


PATIENT PRESENTING CLINICAL SIGNS

Dexter D'Avella History: blocked, pulled u-cath last night and was able to urinate on his own. meds: buprenorphine, clavamox, prazosin

SPECIES Abnormal PE/Chem/CBC/UA Results: please see attached BW

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED

DSH

SEX

MN

AGE

5 yr

WEIGHT

5.2

Urinary System

The urinary bladder exhibited mild distended size with subjective normal tone. Mildly prominent uniform ventral apical and dorsal bladder walls were present exhibiting homogeneous mural echogenicity. The ventral apical urinary bladder wall measured 0.41 cm in width. The 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 mild nondependent particulate sediment which may indicate cellular debris or protein, minor crystalline debris or mucus. Subtle evidence of omental inflammation was present around the urinary bladder without evidence of concurrent peri cystic free fluid. The ureteral papillae were normal. The ureters were not visible which is normal.

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. No evidence of pyelonephritis or retroperitoneal inflammation was noted. The left kidney measured 4.4 cm in length. The right kidney measured 4.2 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 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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

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 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Wilson Street Vet
 Clinic

REFERRING VET

Dr. Rice

INVOICE

11063ag

DATE

07/08/2022



PATIENT

Pancreas

Dexter D'Avella

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

- Mildly distended urinary bladder exhibiting mild cystitis pattern with mild particulate bladder sediment
- Sonographically unremarkable bilateral kidneys

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Post renal azotemia is suspected given the improving renal values and normal sonographic appearance of the bilateral kidneys. Continued monitoring of BUN/CREAT levels is suggested. A urine C/S on a sterile urine sample is recommended to rule out underlying infection. Continued monitoring of urinary pattern with continued conservative therapy for idiopathic cystitis would be reasonable pending urine C/S.

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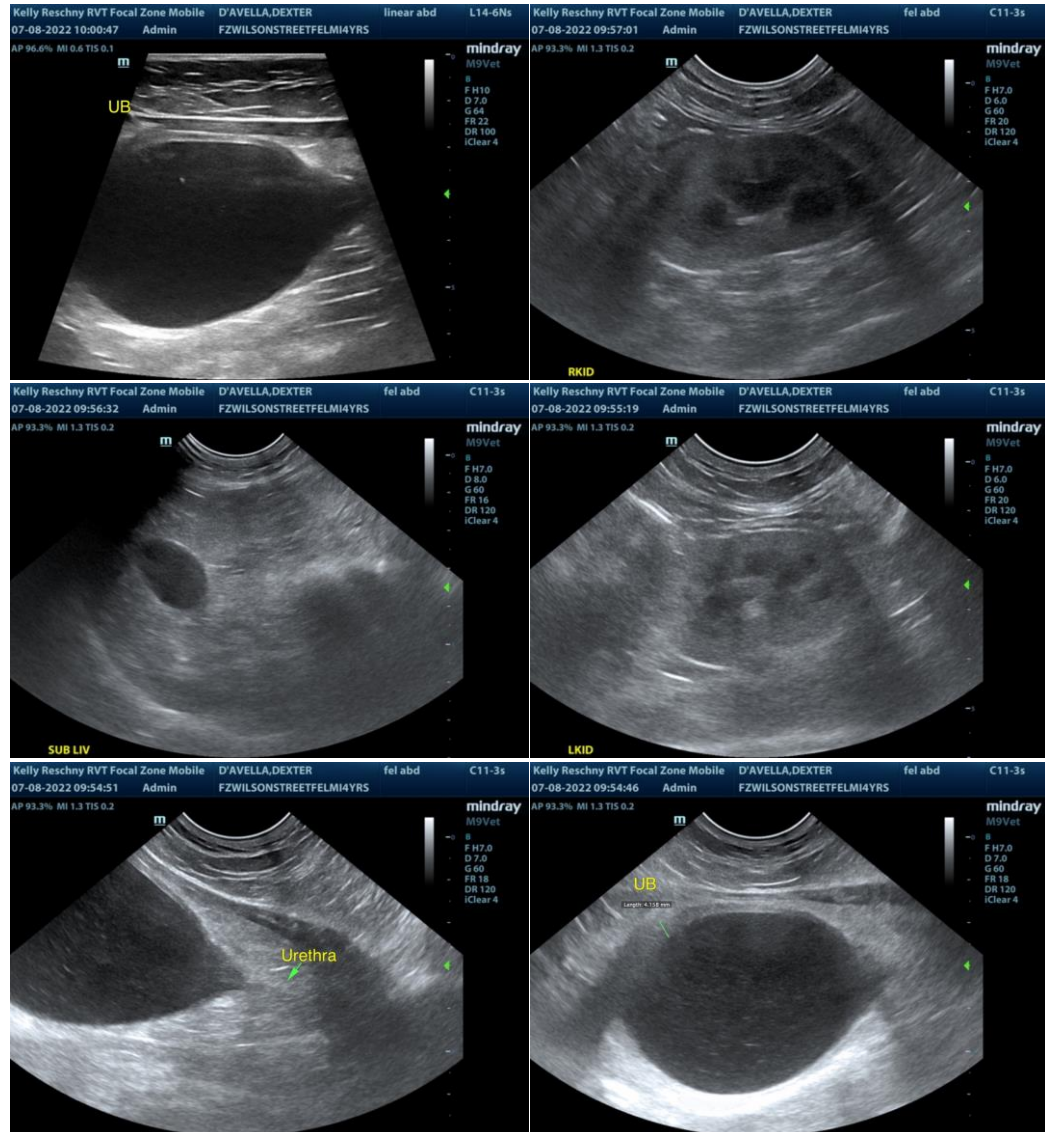
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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