



PATIENT

Egypt Scott

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8yr

WEIGHT

19.3lb

PRESENTING CLINICAL SIGNS

Date: 4/14/2023 Reason for Visit: URINARY History: PET IS HERE FOR GOING IN AND OUT OF BOX FOR 3 DAYS. OWNER STATES PET HAS HAD URINARY ISSUES CHRONICLY. OWNER NOTED WHEN PETS ON THE LEFT SIDE CRIES. OWNER STATES PET IS EATING NORMALLY. PET DID VOMIT ON THE WAY HERE.(NORMAL FOR CAR RIDES) C/S/V/D: NONE E/D/U/D: WNL Diet: PROPLAN FAS Score: 0 Current Medications (dose and frequency): NONE Heartworm Prevention / Flea Prevention: NONE- OWNER STATES NEEDS Known Allergies and Medical Conditions: URINARY Microchip ID: 981020015357282 / No microchip

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: N Oral Cavity: mild tartar Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: N Uro/Perineum: N Musculoskeletal: N Neurological: N Fecal: Diagnostic Testing Needed: UA CBC/Chem Declined Diagnostics/Treatments: Findings: Assessment: DiffDx: Open to Feline Idiopathic Cystitis , UTI, Treatment Plan: Amitriptylline 10 mg PO sid x 30 days Amoxicillin/Clavamox PO bid x 14 days Treatment Declined: Prescriptions to Dispense: Dietary (food) Recommendations: Hills Prescription diet c/d Multicare bladder health Recheck Needed: Follow-up Care: Additional Comments: Date: 5/8/2023 Rechecking: History: C/S/V/D: E/D/U/D: Diet: FAS Score: Current Medications (dose and frequency): Known Allergies and Medical Conditions: Vital Signs Weight: Temp: HR: RR: MM/CRT: Recheck Exam Exam Notes: BAR Diagnostics & Testing: urinalysis targeted ultrasound of urinary tract Treatment Plan: continue Purina UR diet re-start Feliway products (O saw a difference with them in the past) Declined Treatment By Owner: none Additional Comments: Discussed with O that surgery is not something we would pursue unless P had a bladder stone because that is something that could block Ps urethra - emergency! Otherwise, crystals can be dealt with using diet and stress reduction (if FIC). The only way to know if the urinary diet is working to dissolve the crystals would be to recheck an ultrasound - recommend full urinary tract ultrasound.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

INVOICE

13747ag

DATE

05/08/2023

LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM

Urinary System

The urinary bladder was normal in size and tone with normal appearing urinary bladder walls. No evidence of inflammatory criteria. No urinary bladder tumors. The 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 mild non-dependent particulate sediment.

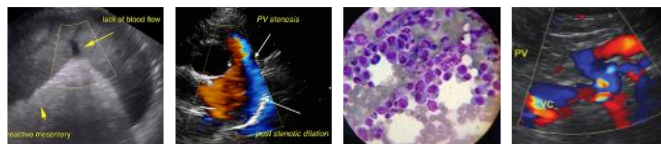
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. No evidence of left/right hydroureter. The left kidney measured 4.1 cm in length. The right kidney measured 4.7 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder with mild particulate sediment.
- Sonographically unremarkable visualized urethra.
- Normal bilateral kidneys-no evidence of pyelectasia/pyelonephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant upper or lower urinary tract pathology i.e., neoplastic criteria, calculi, obstruction, etc. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Pending C/S continued therapy for idiopathic cystitis would be reasonable.



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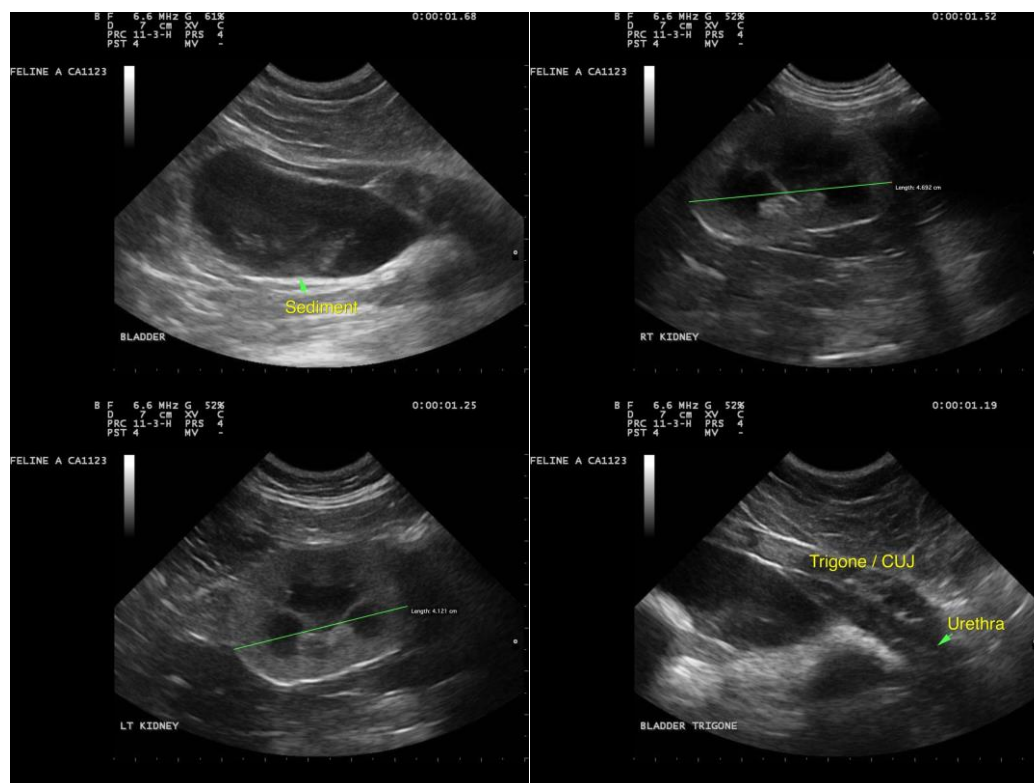
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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