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Clinical Sonography & Telecytology
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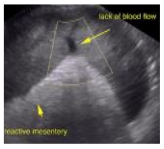

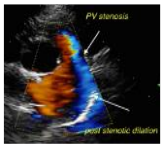

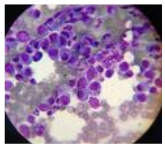
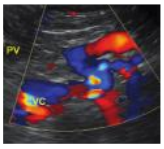

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Phil Schollmeyer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

MN

AGE

2 years 1 months

WEIGHT

6.11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Shelley Lenz

INVOICE

14319

DATE

7/20/22

PRESENTING CLINICAL SIGNS

Presented on emergency for urethral obstruction. Outdoor cat so length of block unknown. Was dribbling some urine at time of presentation.
Abnormal PE/Chem/CBC/UA Results: BUN at emergency was >180. Input fluids matched output fluids by Day 2 of urinary catheter. Fluids have been 10ml/kg for 72 hrs but daily recheck chemistry continued elevated BUN/Cr/Phos (today's Chem uploaded) . Eating normal/active. Urinary catheter removed for 24 hrs w no blockage. See EMR for diagnositics

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size yet with subjective normal tone. No evidence of inflammatory or neoplastic wall criteria was present. Moderate, nondependent to congealed sediment to mucus was present in the urinary bladder lumen. The urethra was overtly normal in structure and tone to a depth of 1.0 cm. Subtle evidence of reactive mesentery around the urinary bladder was present.

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 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 mild pelvis dilation extending into the collecting duct present in both kidneys. No overt evidence of left or right ureter dilation was noted. The left kidney measured 3.6 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands, although not definitively visualized.

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 mild gallbladder debris, likely Incidental assuming no evidence of cholestasis. The cystic and common bile ducts were normal.

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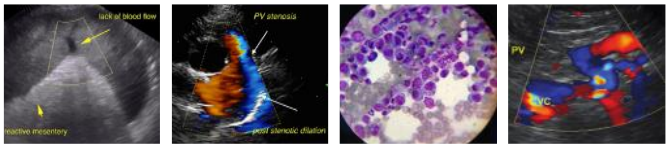

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, primarily nonshadowing, ingesta / chyme. Intermittent mildly shadowing hyperechoic gastric luminal densities were present. An example of a density measured 1.3 cm in diameter. No overt evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to genialized nonshadowing ingesta / chyme was present in the small intestine.

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

- Moderate urinary bladder sediment / mucus
- Normal renal size and corticomedullary ratio with mild bilateral pyelectasia

Secondary Findings

- Gastrointestinal ingesta with nonspecific mildly shadowing gastric densities

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the bilateral kidneys was not consistent with significant or end-stage nephropathy and without evidence of congenital disease i.e., dysplasia. The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. Potential for mild pyelonephritis in both kidneys cannot be definitively excluded yet thought less likely.

Cystocentesis for urine culture and sensitivity is recommended. Appropriate antibiotics pending urine culture and sensitivity results or if evidence of inflammatory cells on urinalysis could be considered If clinically indicated. Given the trending decrease in BUN, creatinine, and phosphorus levels, continued IV fluid therapy and monitoring of renal parameters would be appropriate. Recheck sonogram to assess for progressive evidence of pyelectasia, urinary bladder sediment, or evidence of perirenal inflammation is suggested if continued lack of renal response to IV fluid therapy is noted.

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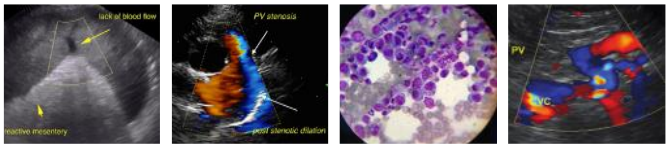

