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Clinical Sonography & Telecytology
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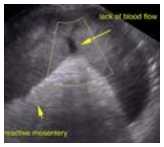
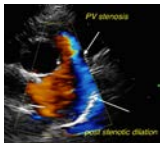
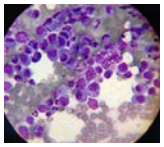
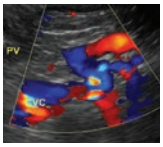





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rolli Nagy

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

11.13 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

North Haledon VC

REFERRING VET

Dr. Mansfield

INVOICE

45452

DATE

2/23/23

PRESENTING CLINICAL SIGNS

Patient presents for frank blood in urine. Was treated with Convenia and Clavamox, owners report still having bloody urine.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL. Initial U/A: pH 6.0, 3+ blood, 2+ protein, USG 1.064. New U/A +/- culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris and some dependent shadowing/sandy debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, sandy debris or small calculi. Correlate findings with abdominal radiographs, urinalysis and culture.

The left kidney has a normal shape and size (3.74 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (3.7 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

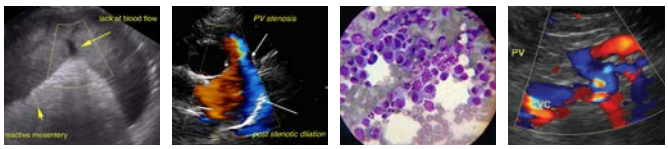
Spleen

The spleen is subjectively normal in size (0.67 cm), 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains moderate ingesta. 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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective 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 debris and mineralized foci visualized within the urinary bladder – Findings are most consistent with debris and possibly clot/hemorrhage, and small mineralization/stones.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of echogenic debris and pinpoint mineralizations visualized within the urinary bladder. Most of these mineralizations appear to be less than 1mm in size. Correlate this findings with abdominal radiographs to see if these mineralizations can be visualized. I suspect they are small enough to pass, but continued monitoring is warranted. Recommend urinalysis and culture as planned. Consider trying to encourage water intake in hopes that some of these small mineralizations will be flushed out, and consider preventative treatment for these stones and possibly interstitial cystitis as well. If these mineralizations don't show up on radiographs, monitoring with ultrasound may be necessary. These are my general recommendations if interstitial cystitis is suspected:

- Urinalysis and culture are recommended.
- If the urine culture is negative, the blood visualized is likely due to irritation from the small mineralizations observed, and possibly interstitial cystitis.
- Treatment of FIC can be frustrating as it is a waxing and waning disease. Treatment strategies vary and there is no "one fits all" approach. There is currently no cure for FIC. Goals of therapy include reduction of severity and duration of clinical signs during an acute episode; increasing the interval between episodes; and decreasing severity of signs in cats with persistent FIC. Approximately 85% of cats will experience clinical improvement with or without therapy.

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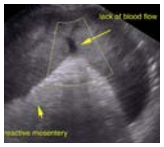
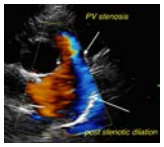
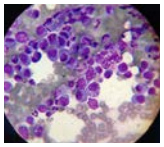
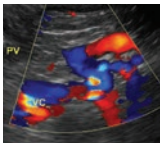

