

**PATIENT**

Bunny Smith

SPECIES

Feline

BREED

DSH Manx

SEX

FS

AGE

9 years

WEIGHT

6.7 lbs

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Kelly

INVOICE

13127

DATE

1/20/22

PRESENTING CLINICAL SIGNS

Had cystotomy 9/3/20. Presented with bloody urine with purulent material/mucus in urine. Urinates when bladder is palpated. Urine culture negative. Currently on Baytril 22.7 3/4 tablet once daily, Amoxi drops 1/2 ml twice daily, Gabapentin 50mg/ml 1ml BID.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was normal in size and subjective tone. Generalized mild primarily uniform ventral, apical, and dorsal mild to moderate urinary bladder thickening extending into the area of the trigone and cystourethral junction was present. No evidence of mural mineralization was noted. Severe, nondependent swirling to congealed focal to mildly mineralized urinary bladder sediment was present. The sediment was primarily hyperechoic in appearance. The omentum surrounding the bladder exhibited normal echogenicity and was without overt evidence of pericystic peritonitis or obvious adhesions. The urethra was normal in structure and tone to a depth of 2.0 cm. No overt evidence of formed to definitive calculi or luminal masses was present.

The area of the aortic trifurcation was free of pathology and without evidence of medial iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia. The left kidney measured 3.3 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

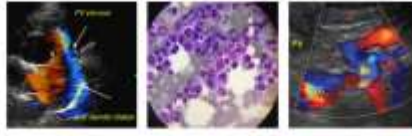
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

SPECIES

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The pancreas was normal in size and contour with mild hypoechoic parenchyma compared to the adjacent nonreactive peripancreatic omentum.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Mild to moderate cystitis with severe nondependent congealed to mobile hyperechoic sediment / mucus
- Sonographically unremarkable bilateral kidneys - no evidence of pyelonephritis

WEIGHT

6.7 lbs

Secondary Findings

- Subjective mild hypoechoic pancreas - nonspecific

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for mild to moderate chronic cystitis is suspected. The sediment may indicate cellular to crystalline debris with potential for focal, nondependent to adhered luminal mineral, as well as pyuria. Recheck urine culture and sensitivity on a sterile urine sample post completion of current antibiotic therapy would be appropriate to assess for possible resistant bacteria. No overt evidence of adhesions owing to previous cystotomy.

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Urinary bladder flush, if possible, with cytopsin cytology of collected urine sample could be considered. Empirically, medical therapy for feline lower urinary tract disease which may include urinary diet, anti-inflammatory / anti-anxiety medications, and environmental enrichment are recommended. Given the degree of sediment / mucus, cystotomy with thorough urinary bladder flush as well as mural biopsies for histopathology and tissue culture and sensitivity should be strongly considered in this patient.

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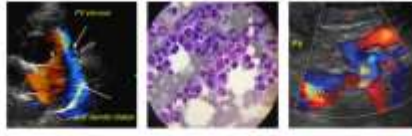
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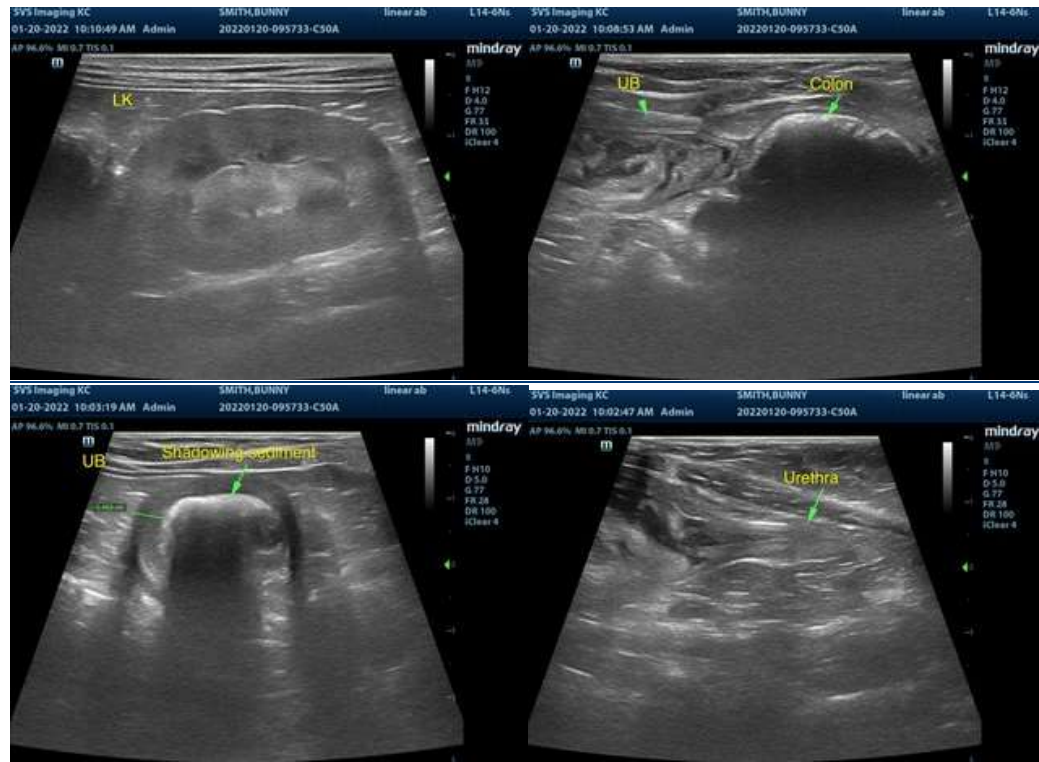
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com