



PATIENT

Maynard Paschal

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Alex Emerson

HOSPITAL NAME

AC of Casselberry

REFERRING VET

Dr. Alex Emerson

INVOICE

33950

DATE

1/4/22

PRESENTING CLINICAL SIGNS

Intermittent Hx of straining to urinate since 2015. Several times examined by different vets, never actually blocked any of those times. Recently Tx for suspect UTI and FLUTD clavamox, gabapentin. Normal exam per that clinic and here yesterday

Abnormal PE/Chem/CBC/UA Results: 11/27 UA (clinic across town) suspect bacteria, unclassified crystals, 1.050 CBC/ Chem- normal Rads- no stones seen Urine Culture submitted yesterday. Preliminary result today- Antech FirstTrack- no bacterial growth detected

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented primarily ventral apical to dorsal apical urinary bladder mild to moderate wall thickening. Anechoic urine present with pinpoint to focal areas of dependent mineral as well as adhered mineral along the ventral to ventral apical luminal surface. No overt evidence of urinary bladder masses. Overall normal urinary bladder tone. The urethra was normal in structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was present with mild loss of corticomedullary border demarcation. 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 pelvic dilation. A subtle hyperechoic to mineralized corticomedullary band, consistent with a subtle medullary rim sign, was present in both kidneys. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

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

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.

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.

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

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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ULTRASONOGRAPHIC FINDINGS

- Chronic apical cystitis with mild dependent to adhered luminal mineral
- Bilateral mild chronic renal changes exhibiting subtle non-specific medullary rim sign – no overt pyelonephritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Pending definitive urine culture and sensitivity results, medical therapy for chronic idiopathic cystitis is likely indicated in this case. Urinary diet, anti-inflammatory/anti-anxiety medications, environmental enrichment, or similar protocol may be considered. Potential for emerging urinary bladder neoplasia considered a less likely differential diagnosis given the pattern of urinary bladder mural hypertrophy, yet cannot be definitively excluded.

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Pending clinical response to empirical therapy, sonographic monitoring of the urinary bladder for evidence of progressive mural changes or thickening, or if persistent or progressive urinary clinical signs would be appropriate.

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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