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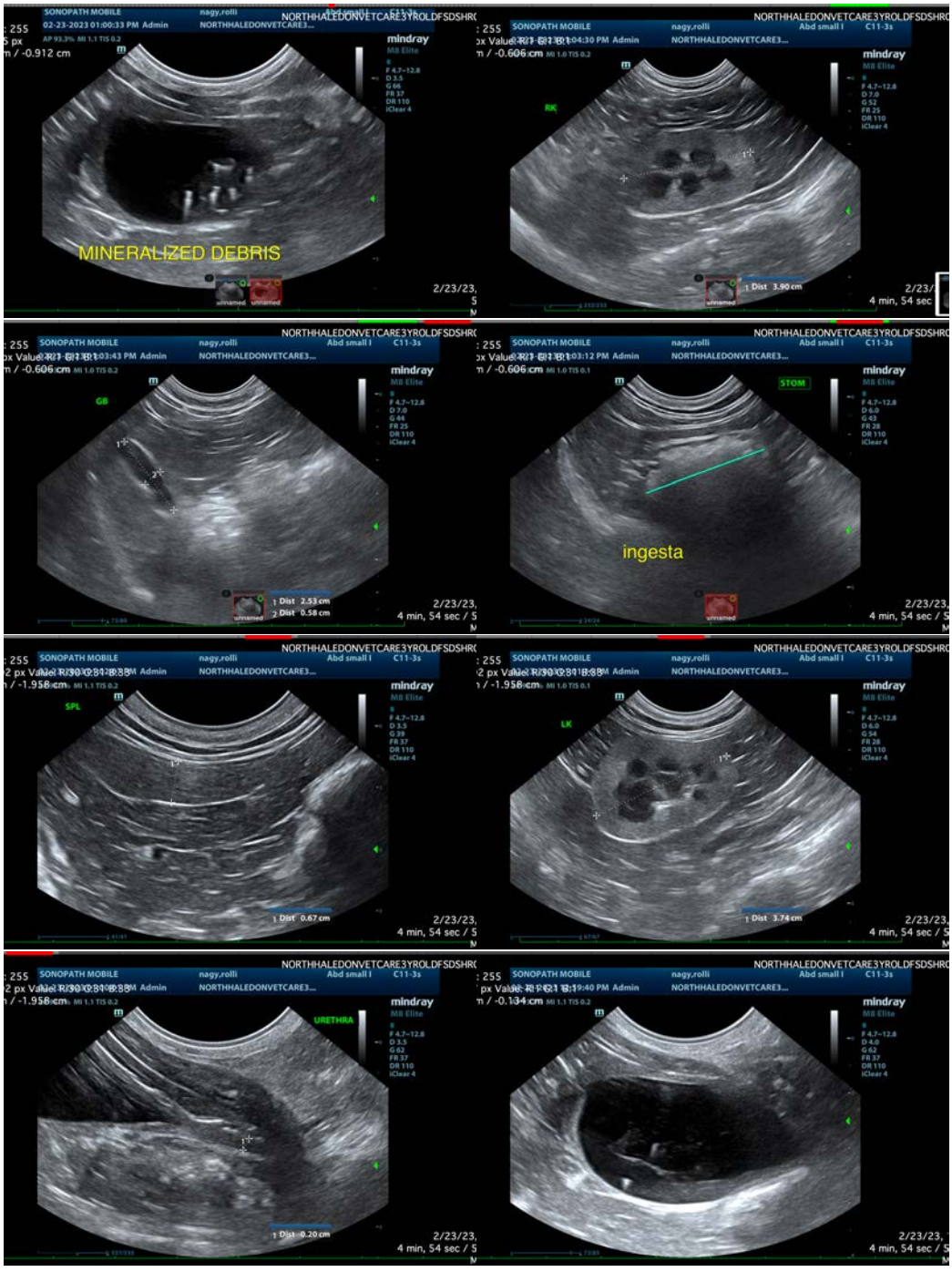
- Numerous therapies can be considered including: diet, multimodal environmental modification, analgesics, anti-inflammatories, anti-anxiety medications etc..
- Close observation is warranted as some cats do experience life-threatening urinary obstruction.
- If symptoms are worsening re-evaluation with ultrasound should be considered.



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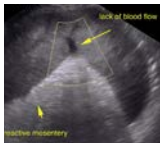
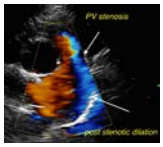
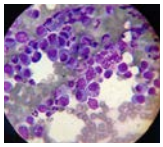
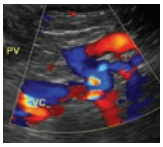

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com