



PATIENT

Merlin Bryant

SPECIES

Feline

BREED

Scottish Fold

SEX

Neutered Male

AGE

3 Years 9 Months

WEIGHT

12.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook –
SDEP Certified
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

36152

DATE

3/14/22

PRESENTING CLINICAL SIGNS

Seen at rDVM on 2/16/22 and put on zanax, buprenorphine, gabapentin, prazosin. P then seen 10 days later at another ER for yowling, not e/d very much, not wanting to drink. O stopped meds and P was better, then represented to ER UTI, prescribed alprazolam, prazosin, buprenorphine c/d diet canned chicken. Presented to us on 3/7 and O had stopped meds about 3 days prior and P seemed to immediately improved, but then presented to us for diarrhea, tail pain, not e/d well, feels like is thin, O had restarted prazosin and gaba at that time. P represented on 3/13 for recheck pain/urination, struggling to urinate, vomiting 2 days, no BM, hospitalized on IV fluids for AUS. Abnormal PE/Chem/CBC/UA Results: BW on 2/26 WNL, UA hematuria and struvite crystals, BP was normal Work up on 3/7: X-rays - lateral and VD abdomen - no obvious spinal abnormalities. gas in colon. small amount ingesta in stomach, O says pt ate small amount around 9 AM, consider delayed gastric emptying or functional ileus. bladder appears WNL. mild gastroenteritis evidenced by small gas bubbles in SI. remainder of abdominal organs appear WNL, no obstructive pattern is noted. pelvis appears WNL, possible mild hip dysplasia vs normal 3/7 CBC/Chem/Lytes - very mild neutrophilia. potassium 3.4 UA - USG 1.036, pH 6.5. proteinuria with active sediment. pyuria, hematuria. cocci bacteria noted. 3/7 Discussed - UTI present, start clavamox. x-rays overall look OK, possible delayed GI function. blood work is WNL. rec continuing gabapentin at a different dose, continuing prazosin to help prevent bladder obstruction, and adding clavamox. O is good with plan. a/o that if pt not improving over the next few days, next step would be AUS. No labwork done @ this presentation (3/13)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The majority of the ventral, apical and dorsal urinary bladder presented mild to moderate uniform thickening. Ventral bladder wall measured 0.31 cm. Primarily anechoic urine present with mild non-dependent particulate sediment, progressive of cellular or potential mild crystalline debris. No evidence of macro calculi or neoplastic criteria. The trigone and cystourethral junction walls appear to be overtly normal. The proximal urethra exhibited normal structure, yet mildly prominent, measuring 0.36 cm in width. No evidence of proximal urethral urine retention to a depth of 2.0 cm. Mild regional inflammation and minor free fluid noted around the urinary bladder.

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.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm. The right adrenal gland measured 0.46 cm.

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

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



PATIENT

Merlin Bryant

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

SPECIES

Feline

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. Gastric body wall measured 0.25 cm.

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. Duodenum wall measured 0.26 cm. Jejunum wall measured 0.26 cm.

BREED

Scottish Fold

The colon exhibited intact yet subjective mild prominent wall layering, containing semiformal to soft feces in the descending colon.

SEX

Neutered Male

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.

AGE

3 Years 9 Months

Free Abdomen

Several mildly prominent to enlarged mid abdominal mesenteric nodes were present. Example measured 1.8 cm x 0.67 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

WEIGHT

12.5 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Cystitis and likely proximal urethritis with mild urinary bladder sediment, associated mild regional pericyclic inflammation and scant free fluid.
- Normal bilateral kidneys - no evidence of pyelonephritis.
- Mild, subjectively benign mid abdominal mesenteric lymphadenopathy - likely lymphoid hyperplasia or minor reactive lymphadenitis potentially owing to inflammatory bowel episode, suspect probable concurrent mild descending colitis.

IMAGING PERFORMED BY

Amanda Lacey-Crook -
SDEP Certified
Sonographer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the presentation of the bladder is consistent with cystitis with potential chronic to acute on chronic interstitial cystitis, while the possibility of bacterial cystitis cannot be excluded. Correlation with clinical response to current antibiotics and cystitis therapy would be appropriate. Following completion of current antibiotics, recheck urine culture and sensitivity ideally on sterile urine sample 7 days post-antibiotics therapy recommended.

