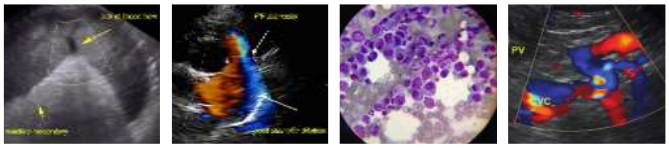
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mufasa Jager

SPECIES

Feline

BREED

Ragdoll

SEX

MN

AGE

2 years 5 months

WEIGHT

8.05 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alastair Westcott

HOSPITAL NAME

Dr. ALastair Westcott, DVM

REFERRING VET

Dr. Alastair Westcott

INVOICE

12502

DATE

11/1/21

PRESENTING CLINICAL SIGNS

Long history of urinary issues - was diagnosed with struvite crystalluria as a one year old. Is fed methionine (reduces struvite formation) instead of a urinary diet as cat won't eat s/o. Gets urinalyses regularly, last UA was in the summer. Did not show crystals but did have blood. Diagnosed with FIC. Presented with an uncomfortable abdomen and a firm-hard bladder. Was "unblocked" easily and maintained 48 hrs with a closed collection system. Comfortable
Abnormal PE/Chem/CBC/UA Results: Firm, painful bladder. Normal bloodwork. Hematuria, well concentrated, few WBCs, many RBCs, non sq. epith cells, no crystalluria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 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 pelvic dilation. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 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 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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. The spleen exhibited mild generalized enlargement, measuring 1.2 cm width. No splenic masses or nodules were 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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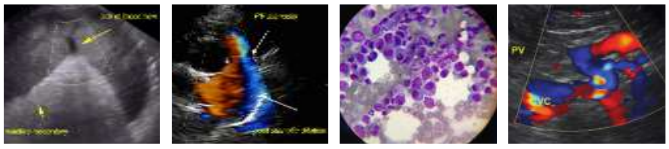

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Gastrointestinal

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. The pylorus wall width measured 0.24 cm. The area of the gastroduodenal junction exhibited subjective mild prominent size yet intact wall layering and was not overtly indicative of gastroduodenal junction inflammatory or neoplastic criteria. The area of the gastroduodenal junction measured approximately 0.3 cm In width.

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. The duodenum wall width measured 0.25 cm. The jejunum wall width measured 0.21 cm. The ileocolic wall width measured 0.26 cm.

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

Pancreas

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 were evident.

Free Abdomen

Intermittent, mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node size measured 1.5 cm x 0.5 cm. The omentum was of uniform echogenicity. No evidence of effusion was noted.

ULTRASONOGRAPHIC FINDINGS

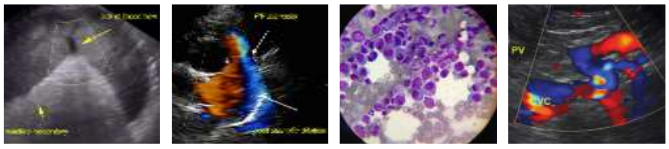
Primary Findings

- Sonographically unremarkable urinary bladder and visible proximal urethra with minor urinary bladder sediment - suspect minor cellular / crystalline debris
- Mildly prominent gastroduodenal junction
- Intermittent subjective benign / mildly reactive mesenteric lymph nodes - likely incidental
- Mild splenomegaly - subjectively benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild splenomegaly, in light of maintained normal splenic contour and finely texture homogeneous parenchyma, may Indicate patient variant, minor splenomegaly owing to sedation (if clinically applicable), hematopoiesis, minor hyperplasia, or potential incidental splenitis without overt evidence of neoplastic criteria.

Given the lack of reported gastrointestinal signs such as vomiting, inappetence, or other, the mildly prominent gastroduodenal junction is likely incidental or normal patient variant.



