



PATIENT

Hitch Barker

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10mo

WEIGHT

4.02kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland
DVM

HOSPITAL NAME

Island Mobile Paws
Veterinary Services

REFERRING VET

Central Island
Veterinary Emergency

INVOICE

13267ag

DATE

03/23/2023

PRESENTING CLINICAL SIGNS

This is the office manager's cat. He was adopted at 2 months of age. He has had five episodes of hematuria with no bacteria or crystals noted, just TNTC RBCs and WBCs since August, 2022. The last episode was in February. The working diagnosis is cystitis. He has unusual litter habits with inappropriate urination and standing on the edge of the litter box to urinate. Multiple boxes and litter types have been tried without success. Hitch is now being trained to use the toilet, which seems to be working. Hitch does not tolerate metacam (profound diarrhea), but his clinical signs do seem to resolve with gabapentin. Other important medical history includes diet responsive diarrhea. The plan is to transition Hitch to a urinary diet once he is one year old.

Abnormal PE/Chem/CBC/UA Results: TNTC RBCs and WBCs in urine x 5. Last UA in February showed usg=1.070

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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. The left kidney measured 3.8 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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. The spleen measured 0.73 cm in width at the level of the hilus.

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 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.



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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.

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Pancreas

Feline

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.

BREED

Free Abdomen

DSH

No omental masses or peritoneal effusion was present.

SEX

Intermittent 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). This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria, potential for lymphatic immunologic immaturity.

MN

AGE

ULTRASONOGRAPHIC FINDINGS

10mo

- Sonographically normal bilateral kidneys and urinary bladder.
- Sonographically unremarkable GI tract.

WEIGHT

Secondary findings

4.02kg

- Intermittent minor mesenteric lymphadenopathy-benign, incidental.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral including upper or lower urinary tract pathology as a definitive cause of the patient's clinical signs. Given inappropriate urination habits, low-grade idiopathic cystitis could be present assuming no evidence of underlying infection. Idiopathic renal hematuria may be considered a less likely differential diagnosis. A urine C/S on a sterile urine sample is suggested if not done to assess for underlying infection.

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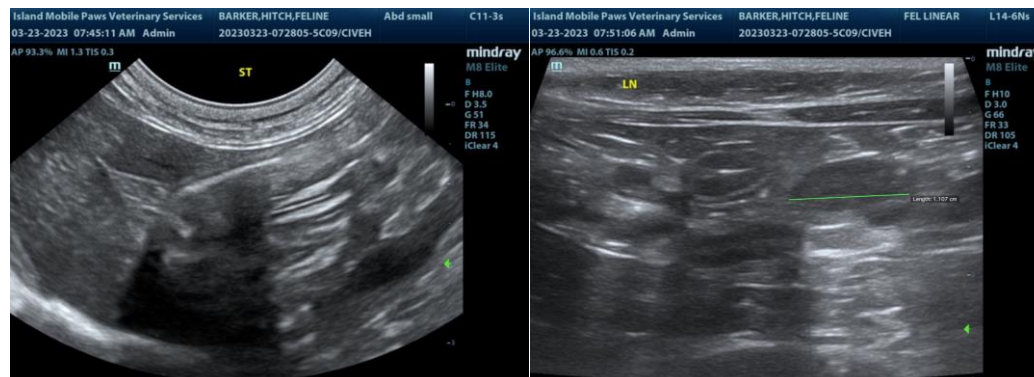
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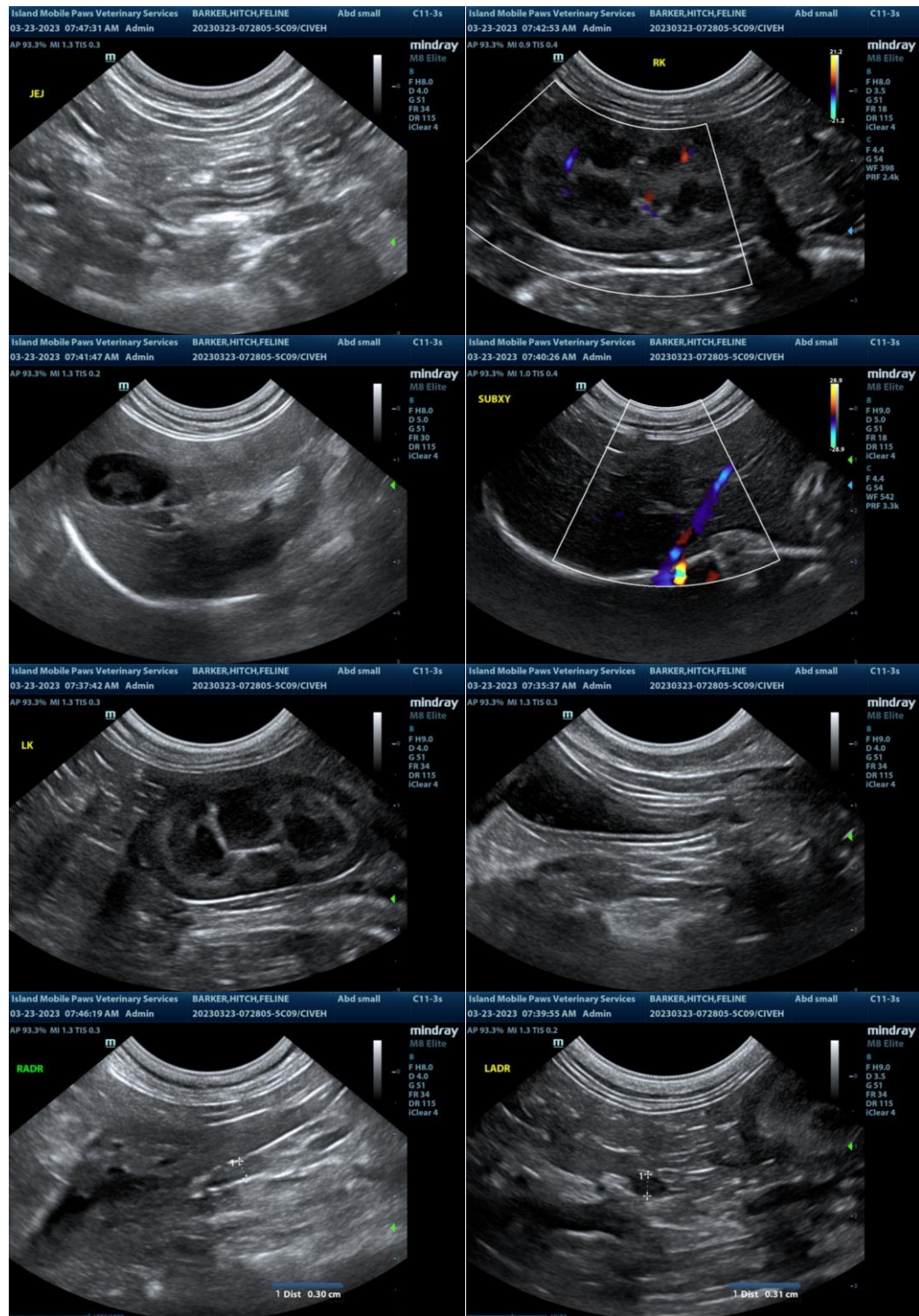
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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