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

The small intestine and colon exhibited subtle mural changes suggestive of concurrent enterocolic inflammation. However, given lack of reported weight loss with questionable gastrointestinal signs, this finding is non-specific. Further assessment may include fresh fecal analysis to rule out parasitic ova/giardia +/- GI panel to include PLI, TLI, cobalamin and folate if clinically indicated. Empirically, as needed gastrointestinal support is recommended. Recheck sonogram to assess for progressive inflammatory urinary bladder mural changes recommended if persistent signs of cystitis are noted.

INVOICE

36152

DATE

3/14/22



PATIENT

Merlin Bryant

SPECIES

Feline

BREED

Scottish Fold

SEX

Neutered Male

AGE

3 Years 9 Months

WEIGHT

12.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook -
SDEP Certified
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

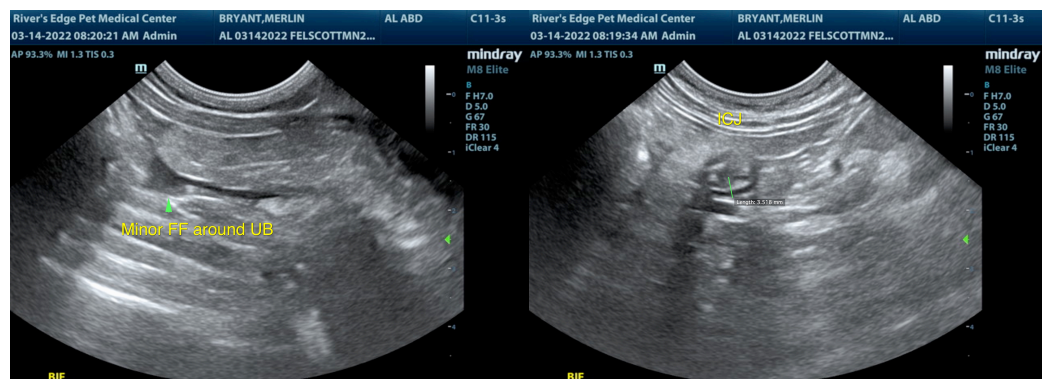
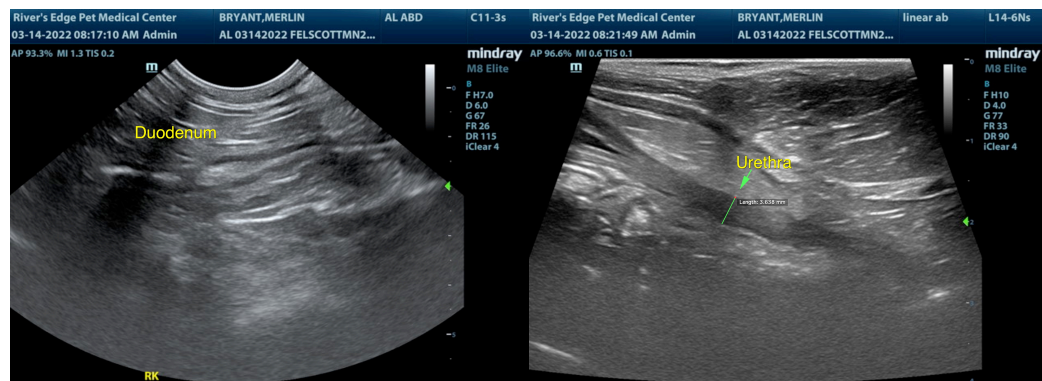
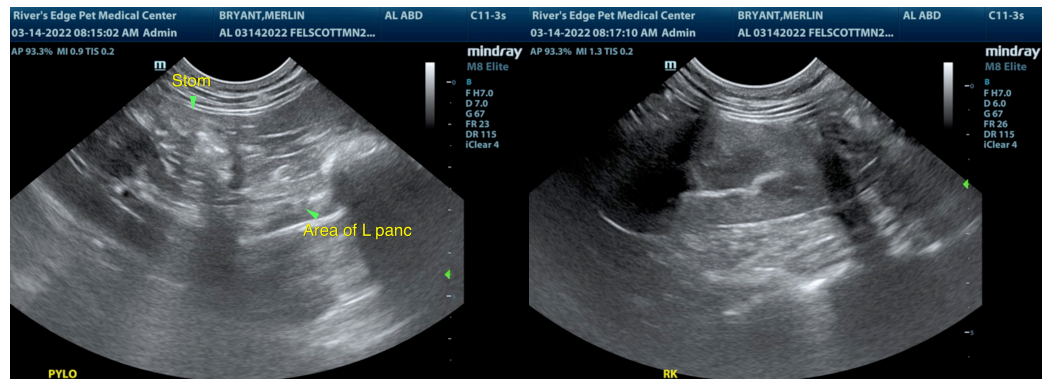
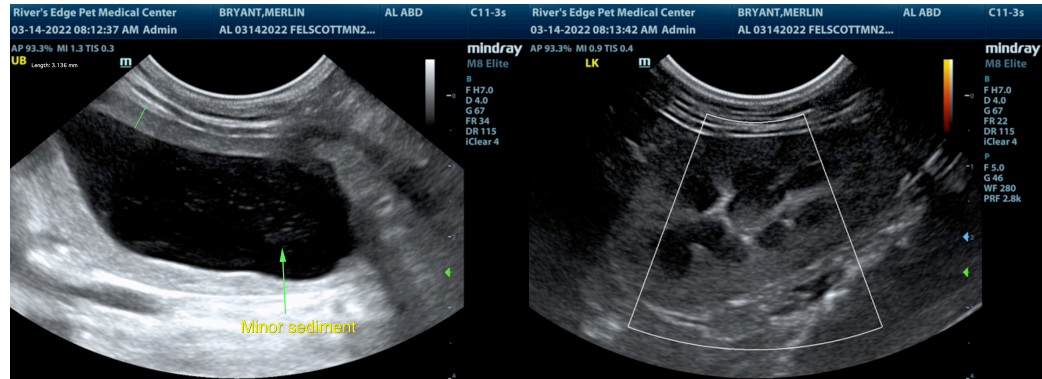
Dr. David Gray

