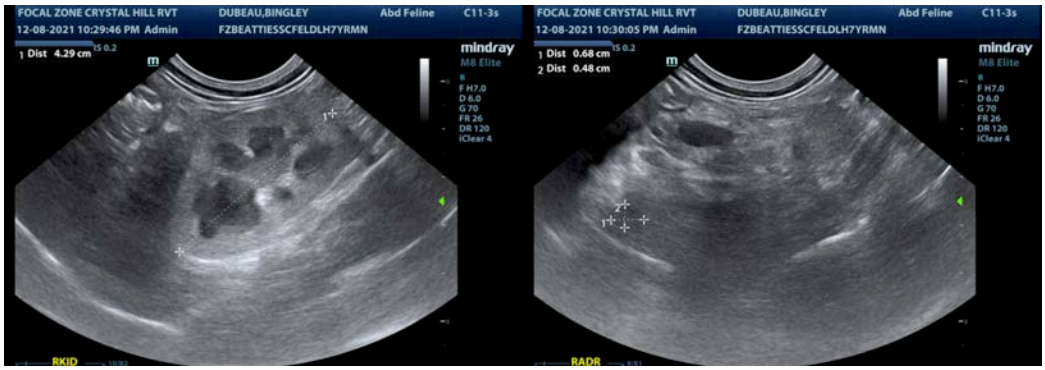

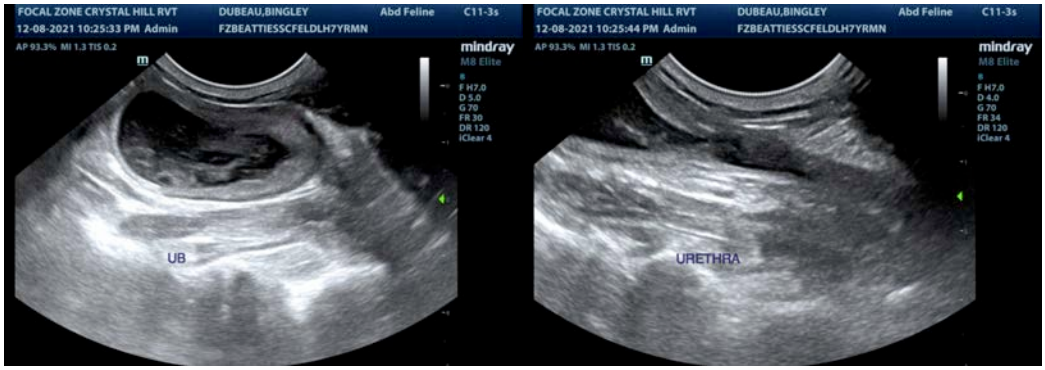

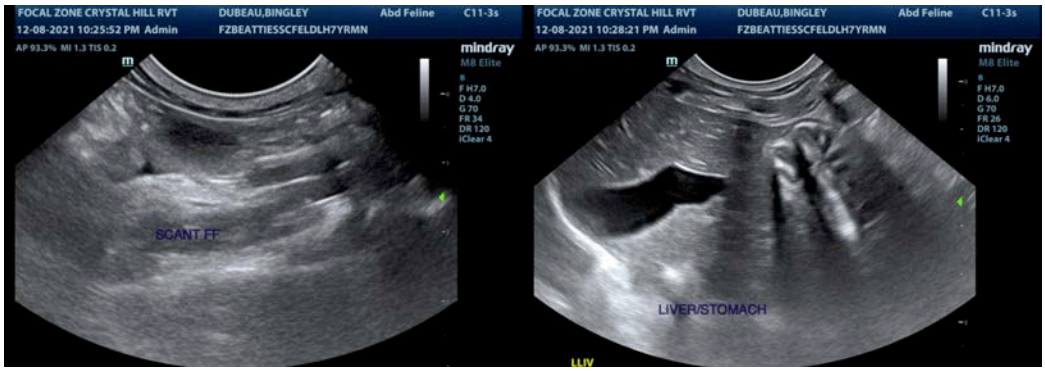

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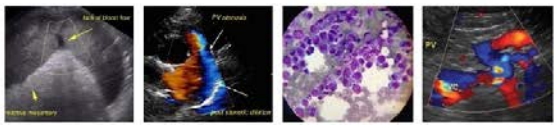

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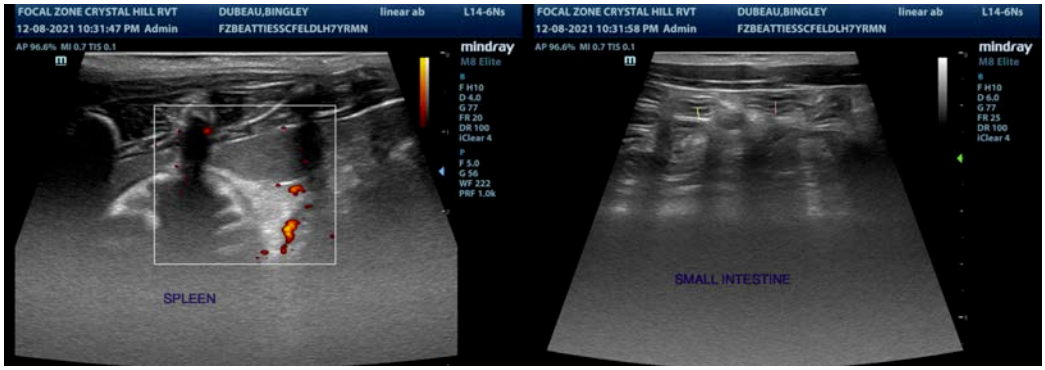

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com