


PATIENT PRESENTING CLINICAL SIGNS

Cosmo Holder

Clinical Exam Findings: Presented as FLUTD. Placed urinary catheter, post rad noticed catheter went through urethra (small tear or puncture). Very hematuric urine, urinary line flowing well. Not eating since being hospitalized. Urine production around 5ml/kg/hr Current Medications prazosin, buprenorphine

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values Dehydration; elevated WBC, NEU with bands; CREA unreadable; elevated UREA. Initial BW showed K >10 now is 6.2, decrease Na and Cl. UA - S.G 1.022, PRO 100mg/dL, BLD please see attached rads

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
SEX

The urinary bladder was empty without sonographically evident luminal urine. Sonographic assessment of the bladder walls was limited. The visible proximal urethra was indistinctly visualized exhibiting no overt urine retention or dilation to a depth of 3 cm. A mild to moderate amount of luminal hyperechoic sand/micromineral exhibiting distal acoustic shadowing was present.

MN

AGE

5yr

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 or hydronephrosis. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

WEIGHT

4.1kg

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

IMAGING PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

 Beattie Pet Hosp
 Stoney Creek

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 not definitively visualized. The cystic and common bile ducts were normal.

REFERRING VET

Salib

Gastrointestinal
INVOICE

13662ag

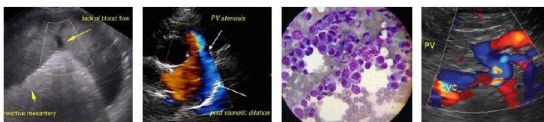
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

DATE

05/01/2023

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

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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.

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Free Abdomen

No omental masses or overt lymphadenopathy was present.

BREED

DSH

Mild volume primarily caudal abdominal free fluid was present. Generalized mild hyperechoic omentum was present.

SEX

MN

- Empty urinary bladder with mild to possible moderate luminal mineral/sand.
- Mild volume primarily caudal abdominal free fluid.
- Sonographically unremarkable bilateral kidneys.

AGE

5yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for mild primarily caudal abdominal uroabdomen is indicated in conjunction with patient history, significant azotemia and previous improving hyperkalemia without evidence of end stage renal disease.

WEIGHT

4.1kg

Correlation with effusion analysis cytology as well as comparison of free fluid CREAT to serum CREAT is suggested for further assessment.

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(Canine and Feline)

Assuming current adequate catheter placement with normal urine flow, close monitoring of the peritoneal free fluid for evidence of progression or resolution and monitoring of renal/potassium levels with possible recheck sonogram would be reasonable.

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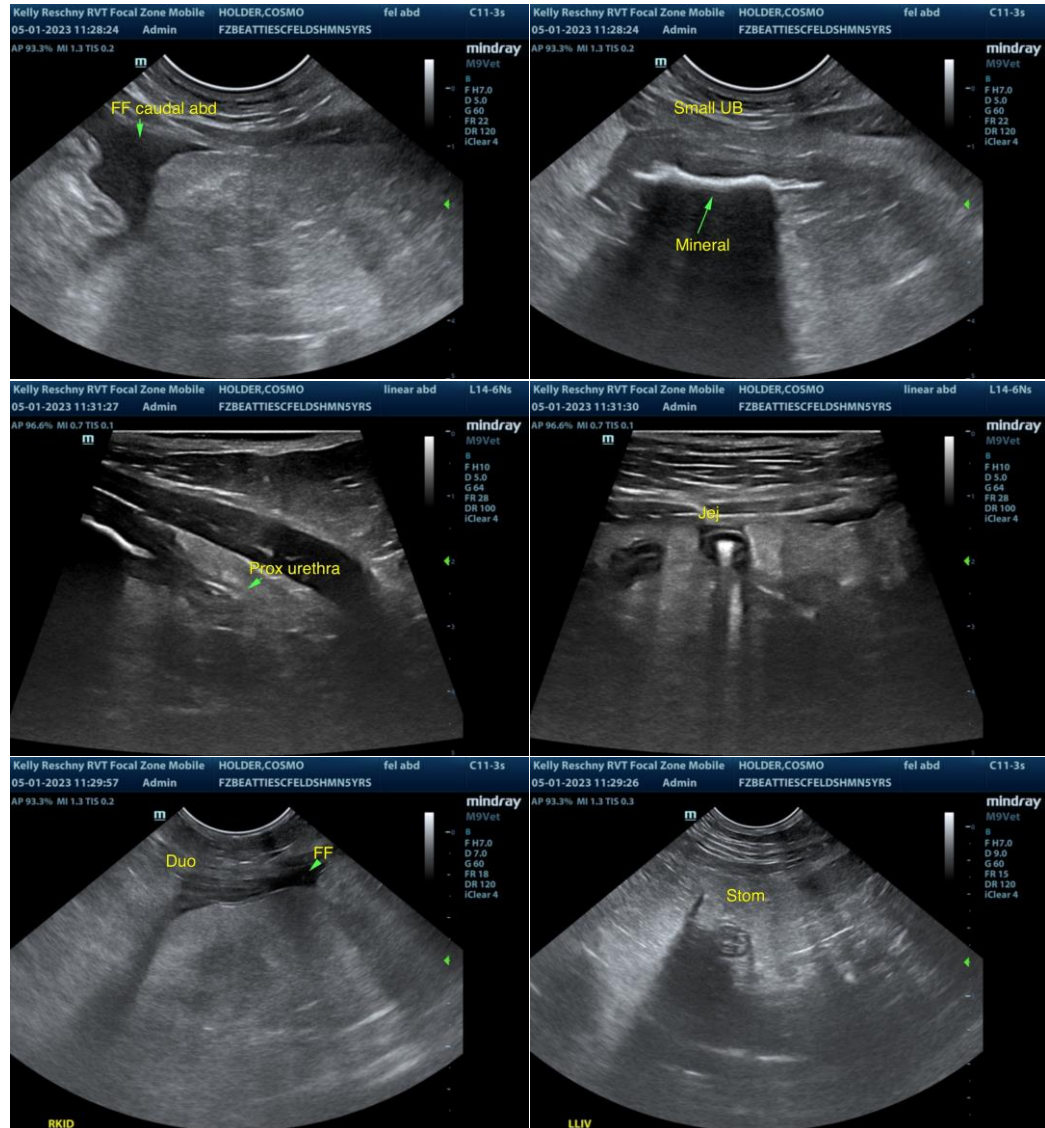
Salib

