

PATIENT

Meadow Derekson

SPECIES

Feline

BREED

Ragdoll

SEX

FI

AGE

5 months

WEIGHT

5.93 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hanson

HOSPITAL NAME

Creekside VC

REFERRING VET

Dr. Eggert

INVOICE

14625

DATE

8/16/22

PRESENTING CLINICAL SIGNS

Previously ddx with hematuria and pyuria in June 2022 prior to new owner picking up. Noted again on initial visit with new o- that seemed to improved on course of Azithromycin for treatment of URI.

08/01/2022 - pu/pd and hematuria

Abnormal PE/Chem/CBC/UA Results: 07/14/2022 - ua wnl except mild hematuria , Feline coronavirus Positive, 08/14/2022 - u/a hematuria, pyuria, trace ketones, 2+ protein,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited overtly normal thickness and tone. Anechoic urine was present in the lumen with no sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory urinary bladder mural changes or neoplastic changes was noted.

No evidence of pathology was noted associated with the uterus or bilateral ovaries.

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 corticomodullary 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. The left kidney measured 3.7 cm in length. The right kidney measured 4.1 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 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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.



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Gastrointestinal

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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.

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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.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable bilateral kidneys - no evidence of pyelonephritis, dysplasia, or other renal pathology
- Sonographically unremarkable urinary bladder and visible proximal urethra - no evidence of congenital abnormalities such as ectopic ureter, cystitis, cystic calculi, or other urinary bladder / urethra pathology

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt evidence of abdominal visceral specifically upper or lower urinary tract pathology as an obvious cause of the patient's hematuria and pyuria. Likewise, no evidence of pathology was noted associated with the uterus.

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Recheck urine C/S on a sterile urine sample, if off antibiotics for 7 days, could be considered. If no evidence of gross hematuria or microscopic hematuria / pyuria, continued monitoring would be reasonable. Recheck sonogram is suggested if progressive hematuria / pyuria is noted.

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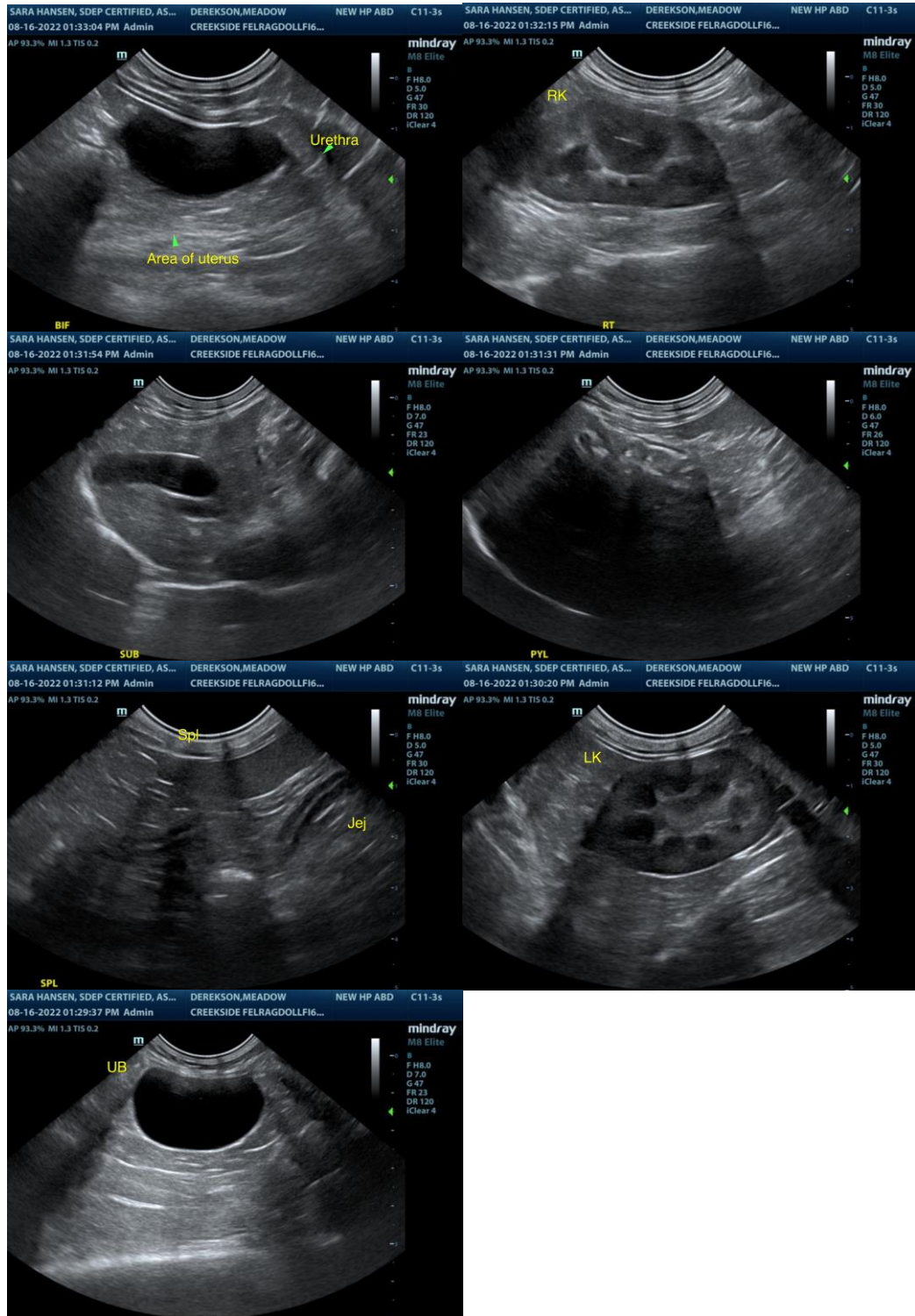
Dr. Eggert

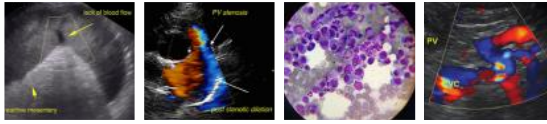
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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