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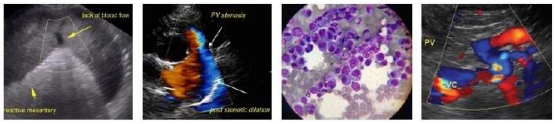


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Nyx Chiasson

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8 years

WEIGHT

7 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Animal Hospital of Stoney Creek

REFERRING VET

Dr. Egbers

INVOICE

14312

DATE

7/21/22

PRESENTING CLINICAL SIGNS

Hematuria chronic. Also mild constipation noted. Has been on Fluoxetine and Gabapentin.
Abnormal PE/Chem/CBC/UA Results: All bloodwork WNL. Urinalysis - hematuria and sp. grav greater than 1.050

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mildly prominent yet homogeneous urinary bladder walls primarily in the mid ventral apical and mid dorsal urinary bladder. Anechoic content was present with moderate dependent to non-dependent to adhered hyperechoic sand / mineral. No evidence of macro calculi was noted. The ventroapical urinary bladder wall width measured 0.4 cm. No evidence was noted of neoplastic criteria. 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 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 or pyelonephritis. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 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 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width.

Spleen

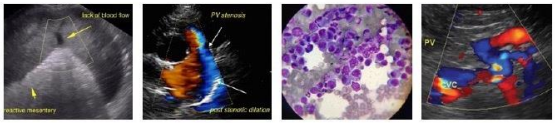
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor progressively shadowing ingesta, likely consistent with recent meal ingestion, was present.



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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.

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

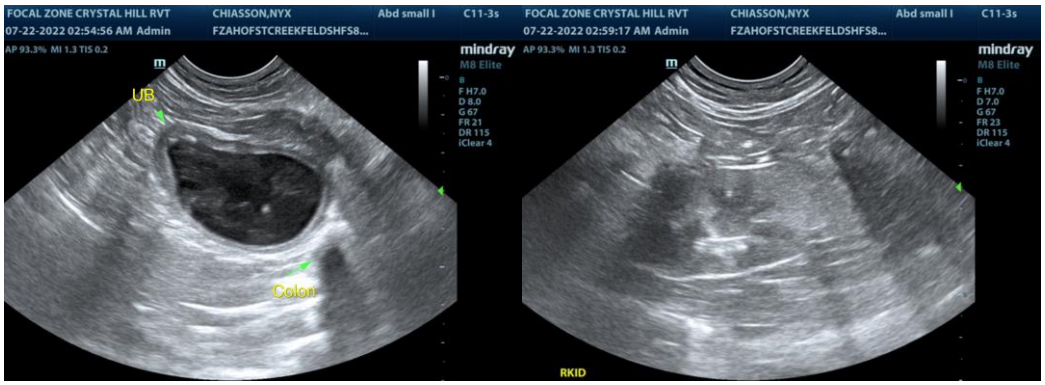
- Mild chronic cystitis pattern with moderate dependent to non-dependent to adhered luminal sand/ mineral
- Sonographically unremarkable bilateral kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine specific gravity on a sterile urine sample is likely ideal to rule out underlying infection. However, mild chronic idiopathic/interstitial cystitis is considered likely. Urinary / dissolution diet therapy, as well as continued therapy for idiopathic cystitis, would be reasonable.

Sonographic monitoring for evidence of progressive inflammatory urinary bladder changes or persistent / progressive, sand / mineral is suggested if continued signs of cystitis.

No overt evidence of colonic pathology or sonographic signs of constipation was noted.



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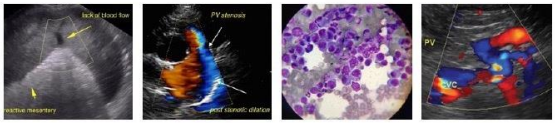

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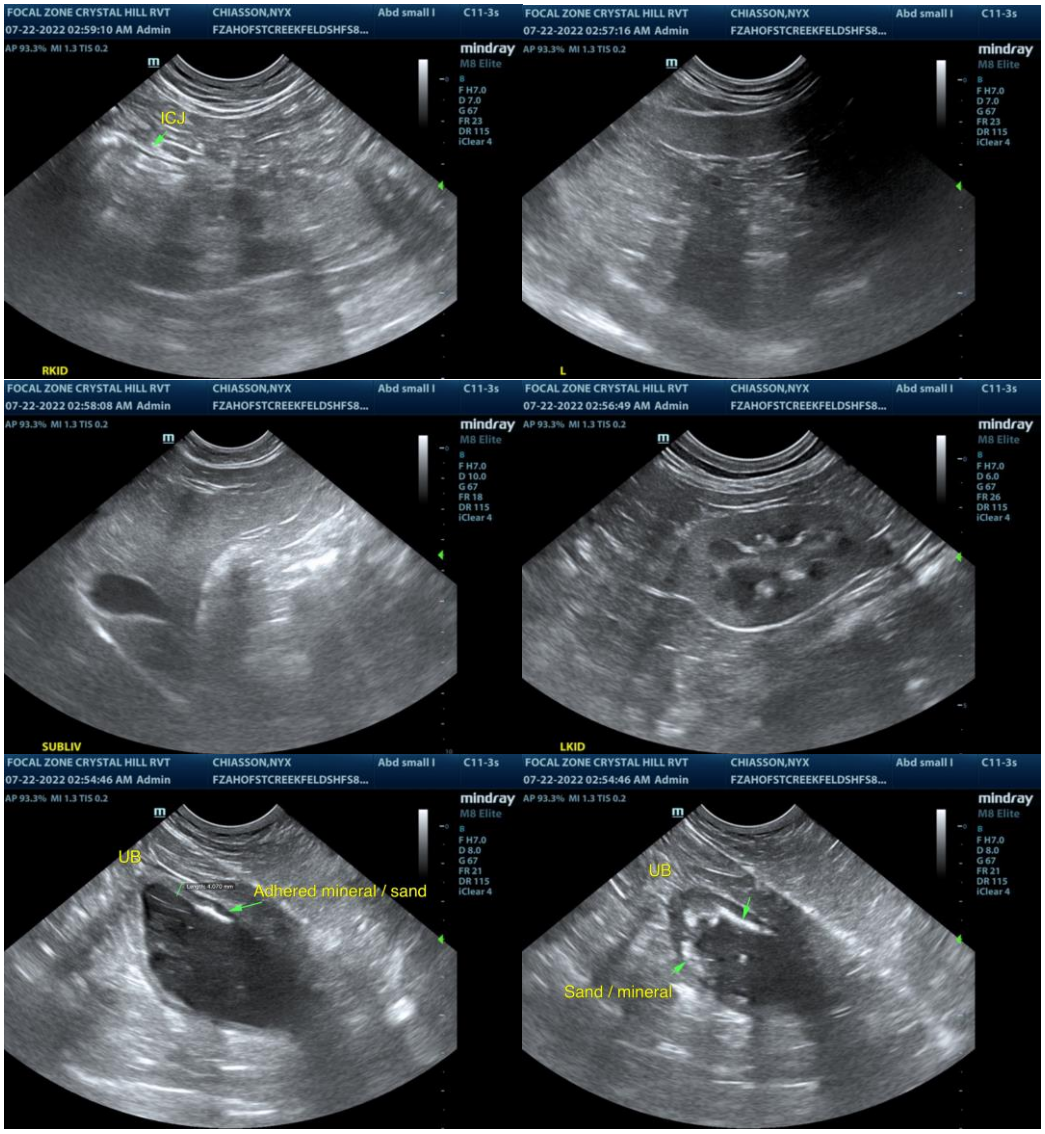

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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