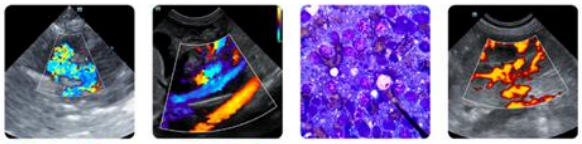


PATIENT

Frisbee Meyer

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10yr

WEIGHT

4.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE
22865

DATE
11/06/2025

PRESENTING CLINICAL SIGNS

Presents for stranguria, hospitalized for 2nd urinary obstruction non azotemic. Not currently on a urinary diet. Client also reports concern for intermittent anorexia, weight loss and dull coat. First obstruction 4 months ago with recent stressful event. Over 7lbs weight loss reported in 1.5year Urogenital: Large firm inexpressible urinary bladder Oral Cavity: Mucous membranes light pink, no teeth Cardiovascular: Grade I-II/VI murmur

Abnormal PE/Chem/CBC/UA Results: EPOC: EPOC: K 2.9 L, Glu 176 H, Hct 47, BUN 15, Creat 1.09 Snap Triple: negative CBC: Hct 33.8, WBC 9.41, Eos 0.07 Chem15: TP 9.0 H, Glob 5.9 H UA & Sedivue: USG 1.040, protein 500 H, blood 250 H, WBC 16/pf, WBC >50/hpf, crystals - upon review consistent with struvite Radiograph: confirmed urinary catheter in bladder, potential pinpoint radio opaque stones, not consistent on all view

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. Generalized mild thickened bladder with mild asymmetrical luminal surface contour. Moderate dependent to potentially adhered lumen sand and mineral was present. A urinary catheter was visualized within the urethral and bladder lumen. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Minor right kidney pyelectasia present. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

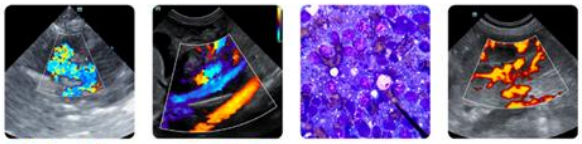
The left adrenal gland was free of overt pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width at the caudal pole.

Spleen

The spleen exhibited mild enlargement (1.1 cm in width at the mid spleen) with 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to



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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and moderate congealed non-organized debris. 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 contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of 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 mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.25 cm in width. The ileocolic wall measured 0.34 cm in width.

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

Pancreas

The pancreas was mildly prominent in size with capsule asymmetry. Non-homogenous mild hypoechoic parenchyma with mildly prominent pancreatic ducts were present.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Cystitis pattern with moderate urinary bladder lumen possibly adhered sand/ mineral, urinary catheter in place
- Non-specific chronic renal changes with mild right kidney pyelectasia
- Mild splenomegaly - sedation if clinically applicable, hyperplasia, hematopoiesis, inflammation, occult neoplasia not excluded.
- Hepatic parenchymal remodeling – benign
- Moderate gallbladder debris
- Overall sonographically normal gastrointestinal tract with non-shadowing gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder debris is non-specific yet may be associated with non-obstructive cholestasis or hepatobiliary inflammation given short half life of hepatic enzymes in cats. If patient was not sedated, assuming normal clotting status and using a 25g needle, a splenic +/- hepatic FNA for screening cytology is warranted for further assessment to assess for occult disease as a contributing factor.

A GI panel to include PLI/TLI/Cobalamin/Folate to correlate with the pancreas and assess for non-structural intestinal disease is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor. Gastrointestinal support and empirical therapy for chronic active pancreatitis would be reasonable.

