



PATIENT	PRESENTING CLINICAL SIGNS
Cotton Derowin	Hematuria and straining to urinate. Incontinent and dripping urine. Cystoliths seen on X ray Abnormal PE/Chem/CBC/UA Results: Mild elevation of SDMA and amylase
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder was subnormal to collapsed in appearance owing to lack of urine distension. Diffusely thickened to irregular bladder walls exhibiting mild asymmetrical luminal surface contour and mild non-homogenous mural echogenicity were noted. No overt evidence of mural mineralization. The ventral urinary bladder wall measured up to 0.76 cm in width. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Minimal anechoic urine was present in the lumen with mild to moderate hyperechoic luminal sand/mineral. Subtle evidence of pericyclic reactive hyperechoic tissue.
DSH	
SEX	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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length.
MN	
AGE	The area of the aortic trifurcation was free of pathology.
9	
WEIGHT	Adrenal Glands
8kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 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.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Liver/Gallbladder
Dr. Belan	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 with minor incidental echogenic debris. The cystic and common bile ducts were normal.
HOSPITAL NAME	Gastrointestinal
Ramsay Vet Clinic	The stomach presented intact wall layering with increased gastric mural echogenicity likely consistent with patient variant or gastric mural fat. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.
REFERRING VET	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.
Dr. Patabendi	
INVOICE	
13208ag	
DATE	
03/17/2023	



PATIENT

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

Cotton Derowin

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.

SPECIES

Feline

Free Abdomen

BREED

DSH

No omental masses or peritoneal effusion was present. Focal, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.1 cm x 0.45 cm.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened subnormal urinary bladder exhibiting mild non-homogenous mural echogenicity, mild luminal hyperechoic sand/mineral.
- Mild chronic renal changes.
- Focal to intermittent benign/reactive incidental mesenteric lymph nodes.

AGE

9

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

8kg

The appearance of the urinary bladder is suggestive of chronic cystitis. Potential for urinary bladder neoplastic criteria cannot be definitively excluded. Ideally sonographic reassessment of the full urinary bladder for further evaluation of the bladder walls is suggested. A urine C/S on a sterile urine sample is recommended if not recently done. A bladder wall mural biopsy as well as bladder flush would be required for a definitive diagnosis.

INTERPRETED BY

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

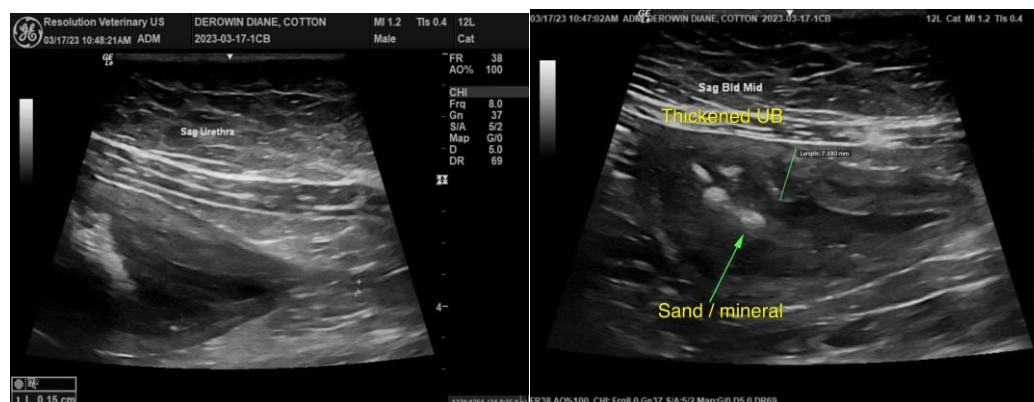
If no evidence of underlying infection, empirical therapy for chronic idiopathic cystitis is recommended.

IMAGING PERFORMED BY

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SPECIES

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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.



PATIENT

Cotton Derowin

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.

SPECIES

Feline

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

BREED

DSH

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