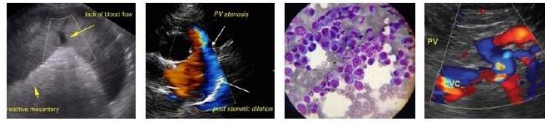
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SPECIES

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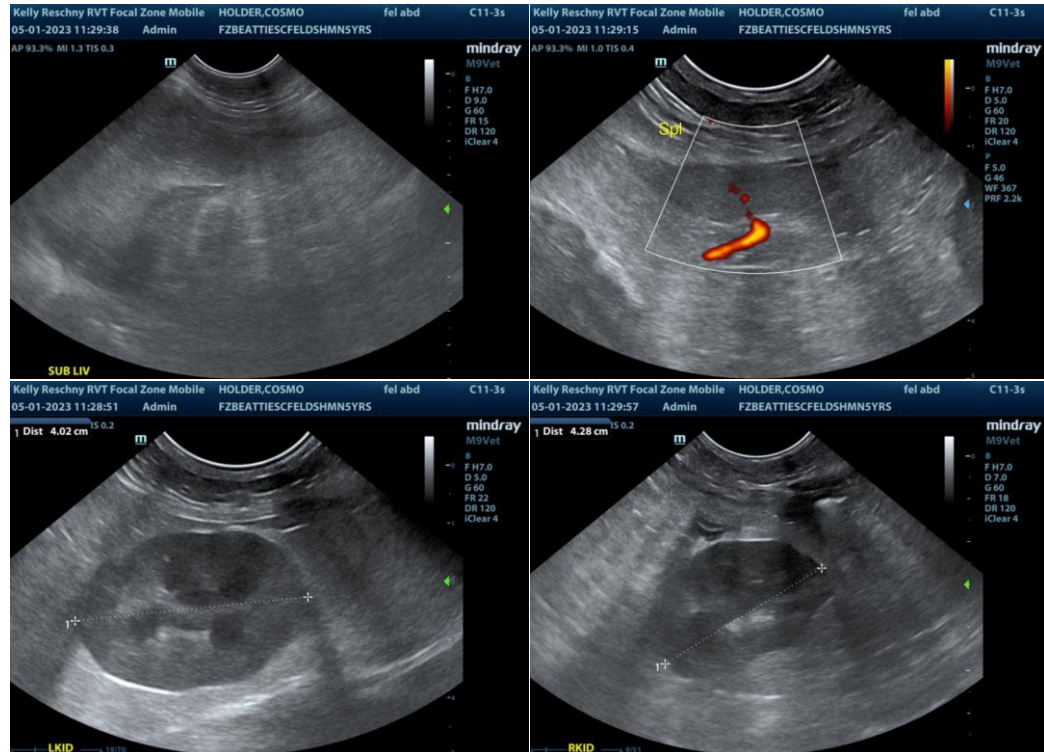
MN

AGE

5yr

WEIGHT

4.1kg



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.

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