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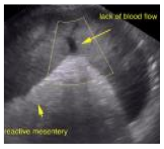
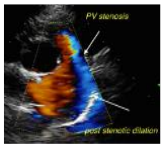
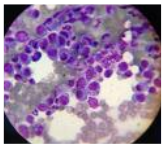
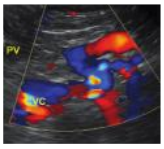

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Skunk Terrill

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8

WEIGHT

17.63

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Braverman

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Yeager

INVOICE

21128

DATE

2/16/23

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: hematuria, bladder is not easy to palpate due to patient size Abnormal PE/Chem/CBC/UA Results: Lab Findings: CBC/Chem/UA pending (initial scan of UA showed no round cells) Current Medications: Convenia given 2/10 Radiographic Findings: No bladder stones seen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Mild ventroapical to dorsoapical mural thickening was noted, exhibiting mild asymmetrical luminal surface contour with focal small apical polyp. The polyp measured approximately 0.63 cm in diameter. Apical urinary bladder wall measured 0.36 cm in wall width. No urinary bladder tumors were noted. Primarily anechoic urine was noted with mild nondependent particulate to focally hyperechoic sediment, along with suspected focal areas of adhered apical luminal surface mineral. The urethra was normal to a depth of 3.0 cm.

Both kidneys were mildly enlarged in size compared to normal renal size for felines. Both kidneys exhibited intact corticomedullary architecture and maintained 1:3 cortex to medulla ratio with adequate corticomedullary border demarcation. No pyelectasia was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.2cm in length.

Adrenal Glands

The left adrenal gland was normal in size and contour. Pinpoint dystrophic mineralization was present, which is an incidental finding. The left adrenal gland measured 0.57 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm.

Spleen

The spleen was mildly enlarged (secondary to sedation) and 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 measured 1.2 cm in width at the level of the hilus. Potential normal splenic patient variant is possible.

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.

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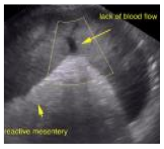
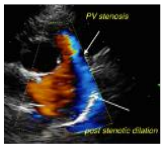
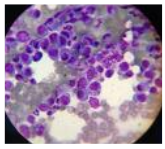
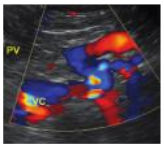

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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 was evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild apical to focal polypoid cystitis pattern with mild particulate sediment and suspect focal adhered luminal mineral
- Mild renomegaly, exhibiting normal renal architecture- likely normal patient variant given the size of the patient

Secondary Findings

- Pinpoint dystrophic left adrenal mineral- normal variant in a cat

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile sample is recommended. No evidence of urinary bladder neoplastic criteria present. If underlying infection is ruled out, empirical therapy for idiopathic cystitis, which may include urinary diet, analgesia (if clinically indicated, anti-inflammatory vs antianxiety medications, behavior modification, etc., with assessment of clinical response +/- sonographic monitoring of the urinary bladder, if evidence of continued cystitis signs is suggested.

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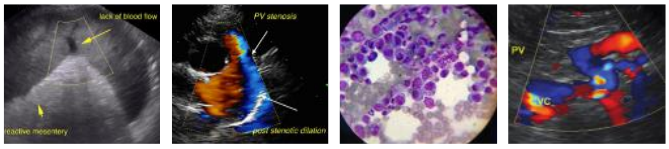