INVOICE

36152

DATE

3/14/22





PATIENT

Merlin Bryant

SPECIES

Feline

BREED

Scottish Fold

SEX

Neutered Male

AGE

3 Years 9 Months

WEIGHT

12.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook –
SDEP Certified
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

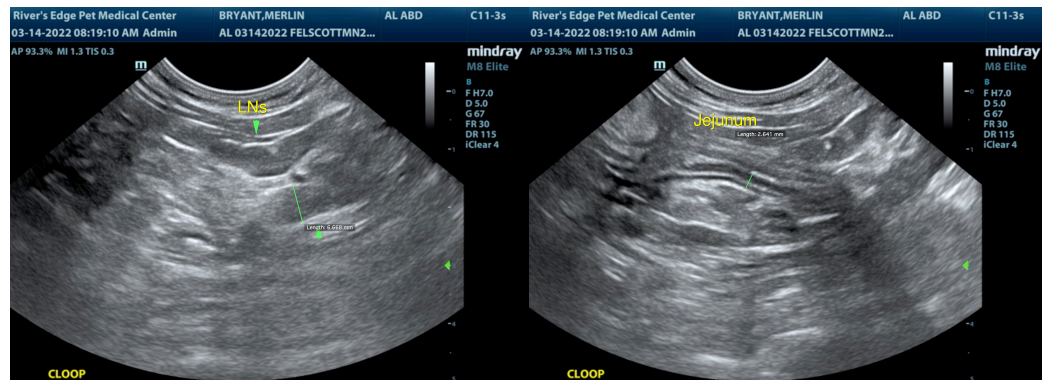
Dr. David Gray

INVOICE

36152

DATE

3/14/22



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