



PATIENT

Momo Noel

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16 years

WEIGHT

13.3 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Karen Ebersole, DVM,
DABVP (Canine/Feline
Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Berberich

INVOICE

16517

DATE

4/5/23

PRESENTING CLINICAL SIGNS

Patient is a diabetic and has had chronic LUTI's for years. Recently they have become even more frequent, and P has had several infections with multiple antibiotic resistances. Brief ultrasound of her bladder in clinic appeared abnormal.

Abnormal PE/Chem/CBC/UA Results: Brief US of bladder in clinic appeared abnormal. Blood clots in urine reported by owner.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone exhibiting variably thickened to irregular ventroapical and dorsal urinary bladder wall with variably areas of wall expansion into the urinary bladder lumen. The urinary bladder wall width measured up to 0.9 cm. Anechoic urine was present with no evidence of sediment or calculi. The cystourethral junction and visible proximal urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

The left kidney was normal in size and margination exhibiting mild loss of corticomedullary border demarcation. No evidence of left kidney pyelectasia was noted. The left kidney measured 3.8 cm length.

The right kidney was markedly subnormal in size exhibiting asymmetrical margination with caudolateral cortical infarct and secondary reduced cortex parenchyma. Marked loss of corticomedullary border demarcation was noted in the right kidney. Suspect medullary to renal pelvis fibrosis was noted. No right kidney pyelectasia or evidence of right retroperitoneal free fluid was noted. The right kidney measured 2.0 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 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 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 1.0 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without



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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.

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Gastrointestinal

The stomach presented structurally normal wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The ingesta was sonographically consistent with food. No evidence of mechanical pyloric outflow obstruction was noted.

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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.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Variably thickened urinary bladder wall - variable chronic sterile vs. bacterial cystitis or atypical polyploid cystitis, potential for adhered blood clots or neoplastic criteria possible
- Left kidney mild chronic renal changes
- Right kidney subnormal size exhibiting marked chronic degenerative changes and cortical infarct

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently done, recheck urine C/S ideally on a sterile urine sample is recommended. Cytospin cytology of a free catch urine sample to assess for atypical or possible neoplastic transitional cells could be considered. Given chronic diabetic with potential for intermittent to possibly consistent glucose urea, embedded urinary bladder infection may be a primary concern in this patient. If possible and tolerated by the patient, a higher dose / shorter frequency antibiotic regime ideally based on C/S results may prove more effective at eliminating recurrent infection.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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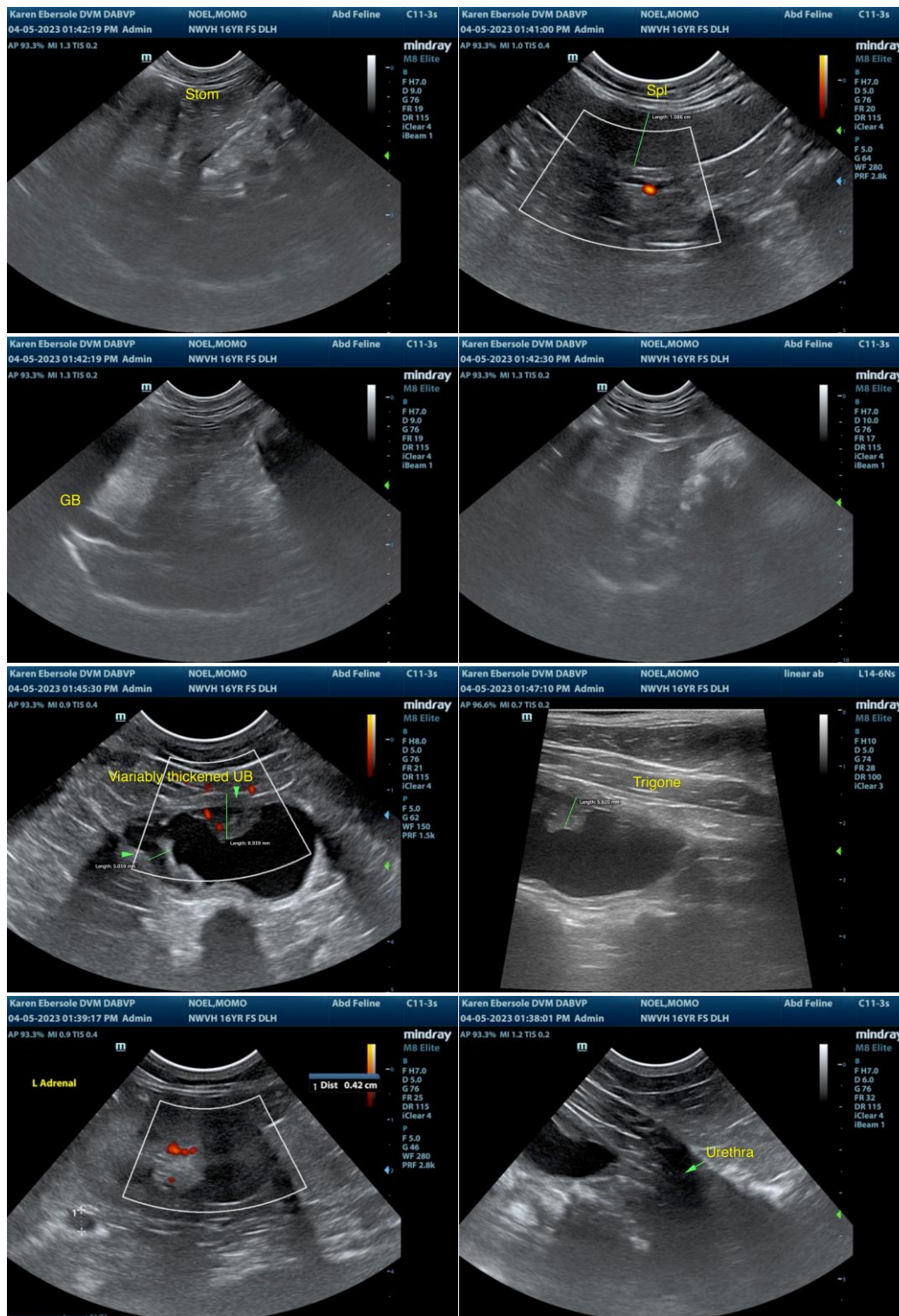
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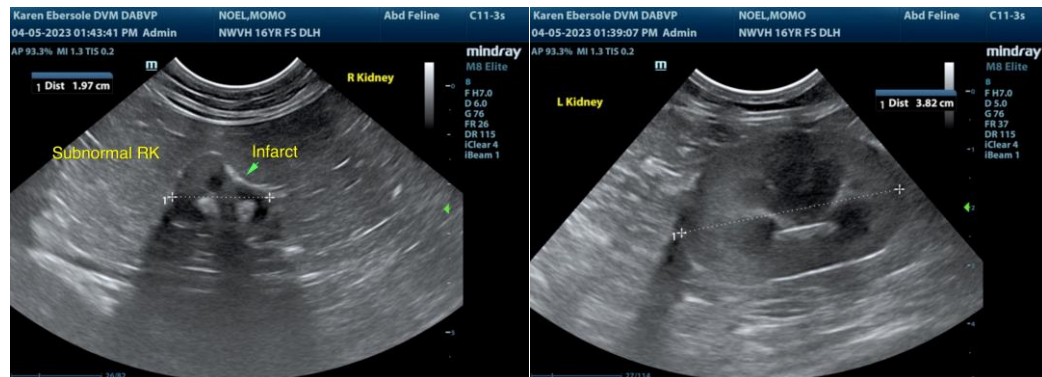
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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