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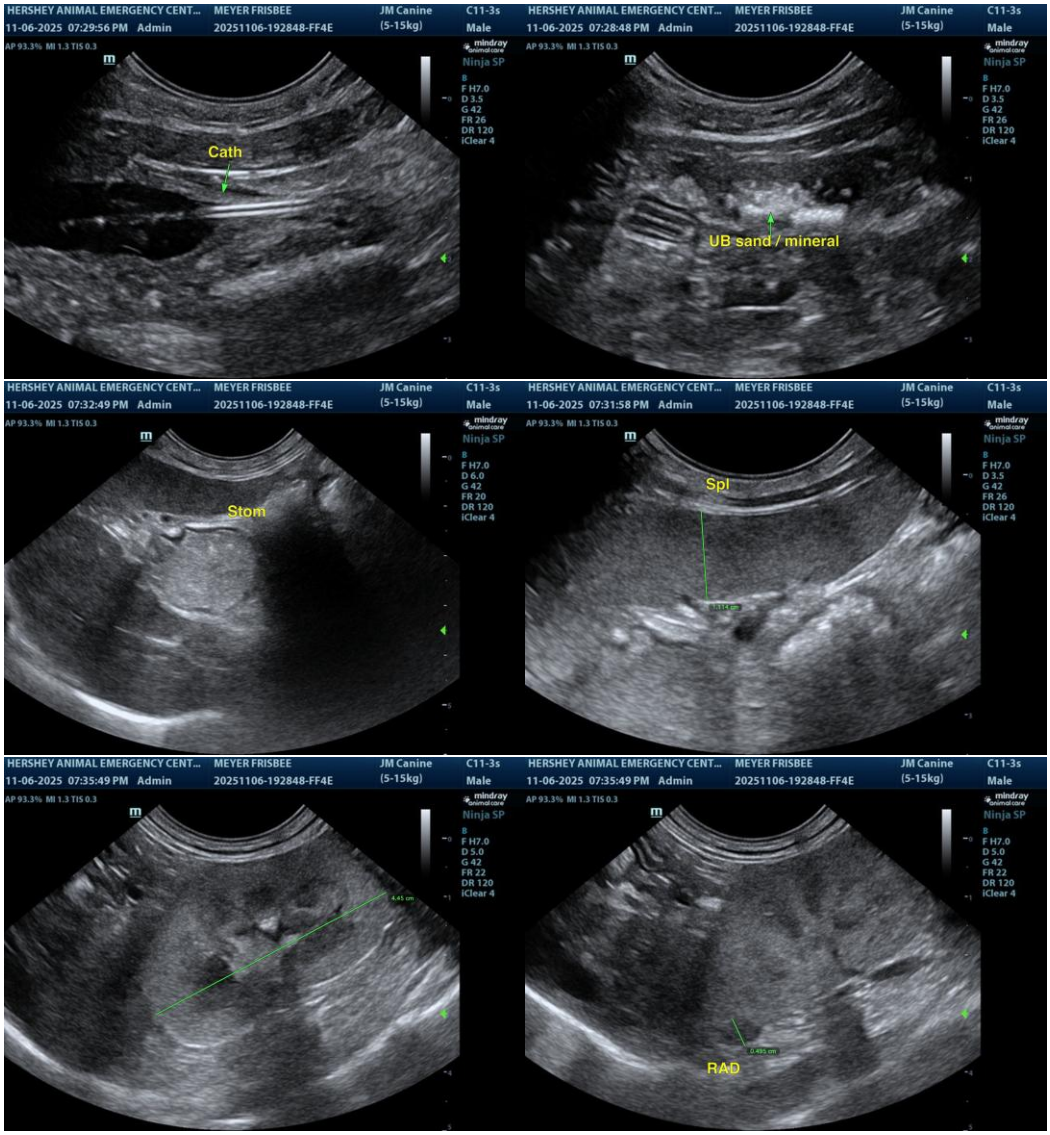

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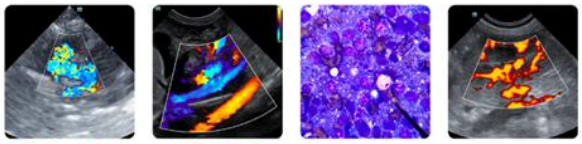

