

PATIENT PRESENTING CLINICAL SIGNS

Sylvester Cummings History: symptoms of cystitis
Abnormal PE/Chem/CBC/JA Results: hematuria intermittently and elevated ALT at 600, rest of lab work normal Current Medications methionine to acidify urine Radiographic Findings no abnorms on radiograph (no sign of bladder stones)

SPECIES

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Urinary System

BREED The urinary bladder is well distended. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A small to moderate amount of free floating and gravity dependent sediment is present. Obvious cystoliths are not evident. Although some shadowing is evident at the apex, it is created by the sediment (sand), and gas in surrounding GI tract. There are no signs of a polyp or a mass.

DLH

SEX

Neutered Male

Kidneys

The **left** kidney measures 4.47 cm (3.80-4.40 cm); very mildly enlarged. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. Blood flow within normal limits. The surrounding mesentery is not hyperechoic.

AGE

4 Years

The **right** kidney measures 4.65 cm (3.80-4.40 cm); very mildly enlarged. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. Blood flow within normal limits. The surrounding mesentery is not hyperechoic.

WEIGHT

14 Pounds

Aortic bifurcation/trifurcation
No abnormalities observed.

INTERPRETED BY

Lisa Carioto, DVM,
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ACVIM

Adrenal Glands

The **left** adrenal gland measures 0.39 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.42 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

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Spleen

The spleen is within normal limits in size 9.34 mm (normal = 10 mm), echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. A punctate, hyperechoic "nodule" measuring 1.1 mm x 1.2 mm, is noted mid-body. An early area of mineralization is suspected. There are no signs of neoplasia.

REFERRING VET

Dr. Bretschneider

Liver

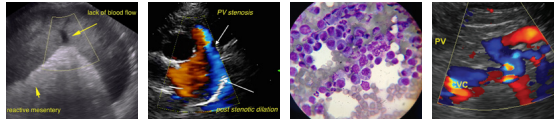
There are no obvious signs of hepatomegaly. The liver's borders are smooth and vary between sharp to mildly rounded. A diffuse, mildly coarse or granular echotexture is observed. Focal nodules are not visualized. No abnormalities are observed with the hepatic vessels.

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PATIENT

Sylvester Cummings

The gallbladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material within the GB or edema surrounding it. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

Gastrointestinal

SPECIES

Feline

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

BREED

DLH

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. No abnormalities are noted with the ileo-cecal-colic junction (ICCJ). Abnormally dilated loops of bowel are not observed.

SEX

Neutered Male

A large amount of gas is present within transverse colon.
The colonic wall is not thickened and mural detail is considered normal.

AGE

4 Years

Pancreas
No overt abnormalities are observed with the parenchymal echogenicity or echotexture. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

WEIGHT

14 Pounds

Other
Lymph nodes

Prominent lymph node in region of ICCJ (0.56 cm), however, no abnormalities noted with echotexture or echogenicity.

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Abdominal effusion is not visualized.

Heart

A brief video clip of the heart was submitted. Pericardial and pleural effusion are not identified. A mass is not observed on evaluation of the cardiac chambers. No obvious abnormalities with contractility (sedated and measurements not performed).

HOSPITAL NAME

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ULTRASONOGRAPHIC FINDINGS

- Liver:** A reactive hepatopathy may be the cause of the granular, coarse echotexture. Cholangitis/cholangiohepatitis cannot be excluded. A suppurative cause must be considered. Evaluation of history for medications or natural supplements, infectious agents, e.g. leptospirosis if goes outdoors or if lives with dogs.

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- Urinary bladder:** Idiopathic cystitis cannot be excluded based on history. An obvious cystolith is not noted.

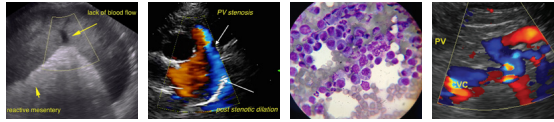
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- Kidneys:** Both kidneys are very mildly enlarged, however, no abnormalities are noted with the architecture or blood flow. The size of the kidneys may be normal for Sylvester. Pyelonephritis is unlikely, but cannot be excluded despite the absence of sonographic signs.

