



**PATIENT**

Rocki Stapleton

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

6 years

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

East Plane AH

**REFERRING VET**

Dr. Rosen

**INVOICE**

14139

**DATE**

6/28/22

**PRESENTING CLINICAL SIGNS**

Chronic UTI. No current meds, has responded to Convenia.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone with generalized mild thickened walls exhibiting primarily homogeneous mural echogenicity and without evidence of mural mineralization. Mild anechoic urine was present with moderate, dependent to nondependent, adhered luminal mineral to small calculi were present. The ventroapical urinary bladder wall width measured 0.6 cm. The urethra was overtly normal in structure and tone to a depth of 2.0 cm. Regional mild omental inflammation and very scant free fluid were noted around the urinary bladder.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Both kidneys exhibited subtle uniform cortical hypertrophy. Mild subjective reduced medullary volume was noted. Mildly indistinct corticomedullary border demarcation was present. No pyelectasia or evidence of retroperitoneal Inflammation was noted in either kidney. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 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 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

**Spleen**

The spleen was normal in size and contour with a finely textured homogeneous parenchyma primarily. Very subtle, nondisruptive, mildly hyperechoic nodule in the medial parenchyma was present measuring 0.21 cm. The nodule is likely consistent with emerging subtle benign myelolipoma.

**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 contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without 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.

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.

## Free Abdomen

An increased amount of intraabdominal fat was present. No omental masses, lymphadenopathy, or peritoneal free fluid was noted.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Chronic cystitis pattern with moderate dependent to nondependent adhered luminal mineral, associated mild regional pericystic inflammation
- Mild bilateral interstitial nephrosis renal pattern
- Small, discrete splenic myelolipoma

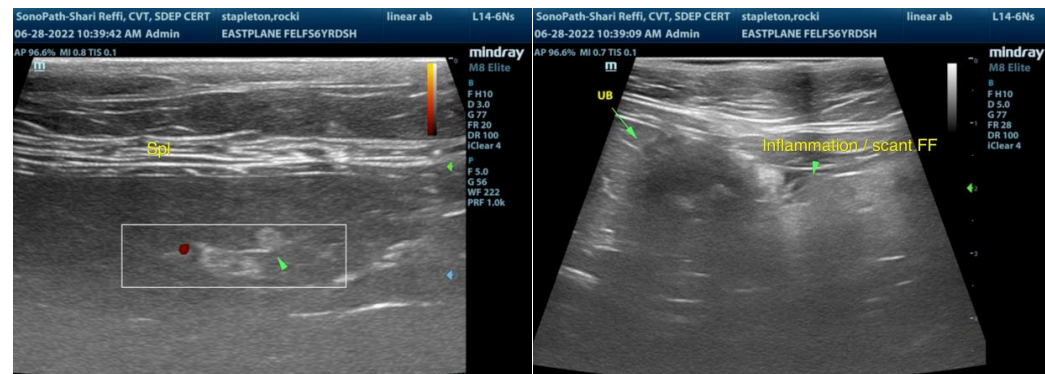
### Secondary Findings

- Gastric ingesta - suspect probable post prandial presentation

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity, ideally on a sterile urine sample, is recommended if not recently done. If no evidence of current Infection, therapy for Idiopathic / interstitial cystitis with a dissolution diet and as-needed urinary support is recommended. Appropriate antibiotic therapy, ideally based on baseline urine culture and sensitivity results, may be indicated pending recheck urine culture and sensitivity. No evidence of urinary bladder neoplastic criteria.

If persistent / progressive evidence of urinary bladder mineral despite empirical therapy, cystotomy with urinary bladder flush and urinary bladder mural biopsies for histopathology +/- tissue C/S may be indicated.





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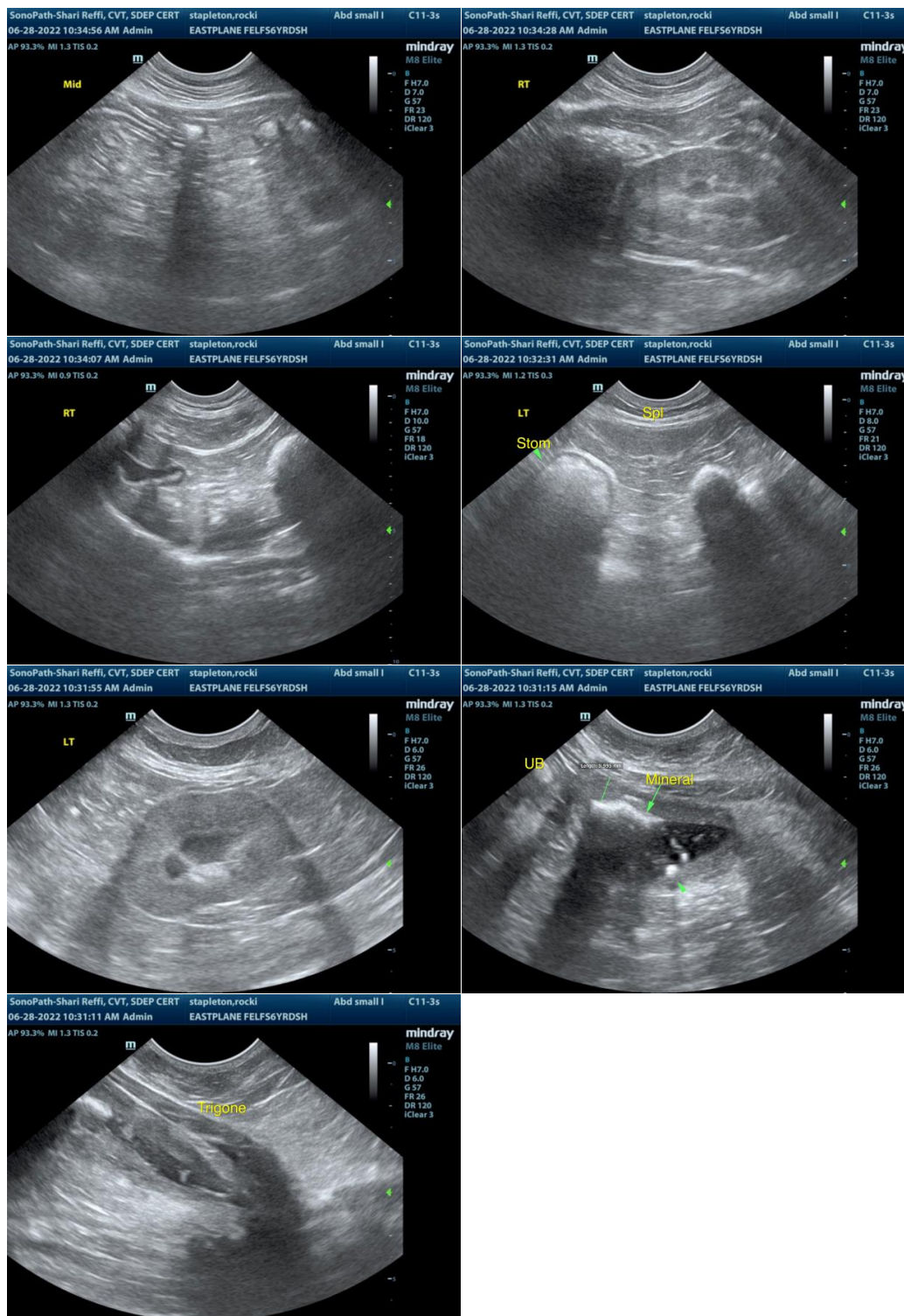
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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