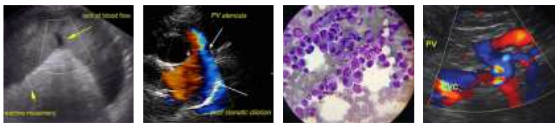


PATIENT

Mugsie Mohlmann

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

14 years

WEIGHT

10.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Zulauf

INVOICE

13144

DATE

2/2/22

PRESENTING CLINICAL SIGNS

Chronic hematuria, intermittent vomiting
Abnormal PE/Chem/CBC/UA Results: UA - hematuria. No bacteria seen. No crystals Urine culture - no growth Current Medications meloxicam, enrofloxacin and amitriptyline

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. The bladder walls were overtly normal without evidence of inflammatory or neoplastic criteria. Primarily anechoic urine was present in the lumen. Dependent to non-dependent, particulate to focally mineralized 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Moderate fluid dilation of the left and right renal pelvis extending mildly into the lateral diverticuli was present. Areas of medullary mineralization were noted without overt evidence of pelvic mineral. Overt evidence of concurrent left or right ureteral dilation was not noted. No evidence of left or right retroperitoneal inflammation was noted. The left kidney measured 4.5 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

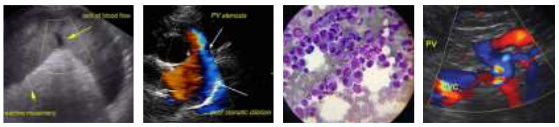
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

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



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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.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable gastrointestinal tract
- Bilateral moderate chronic renal changes exhibiting mild to moderate bilateral hydronephrosis
- Mild dependent to non-dependent, particulate to focal mineralized urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hematuria in this patient is most likely deriving from the kidneys, given the lack of lower urinary tract structural pathology. This patient potentially may have passed previous calculi from either the left, right, or both kidneys into the urinary bladder with potential for resolved obstructive nephrolithiasis in either kidney. Overt evidence of left or right ureteral obstruction was not definitively evident. However, contrast urography or advanced imaging may be indicated for further assessment.

Likewise, ultrasound-guided pyelocentesis in either kidney to collect urine sample from within the area of hydronephrosis for culture and sensitivity could be considered. Serial monitoring of renal parameters going forward with essential CKD therapy would be appropriate. Sonographic monitoring of the bilateral kidneys for progressive hydronephrosis, especially if increasing renal parameters are noted, is recommended.

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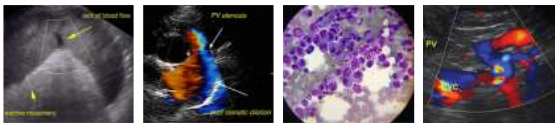

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MOBILE VETERINARY ULTRASOUND
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AnimalSoundsNW.com 541-357-9423

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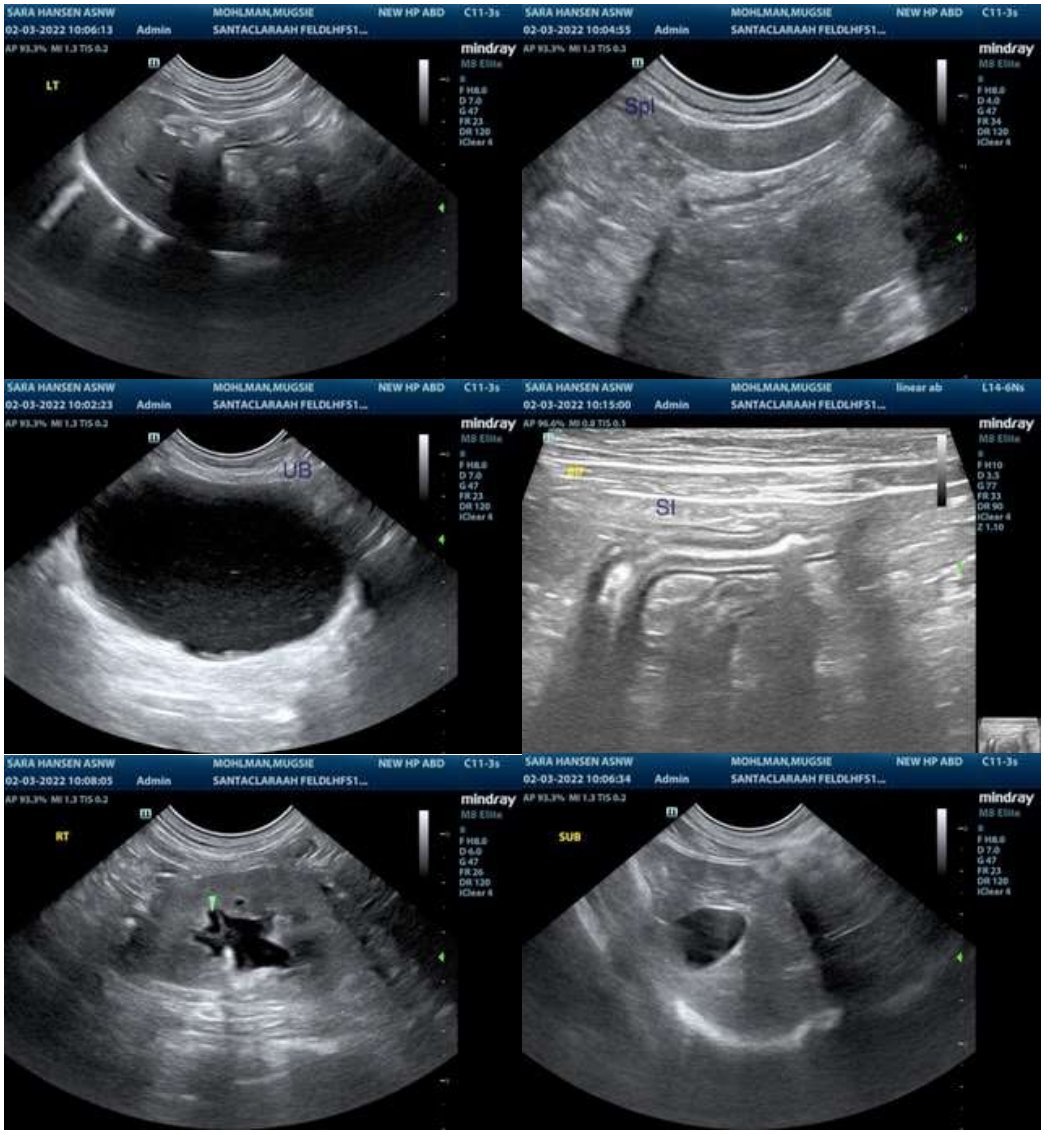

