



PATIENT

Andi Slaick

SPECIES

Canine

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

11.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Cassels-
Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. megan Cassels-
Conway

INVOICE

47077

DATE

5/3/23

PRESENTING CLINICAL SIGNS

Urinary incontinence of large puddles of urine while sleeping and will sometimes drip urine when picked up. On exam noted taught fibrous caudoventral linea with V shape to caudal abdomen.
Abnormal PE/Chem/CBC/UA Results: 5/2/23 CBC WNL Chem WNL UA 1.035, pH 6.5 C/S pending
Abdominal rads WNL, probable bates bodies left caudal abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 left kidney has a normal shape and size (3.46 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 (4.04 cm) with mild pyelectasia at 0.20 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 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 0.21 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 (1.0 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 minimal luminal contents. It measures at a normal thickness of <0.7cm 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. Duodenum wall measures 0.26 cm. Jejunum wall measures 0.22 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

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

- Mildly 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

Today's scan is relatively normal. I did not detect any significant abnormalities associated with the urinary bladder. The urinary bladder does appear significantly distended. This could be normal for a cat that has been in a carrier for an extended amount of time, etc., but could also be seen with overflow incontinence and upper motor neuron bladder, etc. Recommend culture and sensitivity (this is already pending), and possibly see if you can observe this patient urinating, possibly try to evaluate if this patient is emptying its bladder (based on palpation or ultrasound?).

I did not see any evidence of a structural problem, making the likelihood of an ectopic ureter, diverticulum or other congenital abnormality less likely, but unfortunately this does not definitively rule them out. If this is strongly suspected, consider a contrast CT scan, which can pick up smaller ectopic ureters, etc. Additionally, cystoscopy could be considered to evaluate the intrapelvic urethra, etc., but it would be difficult to find a facility with a small enough to scope to perform this procedure on a cat. A contrast cystourogram could be considered, but this is unlikely to significantly evaluate the ureters.

This can be a frustrating problem to figure out. The significance of the abnormalities of the caudal body wall are of unknown significance. If this issue has been life long, I would be worried about a congenital issue. If it is new, then acquired disease is more likely. Consider overflow incontinence, an obstructive process (distal urethra), sphincter mechanism incompetence, neurologic issues, ectopic ureter, UTI etc.. Many of these could result in a normal ultrasound. I would start by trying to determine if this pet is emptying its bladder, straining and if it has any evidence of neurologic issues.



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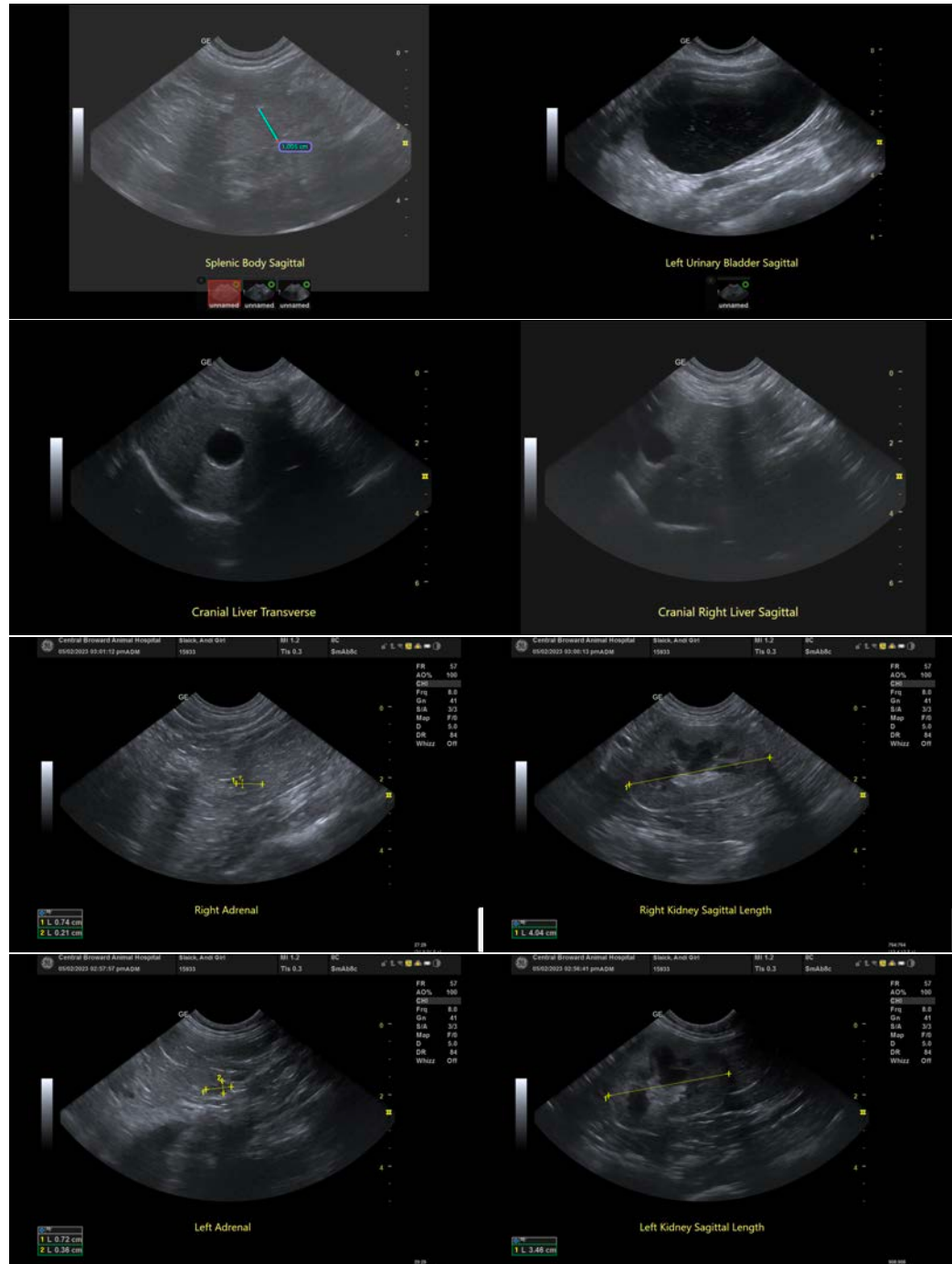
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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