

**PATIENT**

Gilly Porter

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

10 years

WEIGHT

11.6 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

D.r John Lyle

INVOICE

14067

DATE

6/9/22

PRESENTING CLINICAL SIGNS

Starting Nov. '21 has intermittent issues with urinating outside of litterbox and with blood in urine. Have treated at different times with prednisone, gabapentin, fluoxetine, Clavamox, depo, and Convenia. Most recently have been treating with only depo and Convenia due to difficulty medicating pt.

Abnormal PE/Chem/CBC/UA Results: 11/4/21: Bldwk NSF. UA: Protein 2+, Bld 3+, RBC 21-50/hpf, amorphous crystals 2-3/hpf. pH 6.5, SpGrav 1.050. 2/21/22: UA: WBC, RBC, and cocci on sediment. SpGrav 1.06. pH 6.0, protein 4+, Bld 3+, trace glucose. 3/7/22: UA: sediment clear, no bacteria seen. SpGrav 1.047, pH 6.0, 2+ protein, 2+ blood (occult) on strip. 5/2/22: culture and sensitivity: NSF, no growth.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic wall criteria was noted.

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 pyelectasia was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 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 0.30 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 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 content with minor dependent nonmineralized debris. The cystic and common bile ducts were normal.

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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.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Early to mild chronic renal changes - no evidence of pyelonephritis

Secondary Findings

- Minor gallbladder debris - likely incidental unless previous or current history of hepatic enzyme elevations

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology, specifically, (aside from expected age-related renal changes,) no evidence of overt upper or lower urinary tract pathology as an obvious cause of the patient's hematuria and Inappropriate urination. Potential for mild idiopathic cystitis is possible.

Additional renal staging to include UPC level on sterile urine could be considered. Empirically, continued therapy for potential mild idiopathic cystitis would be reasonable given the negative urine culture and sensitivity. If no evidence of gross hematuria, a potential behavioral contributing component to the inappropriate urination may be considered.



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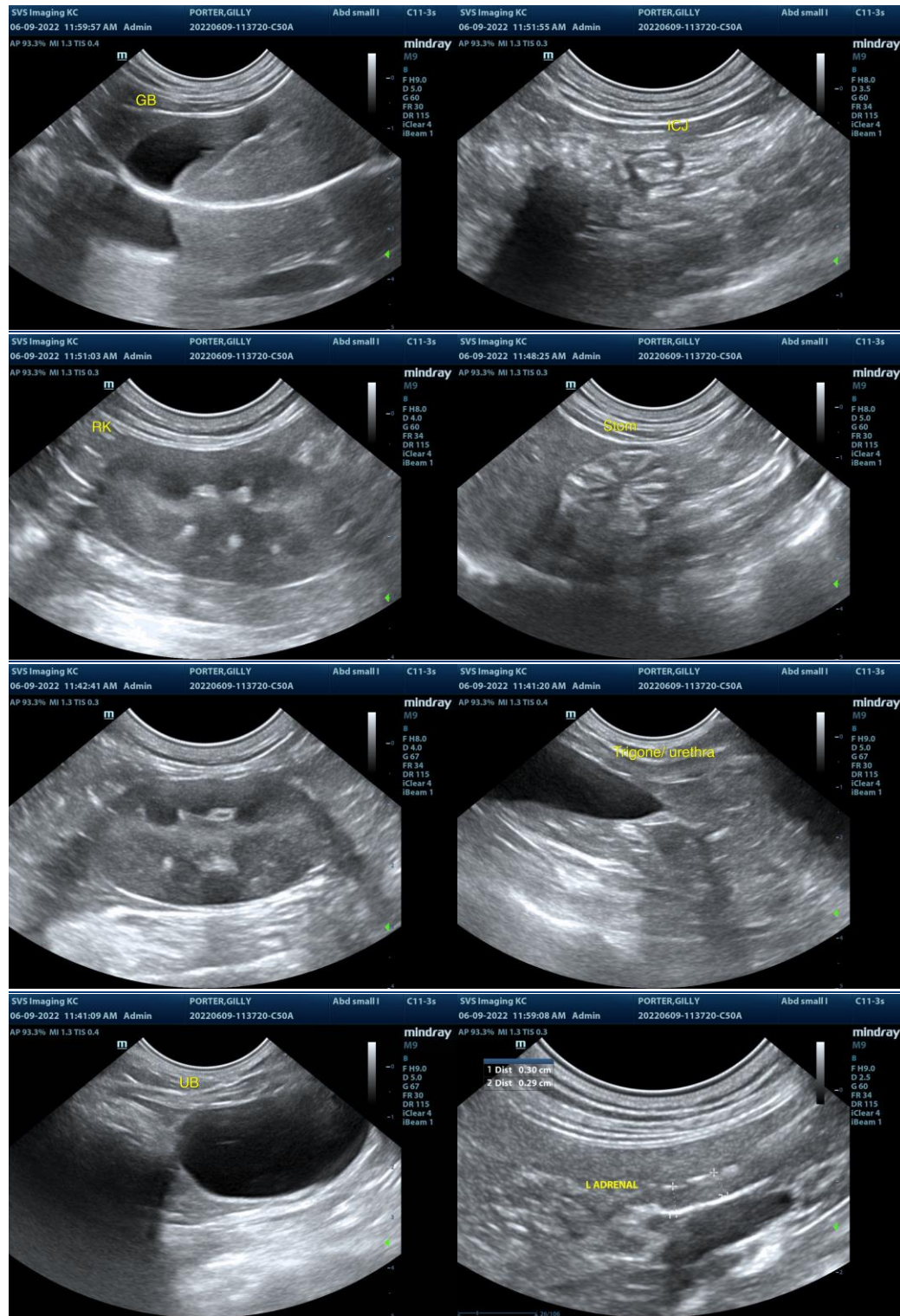
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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SVS Mobile Imaging KC 816-401-5010
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Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

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

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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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