



PATIENT

Opie Gidney

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

17yr

WEIGHT

6.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brittany Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Brittany Gardner

INVOICE

14617ag

DATE

08/15/2023

PRESENTING CLINICAL SIGNS

Patient started limping on his right hind limb. He was seen at her rDVM and was given oral gabapentin. Patient became very sedate on the gabapentin. He has been very lethargic and has been passing very small amount of urine and feces since starting the gabapentin.

Abnormal PE/Chem/CBC/UA Results: Bun=70 and Creatinine = 3/5. No other abnormalities

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size with normal subjective tone and normal bladder wall. The trigone and cystourethral junction was free of pathology. Mildly dilated visualized proximal urethra was present to a depth of 2-3 cm. Anechoic urine was present in the lumen with moderate non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. No evidence of inflammatory or neoplastic changes were noted. Mild pericycstic omental inflammation and scant pericycstic free fluid was present.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral hydronephrosis was present. The left and right ureters were indistinctly visualized without overt hydroureter. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

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 0.43 cm width. No overt pathology in the area of the right adrenal gland.

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. Mild increased parenchyma echogenicity was present with mild to moderate coarse echotexture. A solitary thinly walled intraparenchymal cyst was present in the deep mid liver adjacent to the gallbladder measuring 2.2 cm in diameter. Normal vascular volume. 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 with mild lumen sediment. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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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

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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.

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Free Abdomen

No omental masses or overt lymphadenopathy was present.

Mild pericycstic omental inflammation and scant pericycstic free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Distended urinary bladder with moderate lumen sediment.
- Mild distended visible proximal urethra.
- Mild regional pericycstic inflammation and scant free fluid.
- Moderate chronic renal changes with mild bilateral hydronephrosis.

WEIGHT

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Secondary

- Mild hepatic parenchyma hyperechogenicity with intraparenchymal cyst-subjectively benign
- Mild gallbladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Lower urinary tract obstruction and reduces urinary outflow may be a primary concern. Passage of a urinary catheter to assess urethral patency is recommended with potential therapy for urinary obstruction. No obvious obstructive pathology at the level of the urinary bladder i.e., ureteral calculi or other mural pathology.

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Decreased renal excretion of gabapentin is probable. Prognosis is likely dependent on renal response to IVF and lower urinary tract obstructive criteria.

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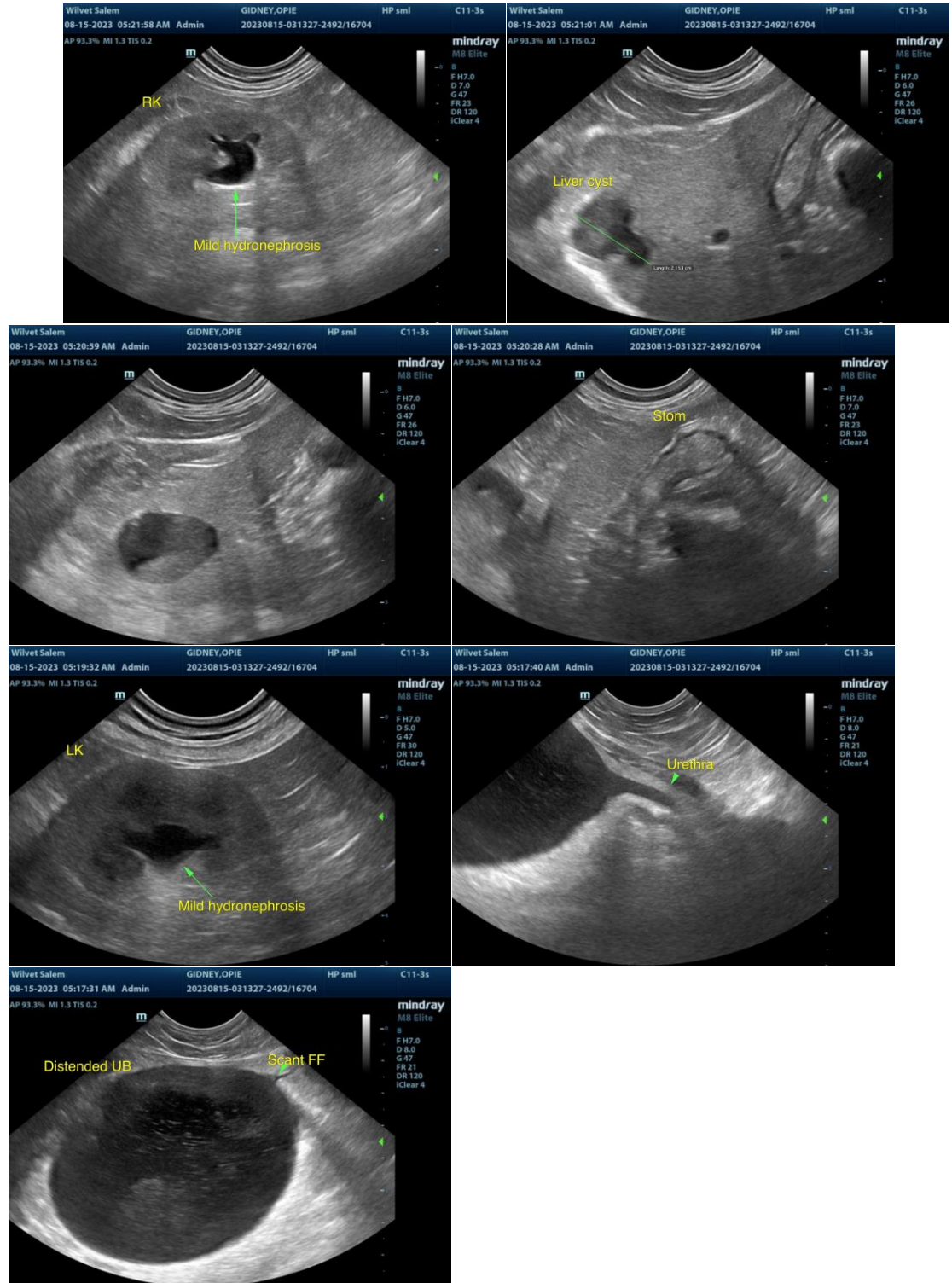
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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