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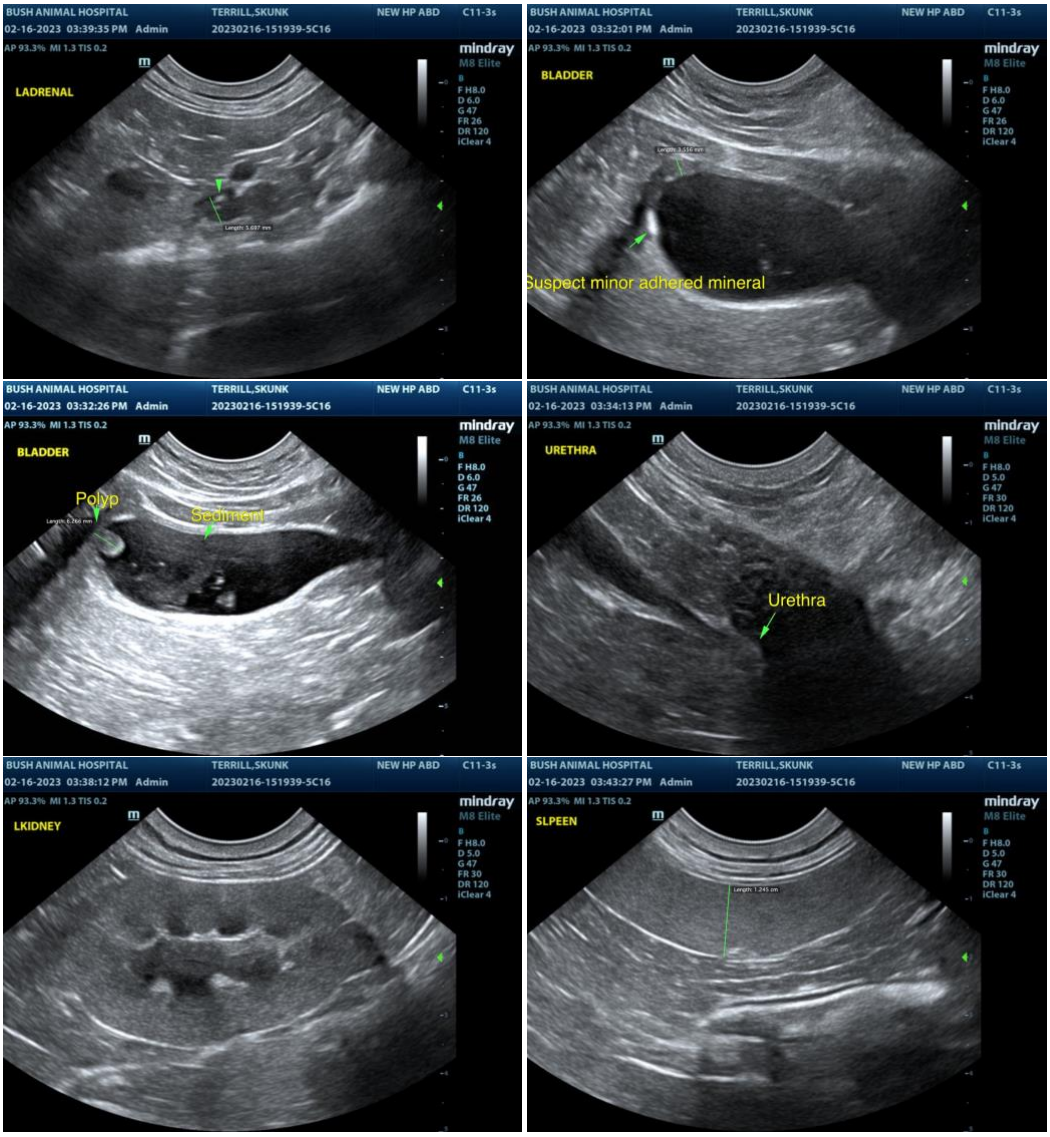

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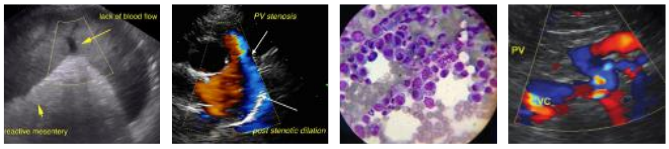

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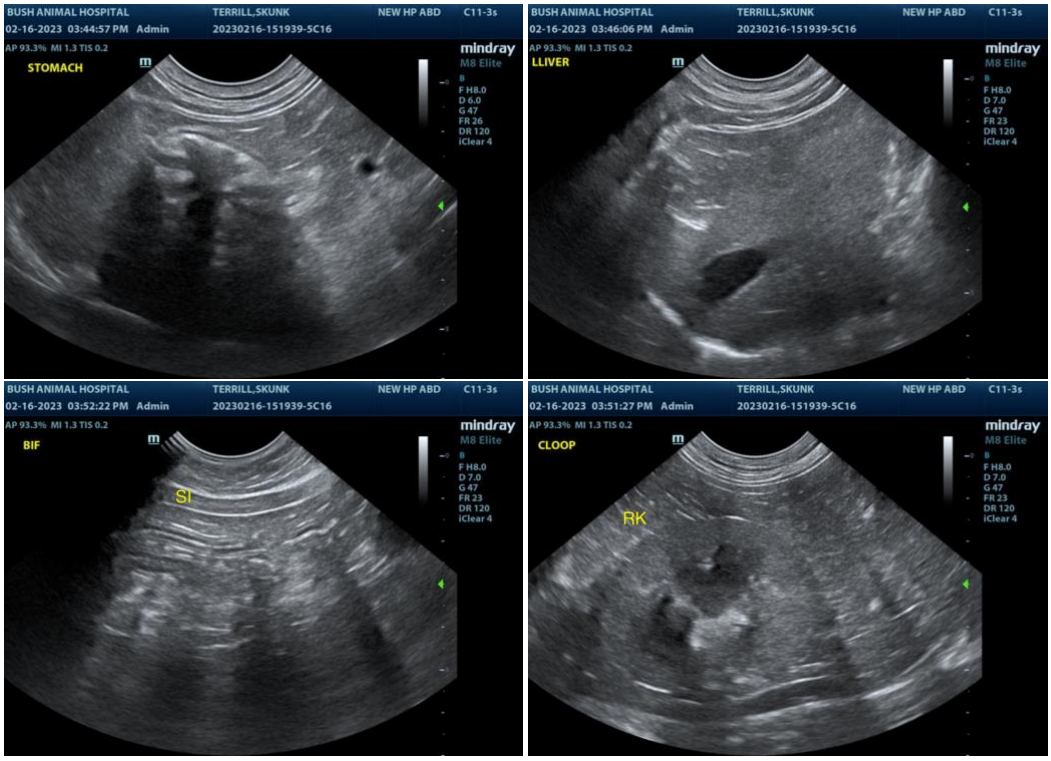

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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