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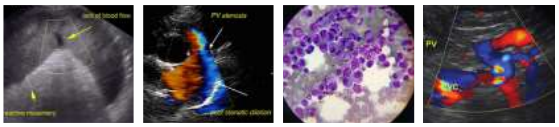

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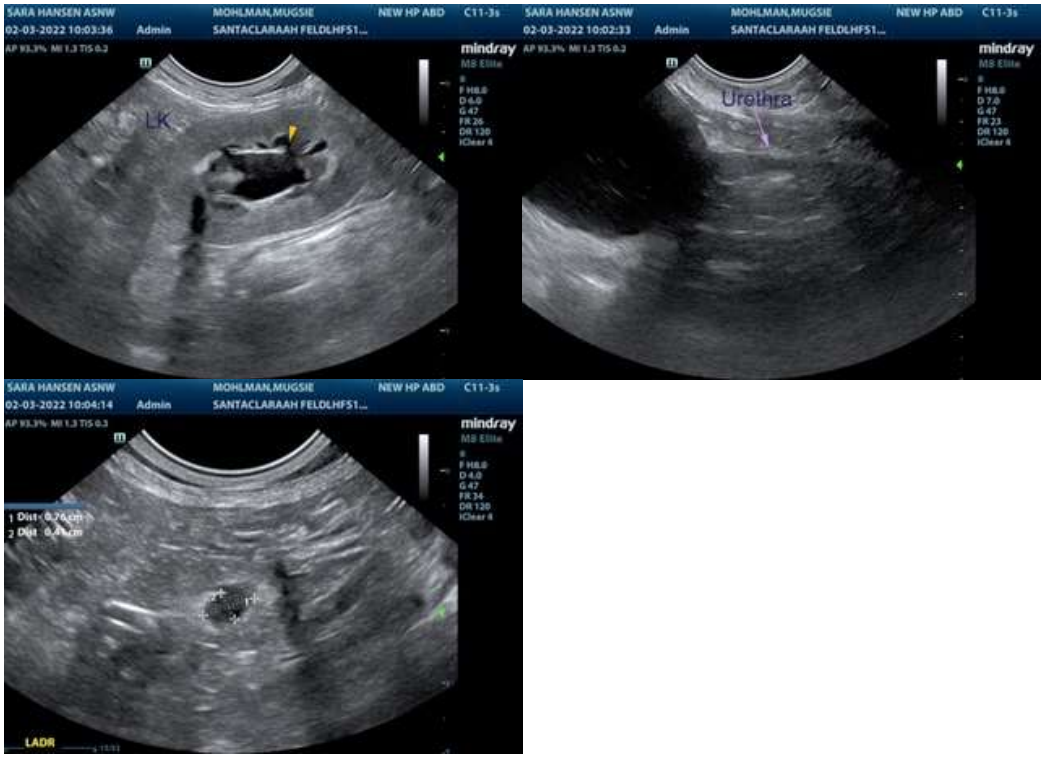

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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