



PATIENT

Magic Barnish

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

9.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

American AH

REFERRING VET

Dr. Arculli

INVOICE

14095

DATE

6/15/22

PRESENTING CLINICAL SIGNS

Long history of leaking urine after tail amputation, last 2 months noting hematuria. Urine culture-neg. R/O Cystitis vs mass vs other. Current meds: Tapazole, Gabapentin
Abnormal PE/Chem/CBC/UA Results: Amylase 1501, U/A-Blood, protein, RBC, USG 1.024

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with generalized mild to moderately thickened urinary bladder walls most prominent in the ventroapical to dorsoapical urinary bladder yet extending somewhat into the area of the trigone and urinary bladder neck. Mild asymmetrical luminal surface contour was noted. Homogeneous mural echogenicity was present with no evidence of mural mineralization or distinct masses. The ventroapical urinary bladder wall width measured 0.71 cm. The bladder contained primarily anechoic urine with minor particulate sediment, which is suggestive of minor cellular debris / protein with potential for mucus. The urethra was normal in structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.0 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 0.38 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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.



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Gastrointestinal

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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.

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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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9.2 lbs.

ULTRASONOGRAPHIC FINDINGS

- Chronic cystitis pattern with mild particulate sediment
- Minor chronic renal changes - no evidence of pyelectasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the urinary bladder was most consistent with chronic cystitis. Neoplastic urinary bladder criteria considered unlikely, given this pattern.

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Cytospin cytology of a free catch urine sample could be considered to assess for evidence of atypical transitional cells. Given the negative urine culture, potential for bacterial cystitis may be considered less likely, yet urinary bladder biopsy for histopathology +/- tissue C/S would be required for further assessment. Continued empirical therapy for chronic cystitis with potential periodic urine C/S would be reasonable.

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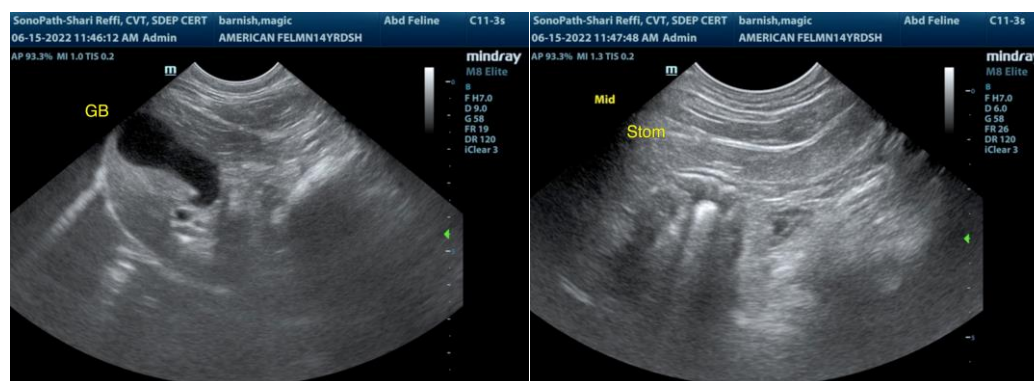
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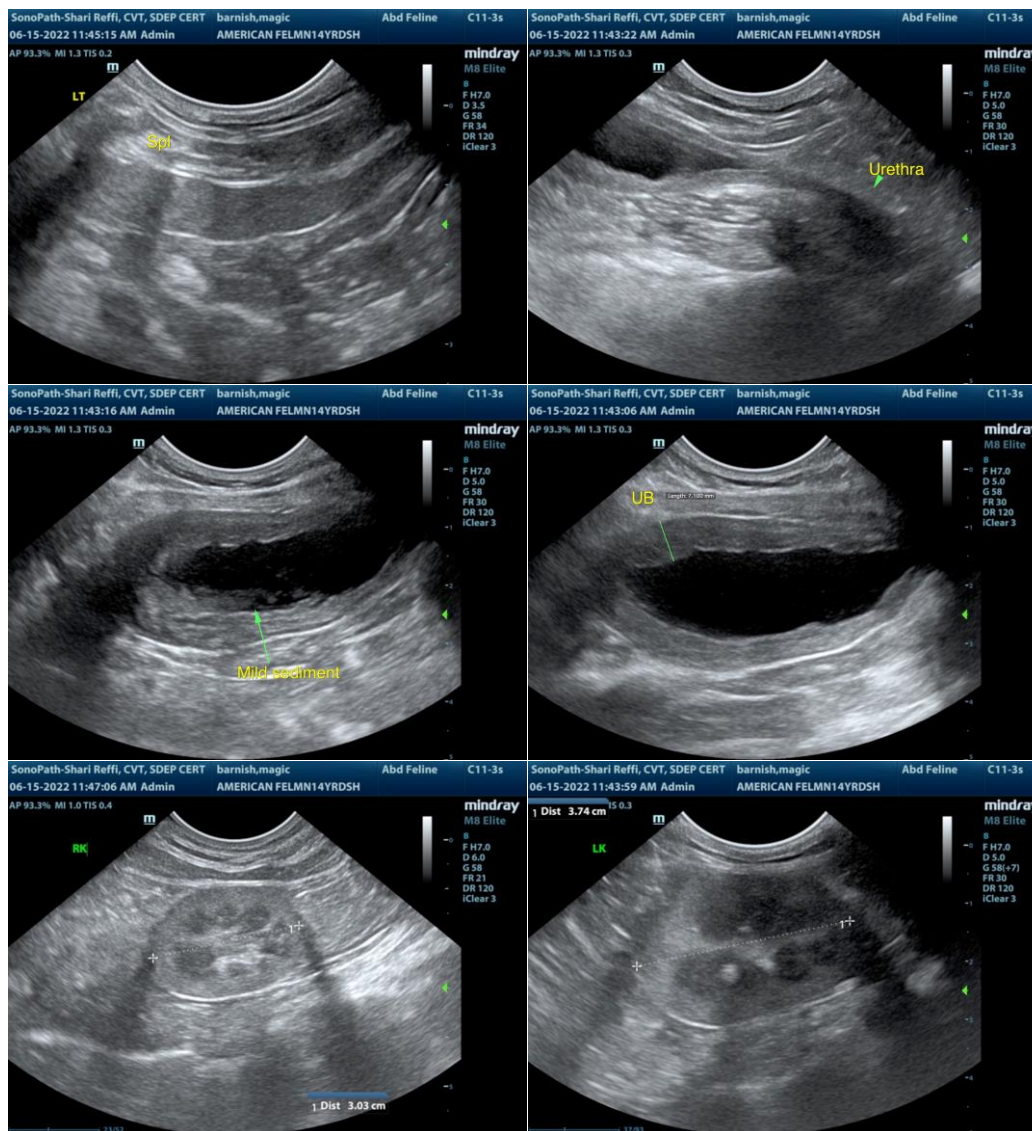
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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