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PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sylvester Cummings

The following are suggested

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- Evaluate environment for signs of stress and lack of environmental enrichment

Feline

- A urinalysis and urine culture and sensitivity are recommended

BREED

- Analgesia (buprenorphine and gabapentin) for possible idiopathic cystitis

DLH

- Dietary changes to ensure neutral pH and USG less than 1.030

SEX

- FNA of the liver, however, a tissue biopsy is ideal (evaluates hepatic architecture), pending coagulation profile. Vitamin K (0.5 mg/kg SQ q8-12h for 1-3 doses), even if PT/PTT within normal limits.

Neutered Male

- Differential diagnoses include cholangitis/cholangiohepatitis, and secondary ascending bacterial infections. Although indiscriminate use of antibiotics is not recommended, consider broad-spectrum antibiotics with reassessment of liver enzymes, including GGT, in a few weeks, while still receiving antibiotics. If improvement observed, continue treatment for an additional 2 to 4 weeks.

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WEIGHT

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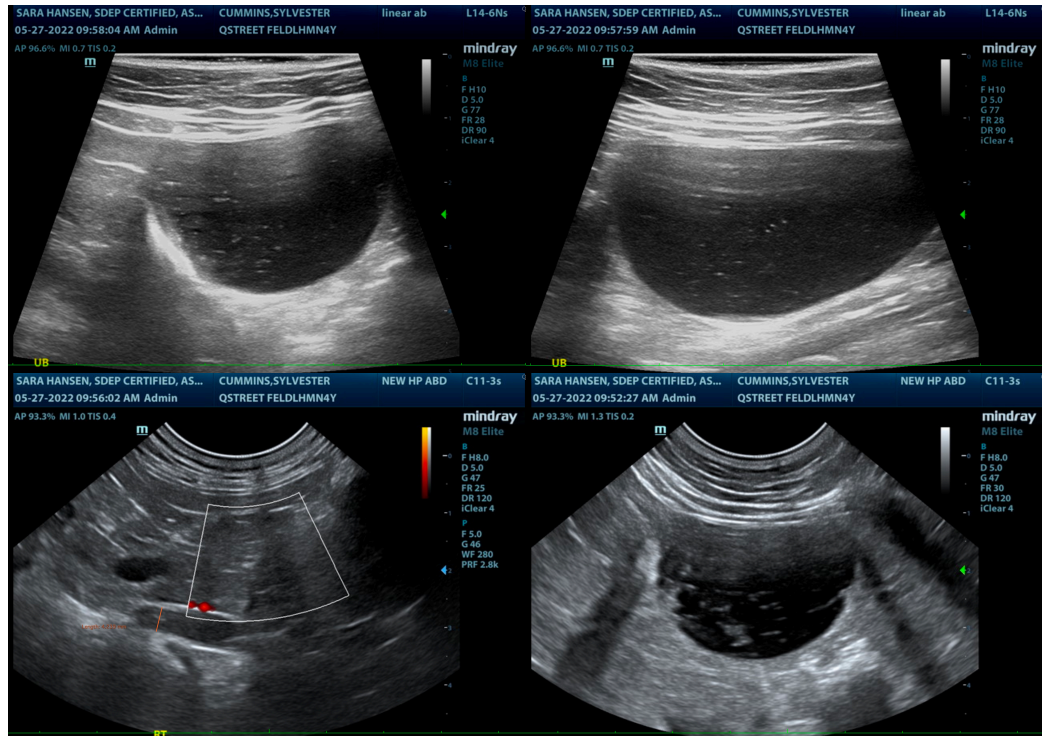
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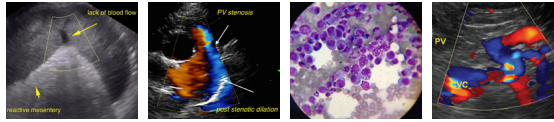
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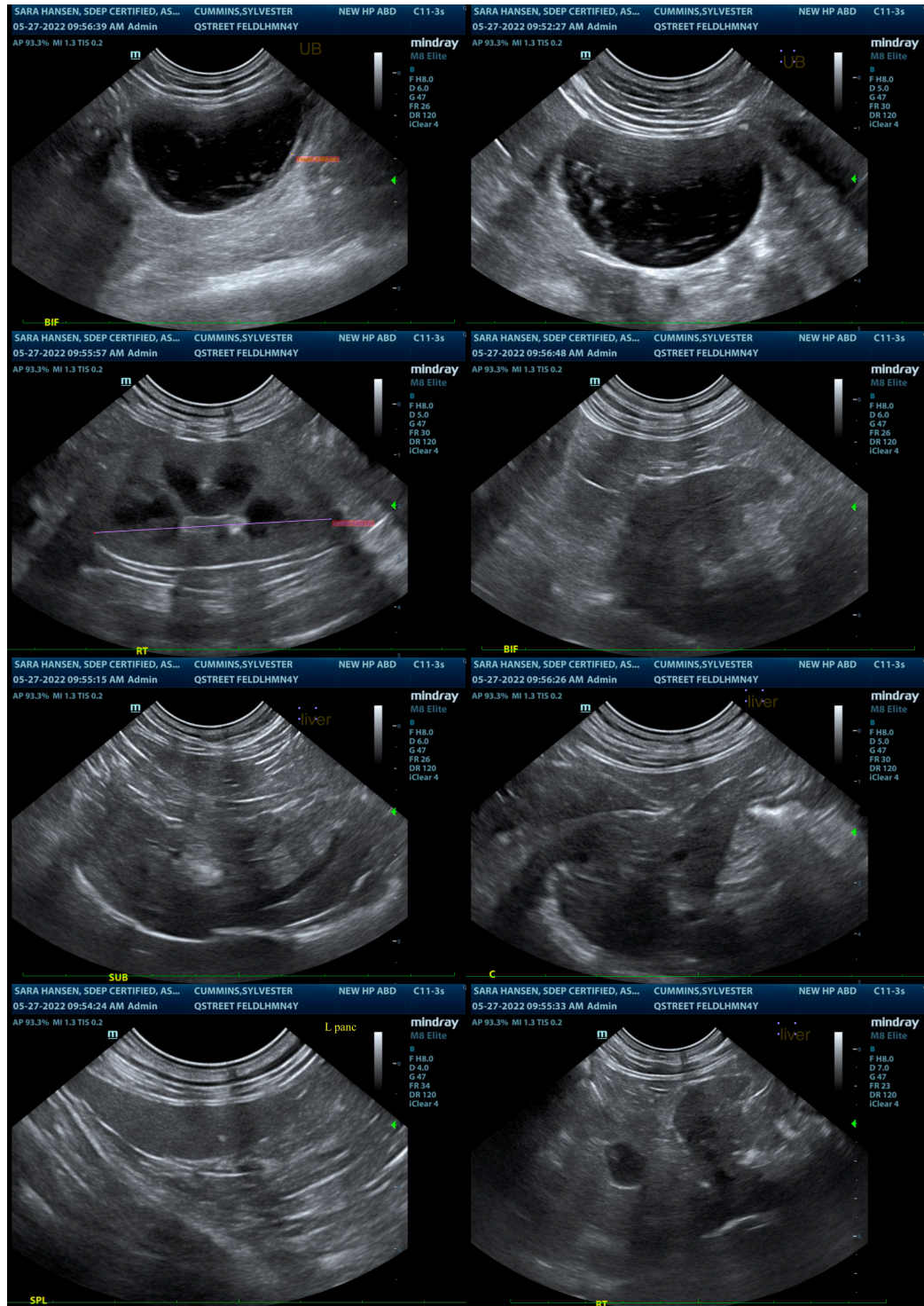
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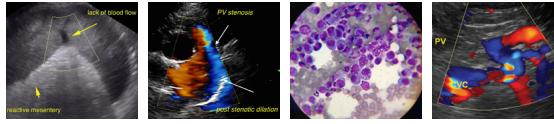
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SPECIES
Feline