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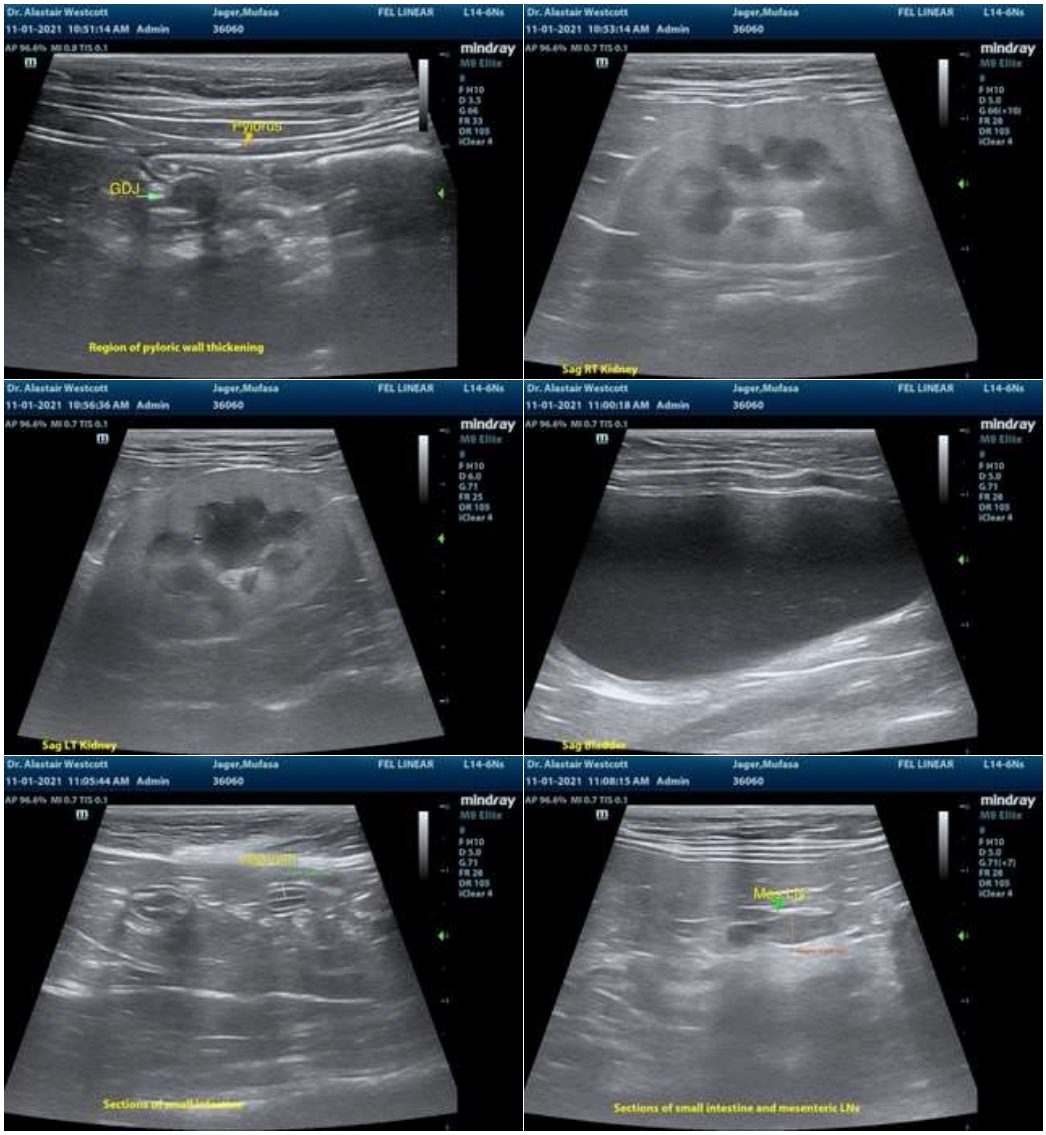
Concurrently, the mild, intermittent, subjectively benign to mildly reactive mesenteric lymph nodes were not overtly consistent with inflammatory or neoplastic criteria and are likely Incidental, assuming no evidence of gastrointestinal signs, weight loss, or similar.

If gastrointestinal signs are currently present yet not reported or develop in the future, recheck sonogram to reassess the area of the gastroduodenal junction, small bowel, as well as mesenteric lymph nodes would be indicted.

Continued supportive and empirical therapy for feline idiopathic cystitis is recommended.



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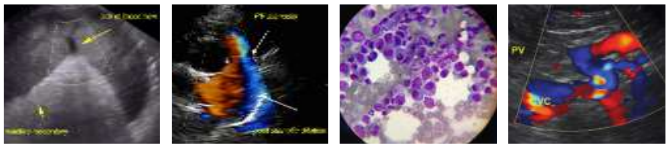

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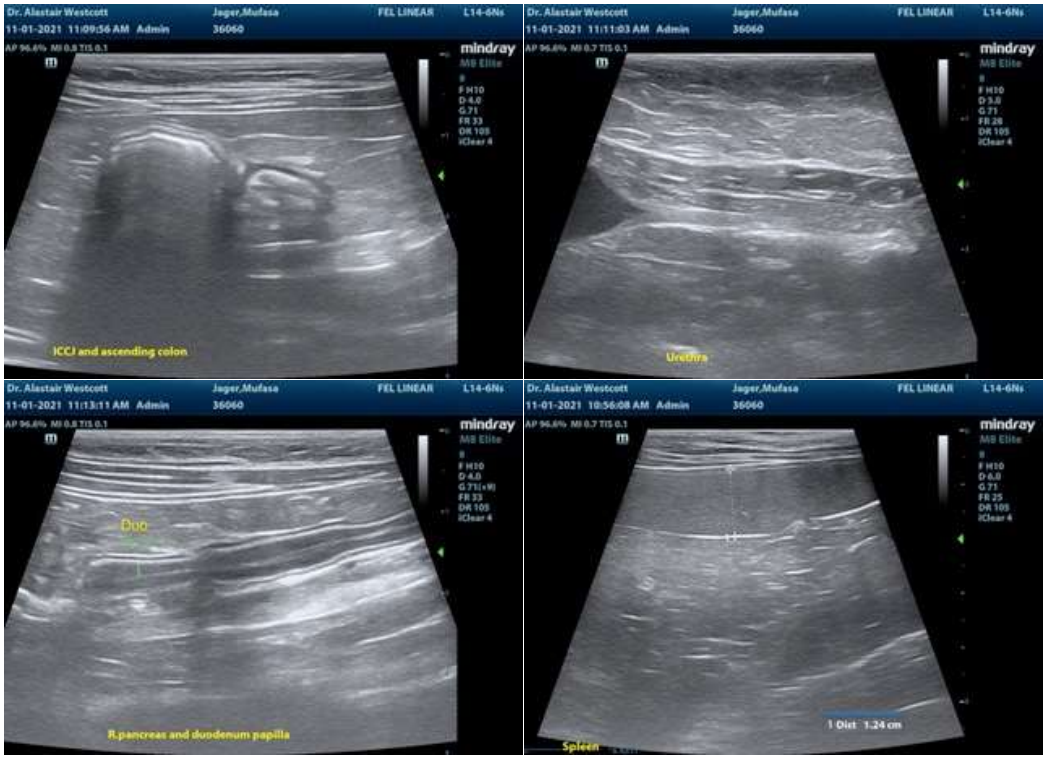

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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