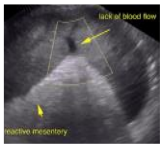
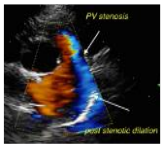
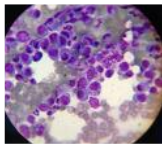
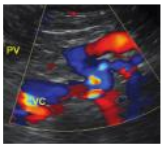
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Nargacuga Kowanda

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

4 years 6 months

WEIGHT

13.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook - SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

16733

DATE

5/2/23

PRESENTING CLINICAL SIGNS

History of significant urinary issues; urinary flair started 4/2 and continues presents today for straining to urinate and vomiting. Currently on prazosin, alprazolam, amoxi and RC Feline Urinary SO

Abnormal PE/Chem/CBC/UA Results: Urinary culture came back no growth 4/18/23 UA todays gross hematuria; pH 9.0, Protein 30, Bld 250; WBC 11, unclassified crystals UA 4/2/23 USG 1.030, Bld 250; RBC's >50, unclassified crystals, WBC 4/HPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with generalized mild prominent uniform urinary bladder walls exhibiting normal mural echogenicity. No evidence of mural mineralization or urinary bladder tumors was noted. Anechoic urine was present with moderate dependent to adhered hyperechoic mildly shadowing sand / micromineral along with particulate urinary bladder sediment, which may indicate concurrent cellular debris / protein, crystalline debris, lipid or mucus. The urethra exhibited normal structure and tone to a depth of 2.0 cm. No evidence of urethral luminal mineral or obstruction to urine outflow was noted. Minor evidence of pericystic inflammation exhibited by mild surrounding hyperechoic omentum and very scant free fluid was 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 or pyelectasia. Bilateral pinpoint medullary mineral was noted. The left kidney measured 4.3 cm in length. The right kidney measured 4.7 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Cystitis with moderate dependent to adhered sand / mineral and particulate sediment
- Normal bilateral kidneys - no evidence of pyelonephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given negative urine culture, continued empirical therapy for idiopathic cystitis, which may include dietary therapy, anti-inflammatories, anxiety medication if clinically indicated, environmental enrichment, etc., is recommended. Sonographic reassessment of the urinary bladder is suggested if evidence of progressive cystitis signs are noted.

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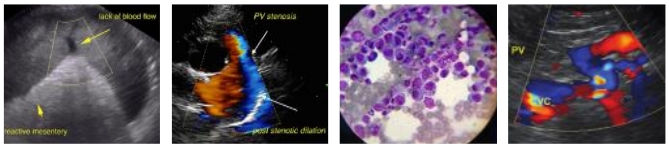

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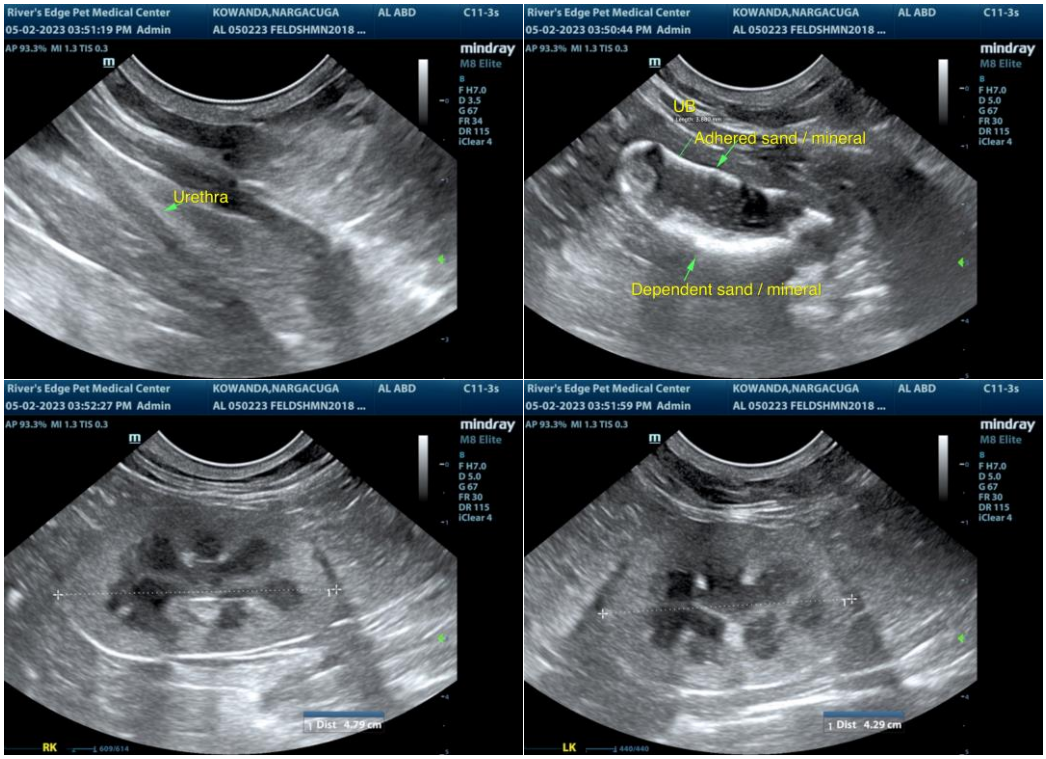

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com