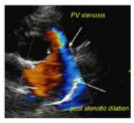
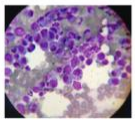
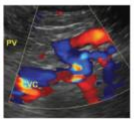

PATIENT

Fluffy Hawotte

SPECIES

Feline

BREED

DLH

SEX

SF

AGE

4 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Bock-Vanaria

INVOICE

15835

DATE

6/1/22

PRESENTING CLINICAL SIGNS

History: Seen on 5/23 for straining at the litter box; no other symptoms
Abnormal PE/Chem/CBC/UA Results: Exam was unremarkable; P mildly overweight.
CBC/Chem17/Lytes/UA/Abdominal X-rays: CBC--Hemoglobin=16.4 (N9.8-16.2), MCH=17.9 (N11.8-17.3), MCHC=36.6 (N28.1-35.8), MPV=9.8 (N11.4-21.6); Chem--Globulin=5.2 (N2.8-5.1), ALP1.050, RBC=45/hpf, Urobilinogen=1 (N=0), Non-squamous epithelial cells <1/hpf, Urine Protein=trace; Rads--possible mass effect in the abdomen, colon and intestines were bunched and displaced to the right; rest of abdomen wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Variably thickened ventral apical and craniodorsal urinary bladder walls were present, exhibiting mild asymmetrical luminal surface contour, most prominent in the ventral to ventroapical urinary bladder. Anechoic urine was present with mild to moderate dependent to adhered sand/mineral No evidence of peripheral urinary bladder inflammation. The ventral urinary bladder wall measured 0.44 cm in width. No overt masses present. The urethra was normal in structure and tone to a depth of 2.0 cm.

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. Pinpoint areas of medullary mineral present in both kidneys. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 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 0.38 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm.

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.

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.

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.

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.

Free Abdomen

No evidence of intraabdominal or omental masses, lymphadenopathy or peritoneal free fluid.

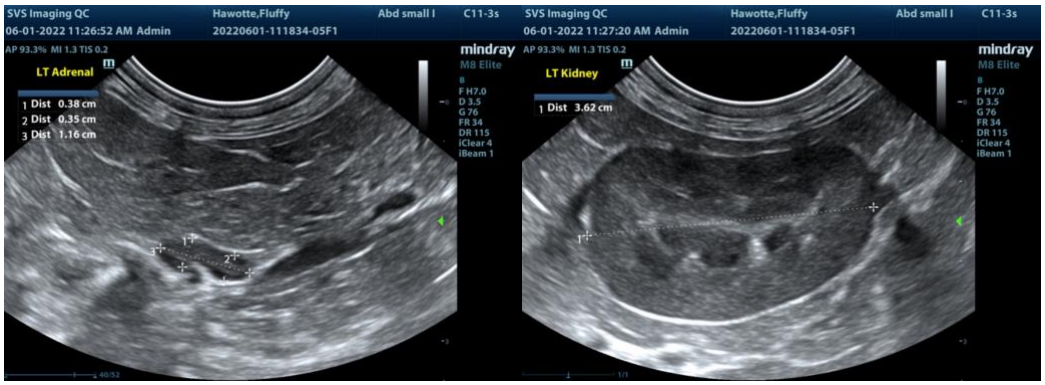
ULTRASONOGRAPHIC FINDINGS

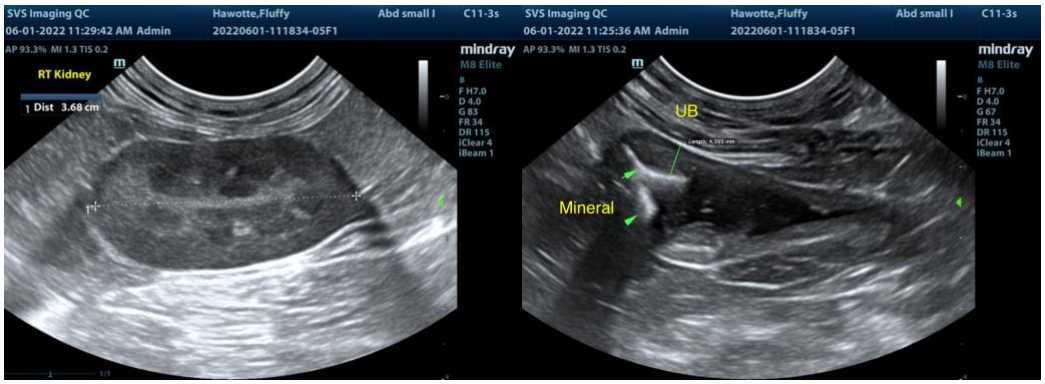
- Moderate cystitis with dependent to adhered luminal mineral
- Overtly normal kidneys with pinpoint medullary mineral- no evidence of congenital disease, overt nephritis or renal neoplastic criteria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity, ideally, on sterile urine sample obtained via cystocentesis recommended for culture and sensitivity, if not recently done. Moderate idiopathic cystitis suspected, although, if documented infection on culture and sensitivity, bacterial cystitis could be possible. No evidence of urinary bladder neoplastic criteria, which is considered unlikely.

