



PATIENT

Felix Rouvelin

PRESENTING CLINICAL SIGNS

History: Previous concern for FLUTD, History of Hematuria, Crystaluria, Straining to urinate. AUS to evaluate

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: UA on cysto sample, dk yellow cloudy urine, usg 1.050 ph 6, trace protein, neg glu, ket, ugb, bili, blood 250ery/l wbc <1/hpf, rbc >50/hpf, no bacteria <1 non squam ep cell/hpf, no casts no crystals CBC wnl besides, mild neutropenia 1.67 (2.3-10.2) CHEM wnl besides hyperglycemia 9 (4-8) hypercholesterolemia 6.5 (1.6-5.8) SDMA wnl TT4 wnl

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

AGE

8 yr

Normal size and margination were present in the kidneys. Both kidneys exhibited mildly increased cortex echogenicity with mildly enhanced corticomedullary border demarcation and a normal 1:3 cortex / medulla ratio. No evidence of pyelectasia or retroperitoneal inflammatory criteria was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

WEIGHT

7.3 kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.25 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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Veterinary
Hospital

Liver

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.

REFERRING VET

Dr. Brian Barnes

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.

INVOICE

11027ag

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.

DATE

07/04/2022

Normal visible colon wall layers were present with apparent formed feces in lumen.



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Pancreas

Felix Rouvelin

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 was evident.

SPECIES

Feline

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

MN

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Normal renal size and margination with nonspecific uniform mildly increased bilateral cortex echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

8 yr

The appearance of the bilateral kidneys was nonspecific with potential for patient or early age related variant. The possibility of underlying minor cystitis as with interstitial cystitis could be possible. No evidence of inflammatory or neoplastic urinary bladder changes was present. The possibility of low grade structurally insignificant idiopathic cystitis could be present. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Continued empirical therapy for low grade idiopathic cystitis assuming no evidence of underlying infection would be reasonable.

WEIGHT

7.3 kg

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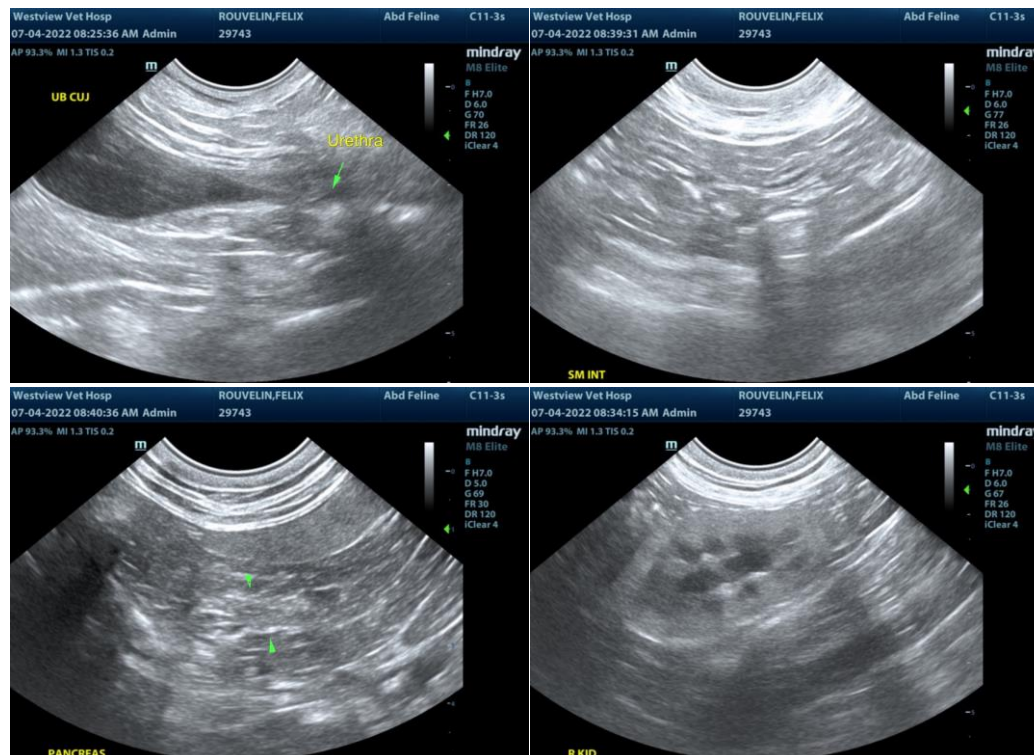
Dr. Brian Barnes

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SPECIES

Feline

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SEX

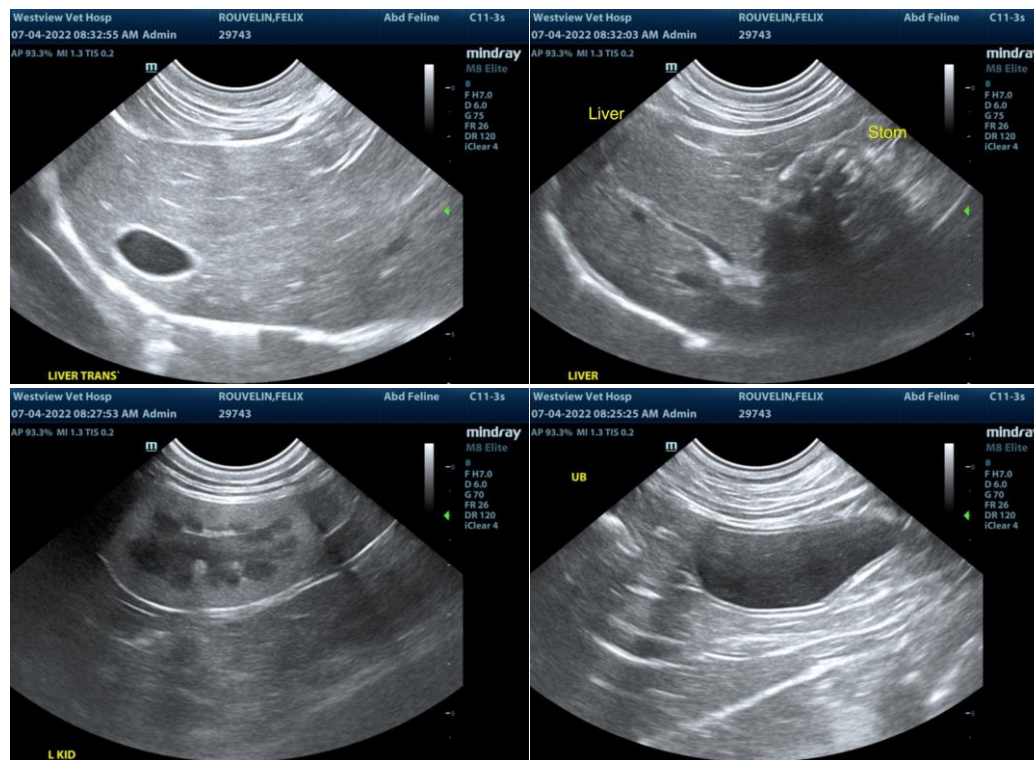
MN

AGE

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WEIGHT

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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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