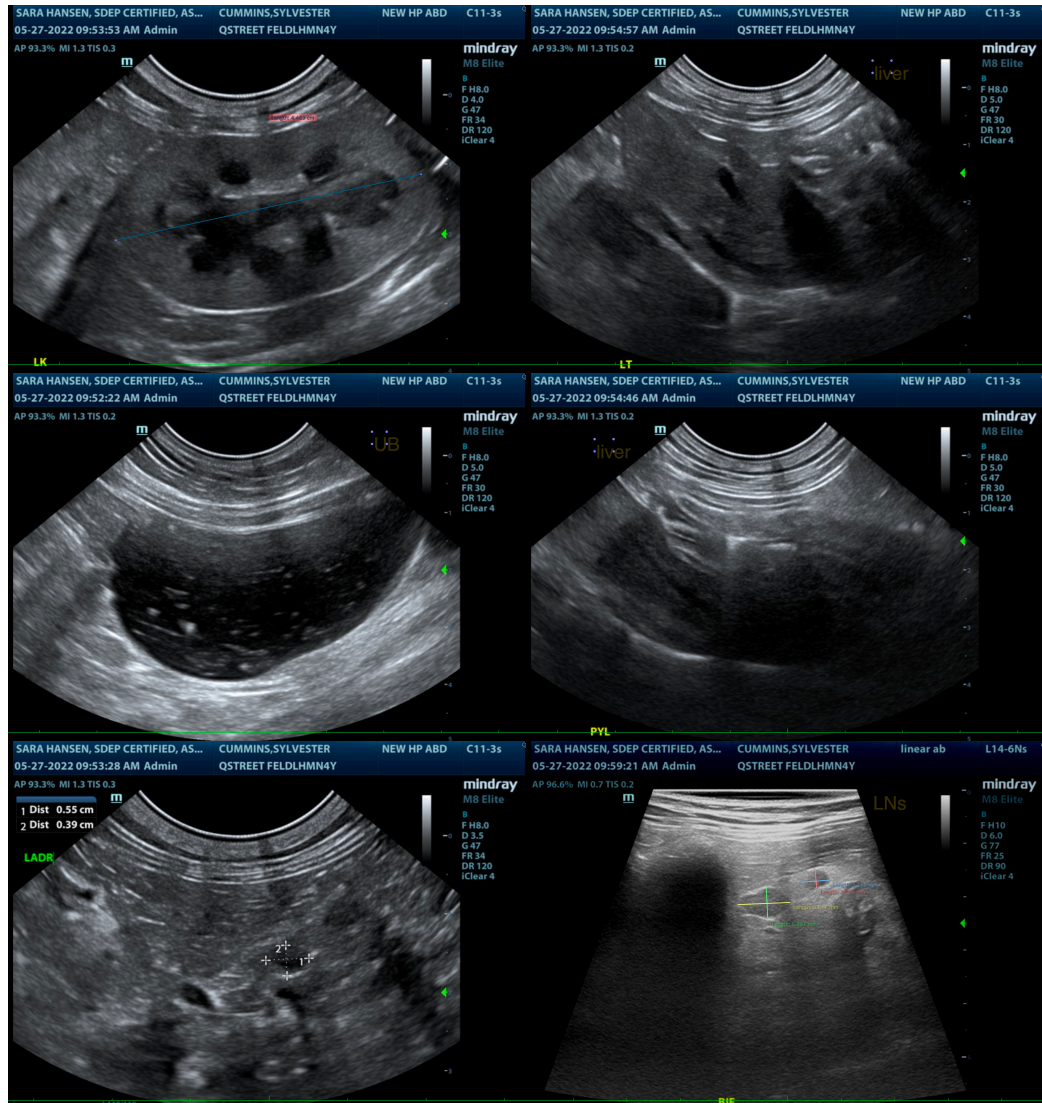
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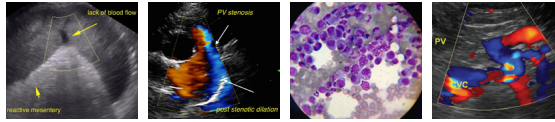
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Lisa.Carioto@sonopath.com



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