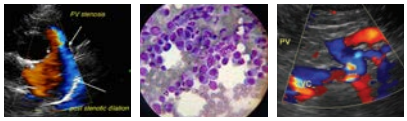
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

3/29/23

PATIENT

Misty Santos

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

6/27/05

WEIGHT

7.5 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Harborside Mobile VC

REFERRING VET

Dr. Hawkins

INVOICE

46253

PRESENTING CLINICAL SIGNS

Has bouts of cystitis. Strange area noticed in bladder wall at last ultrasound. Want to see if any progression has taken place.

Current Medications: Metacam 0.1mL PRN for bladder inflammation.
Date of Previous IntraPet Ultrasound: 12/28/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder is moderately distended with mild primarily suspended echogenic 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, cellular debris and proteinaceous debris. The previously noted thickening/irregularity visualized in the apical region of the urinary bladder is not evident on today's scan.

The left kidney has a normal shape and size (3.22 cm) with occasional non-obstructive nephroliths, one of which measures 0.31 cm. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.34 cm) with occasional non-obstructive nephroliths, one of which measures 0.29 cm. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with non-obstructive nephroliths – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

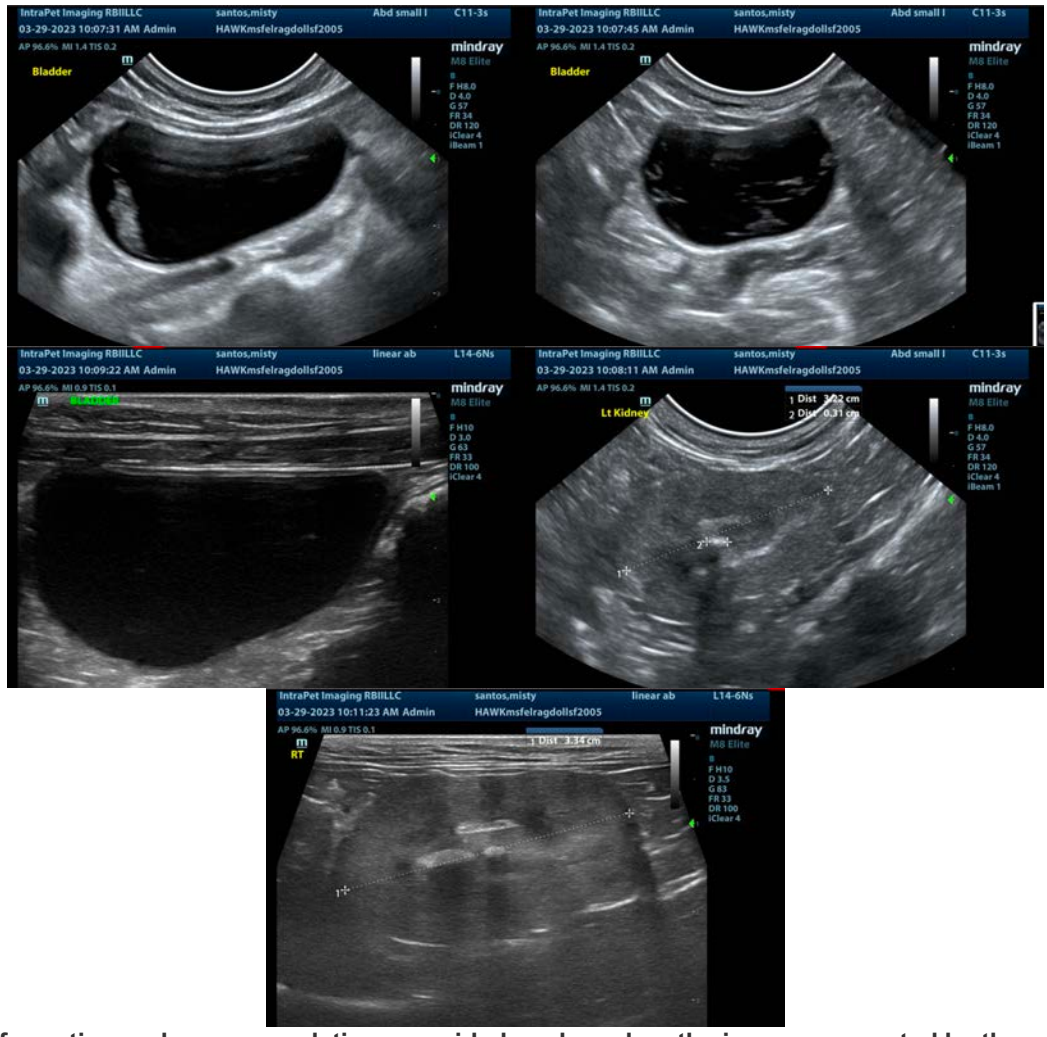
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is mild mobile/suspended echogenic debris visualized in the urinary bladder, but no evidence of the previously visualized irregularity to the bladder wall. This could have been a small polyp or attached inflammatory debris, etc. If urine cultures are negative and inflammatory cystitis is suspected, these are my typical recommendations:

- 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.

- 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.

Both kidneys have decreased corticomedullary distinction and non-obstructive nephroliths, most consistent with early renal disease. Monitor kidney function closely if ddaily Metacam is used chronically.



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)
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