Empirical therapy for idiopathic cystitis, which may include dissolution or urinary diet, environmental enrichment, antianxiety medication, etc. with monitoring of clinical response, as well as, ideally, sonographic monitoring of the urinary bladder for evidence of resolving or persistent/progressive evidence of cystitis would be reasonable.





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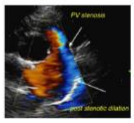
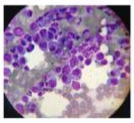
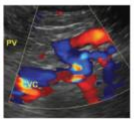

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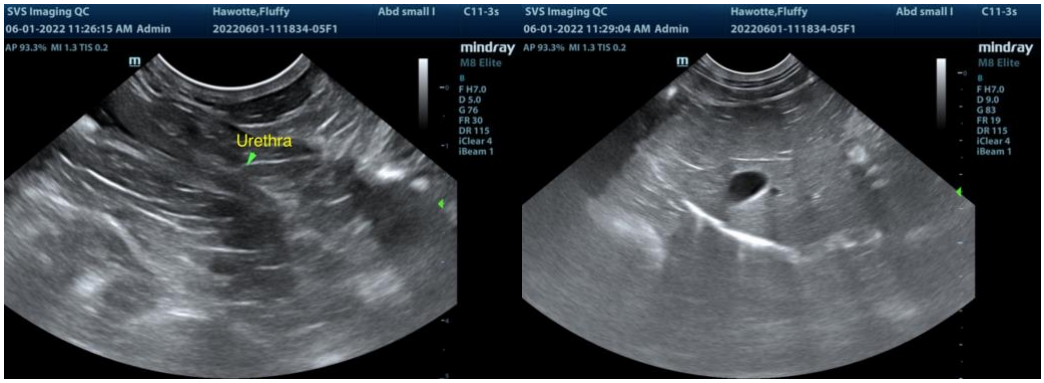

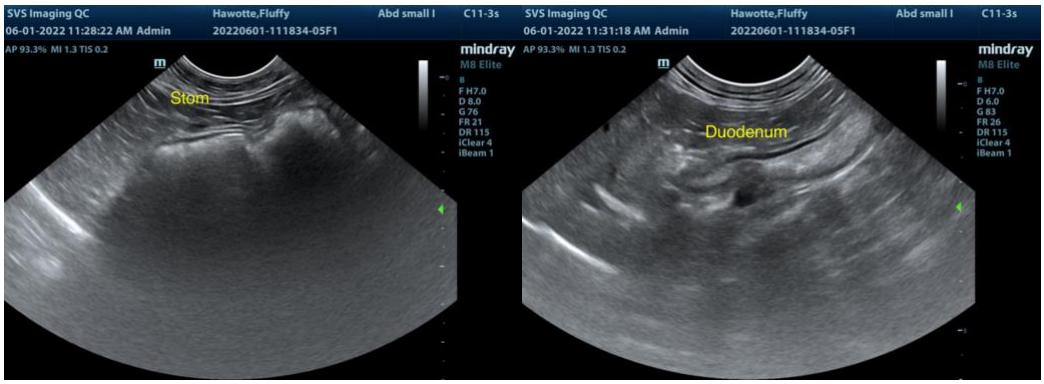

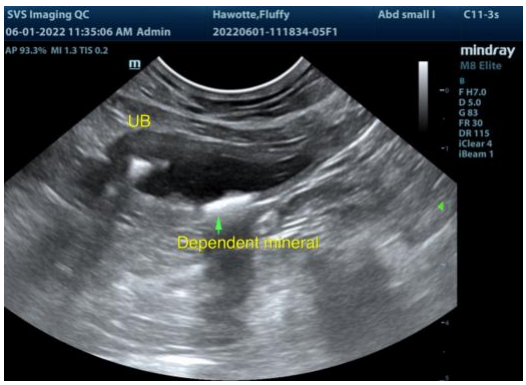

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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