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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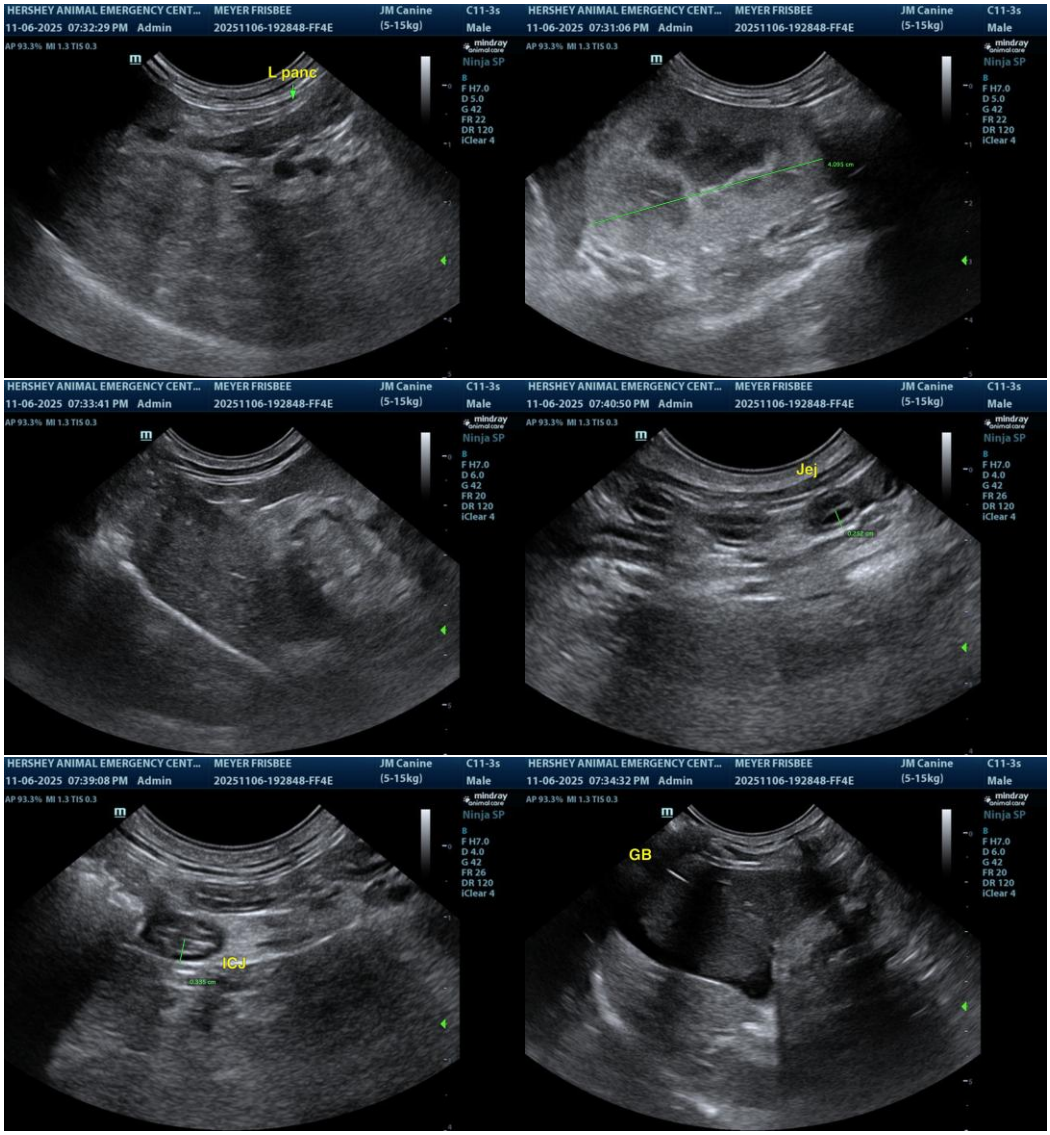

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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