**PATIENT**

Butterscotch Cruz

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4 years

WEIGHT

15 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Haenni

INVOICE

15315

DATE

11/2/22

PRESENTING CLINICAL SIGNS

peeing small amounts and not always using the pan

Abnormal PE/Chem/CBC/UA Results: Upon physical exam, he was found to be blocked. The xrays showed the bladder wall to be thick and a bright white opacity in the bladder that is deforming the wall. The bladder is very hard to express and having a trouble keeping a catheter in and keeping it patent. Overnight acting normal. This morning straining to urinate again. Couldn't not get urinary catheter in. Did cysto post US drew about 100mls from bladder of dark yellow syrup consist urine. Attempted another catheter and got a few black and a few white pieces of sand. Still could not fully pass catheter.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was moderately distended in size containing anechoic urine with significant primarily dependent hyperechoic sand along with mild nondependent particulate sediment. No overt evidence of inflammatory or neoplastic urinary bladder mural changes. No evidence of obstructive pathology at the level of the trigone or cystourethral junction. The proximal urethra exhibited mild dilation with concurrent luminal hyperechoic sand to a depth of 3.0 cm. Subjectively, the proximal urethra appeared to be mildly thickened in appearance measuring 0.4 cm in diameter.

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 4.1 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

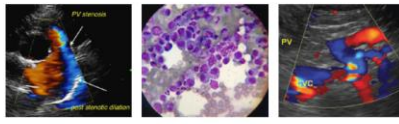
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

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.

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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.

BREED

DSH

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.

SEX

MN

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

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ULTRASONOGRAPHIC FINDINGS

- Distended urinary bladder exhibiting significant primarily dependent hyperechoic sand
- Mildly distended proximal urethra with concurrent luminal sand
- Sonographically unremarkable bilateral kidneys - no evidence of pyelonephritis

WEIGHT

15 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**

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

Aside from the significant urinary bladder and concurrent urethral luminal sand, no overt evidence of obstructive lower urinary tract pathology. It is suspected that urethral sand may be inhibiting catheter passage and potentially causing some degree of concurrent urethritis.

IMAGING PERFORMED BY

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Rectal palpation to assess for evidence of urethra abnormalities under sedation may be considered. Catheter passage with concurrent retrograde flushing and potential rectal urethral massage may prove beneficial in allowing catheter passage, if resistance. Potential referral should be considered if attempts to re-catheterize are unsuccessful. Given the degree of urinary bladder sand, cystotomy and/or perineal urethrostomy may ultimately be indicated.

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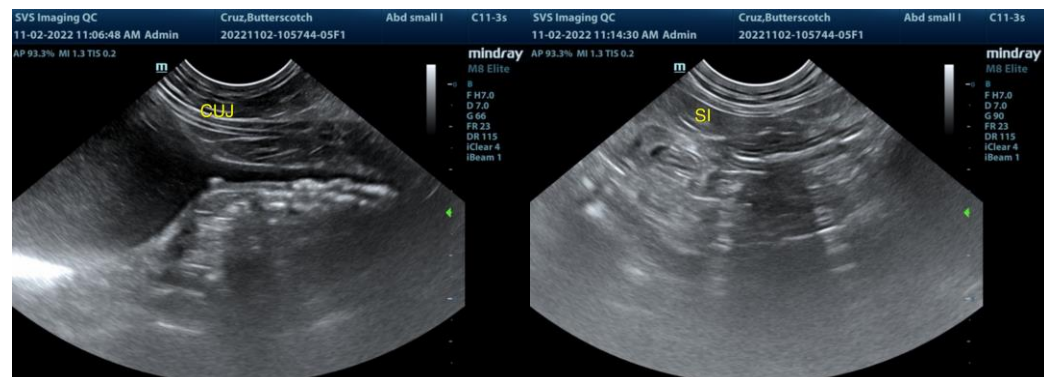
Dr. Haenni