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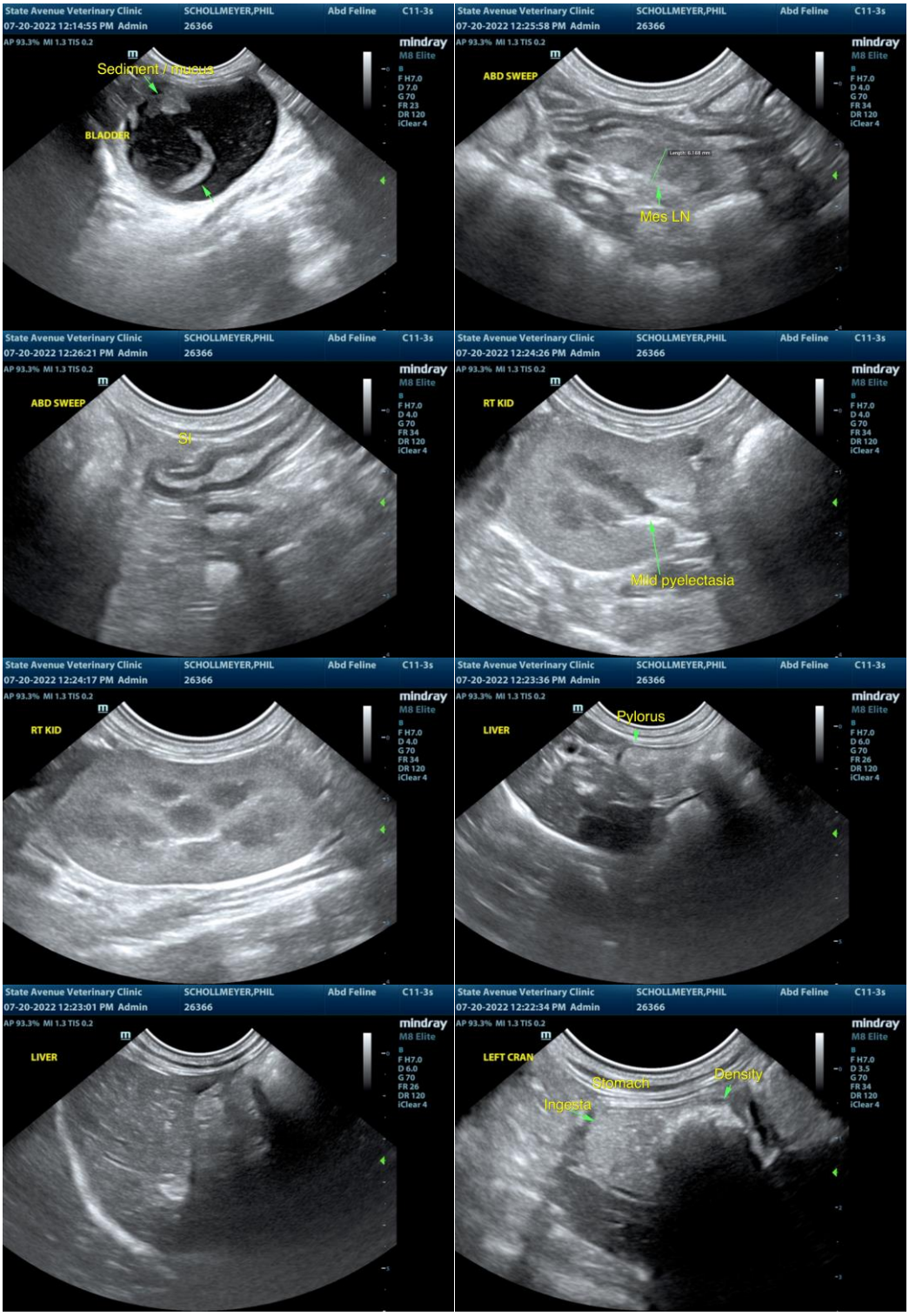

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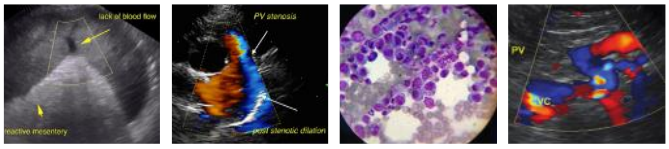

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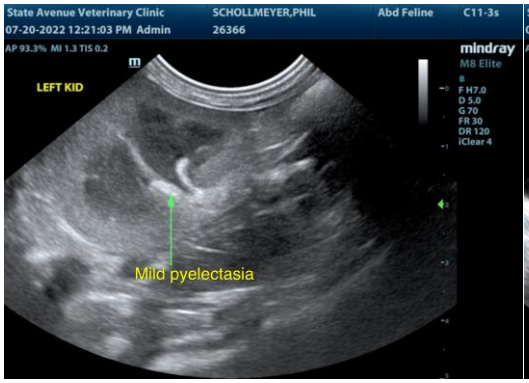

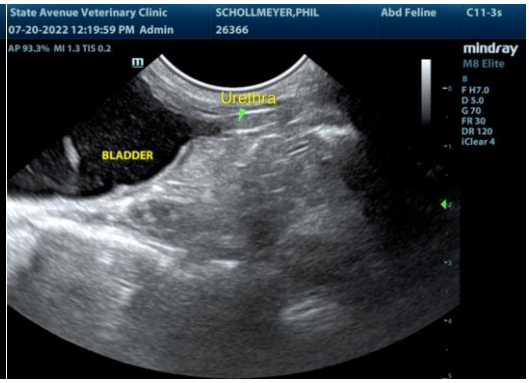

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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