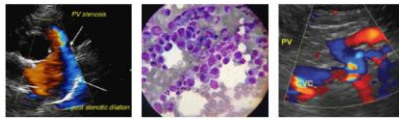
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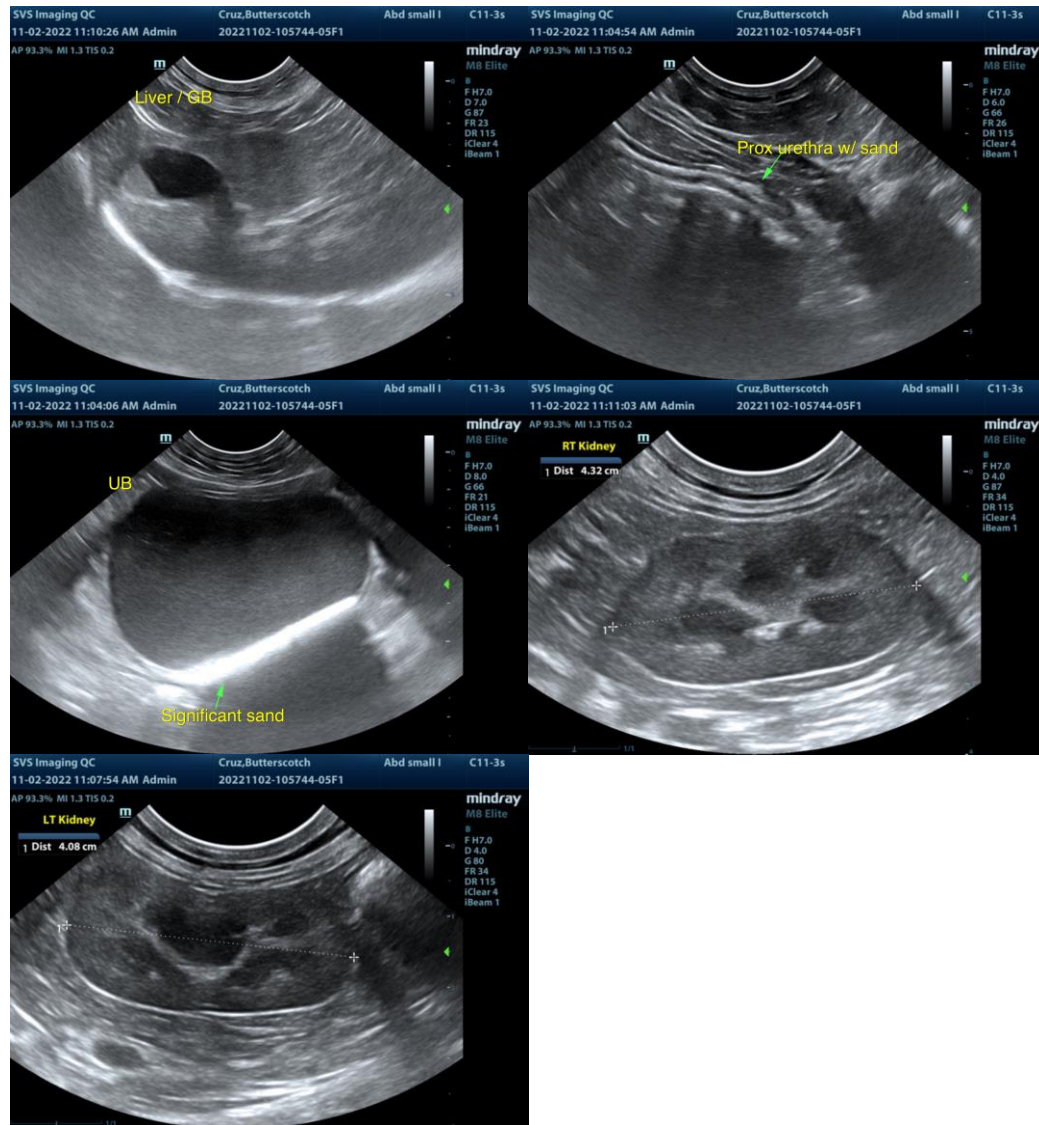
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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