



**PATIENT**

LC Van Velkinburgh

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

**AGE**

6yr

**WEIGHT**

3.7kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Patti Mayfield DVM

**HOSPITAL NAME**

Feline Fine Cat Clinic

**REFERRING VET**

Dr. Kadasi

**INVOICE**

11685ag

**DATE**

09/20/2022

**PRESENTING CLINICAL SIGNS**

Recurrent UTI's since at least March 2022. - Patient presented on 9/20/22 for AUS. No current clinical signs reported (i.e., no hematuria, no pollakiuria, no stranguria, no periuria). TREATMENTS: -- Dasuquin -- Use of Clavamox, veraflox and Clavamox again in response to many cultures of Enterococcus Faecalis O generally inconsistent with recheck timing, recommended AUS about 2 months ago, likely has been off of abx for at least a month again at this point. GOALS: -- Hoping to find potential structural or other abnormalities to explain lack of resolution of UTI's despite C+S results supporting use of abx above, assuming owners have been giving abx appropriately (other than lapses in rechecks...). -- Unclear if O will also do abdominal rads, have not explicitly declined but have not acknowledged this recommendation either.

Abnormal PE/Chem/CBC/UA Results: PE: - NSF In-house UA (9/20/22): -- Consistent with active infectious cystitis (many bacteria noted). -- Culture/Sensitivity pending -- Full blood work pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 minor non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 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 0.34 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.

**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. The spleen measured 0.9 cm in width at the level of the hilus.

**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**



<b>PATIENT</b>	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.
LC Van Velkinburgh	
<b>SPECIES</b>	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.
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
	<b>Pancreas</b>
<b>BREED</b>	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.
DLH	
<b>SEX</b>	<b>Free Abdomen</b>
FS	No overt lymphadenopathy or peritoneal effusion was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
6yr	<b>Primary</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"><li>• Sonographically unremarkable urinary bladder and visualized proximal urethra, minor non-dependent particulate bladder sediment</li><li>• Normal bilateral kidneys</li></ul>
3.7kg	
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt evidence of upper or lower urinary tract pathology was present in this study as an obvious nidus for recurrent infection. Correlation with pending urine C/S is recommended. If recurrent documented infection on sterile urine sample obtained via cystocentesis, a higher dose shorter frequency antibiotic regimen ideally based on C/S results may be considered. A recheck urine C/S 7 days post completion of antibiotics if clinically indicated is recommended. Empirical therapy for possible idiopathic cystitis could be considered. Possible assessment of the vulva and vaginal vault for evidence of structural abnormalities which may predispose to ascending infection may be considered.
<b>IMAGING PERFORMED BY</b>	For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <a href="http://spa.sonopath.com/">http://spa.sonopath.com/</a> .
Patti Mayfield DVM	
<b>HOSPITAL NAME</b>	One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <a href="https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services">https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services</a>
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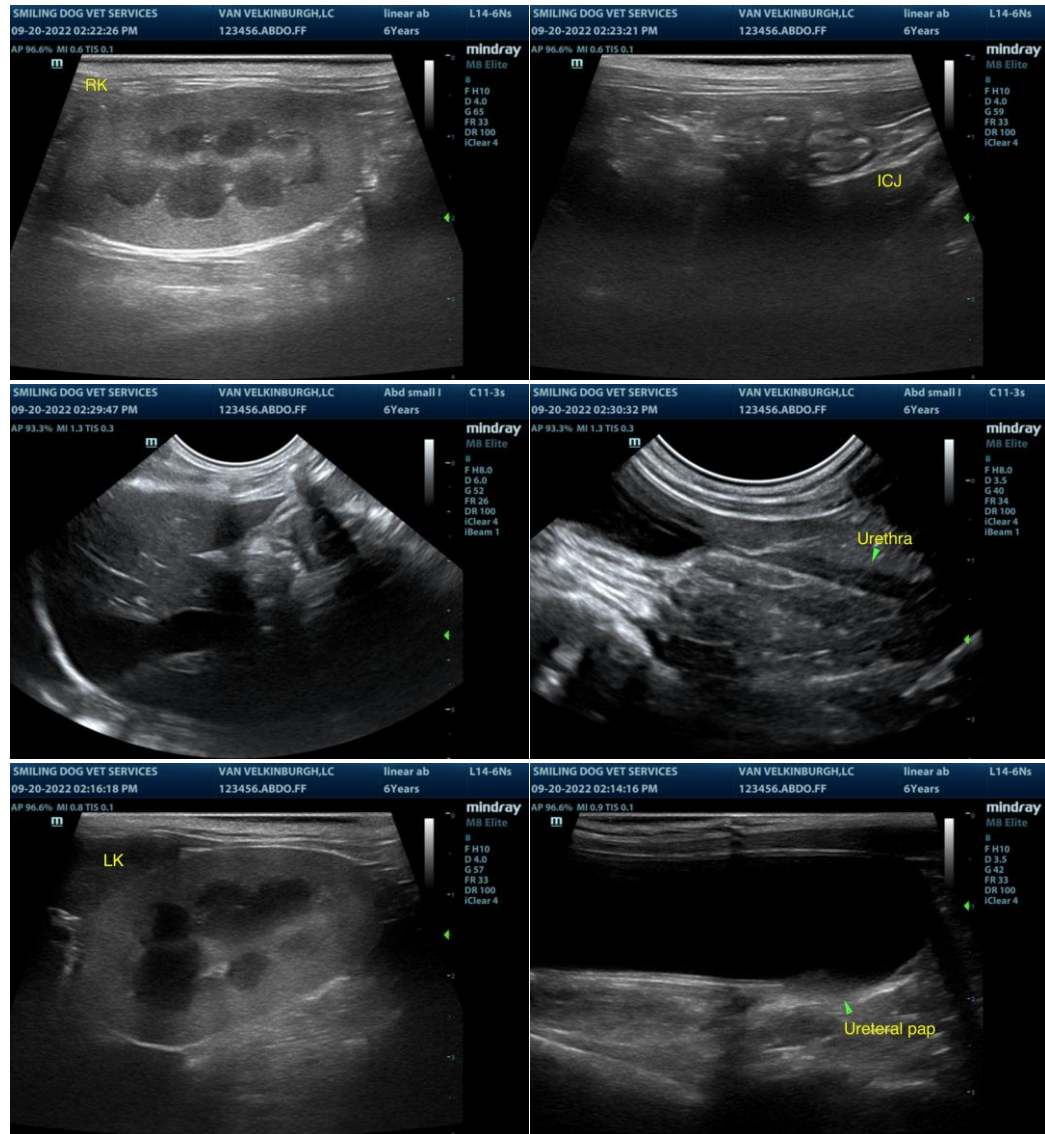
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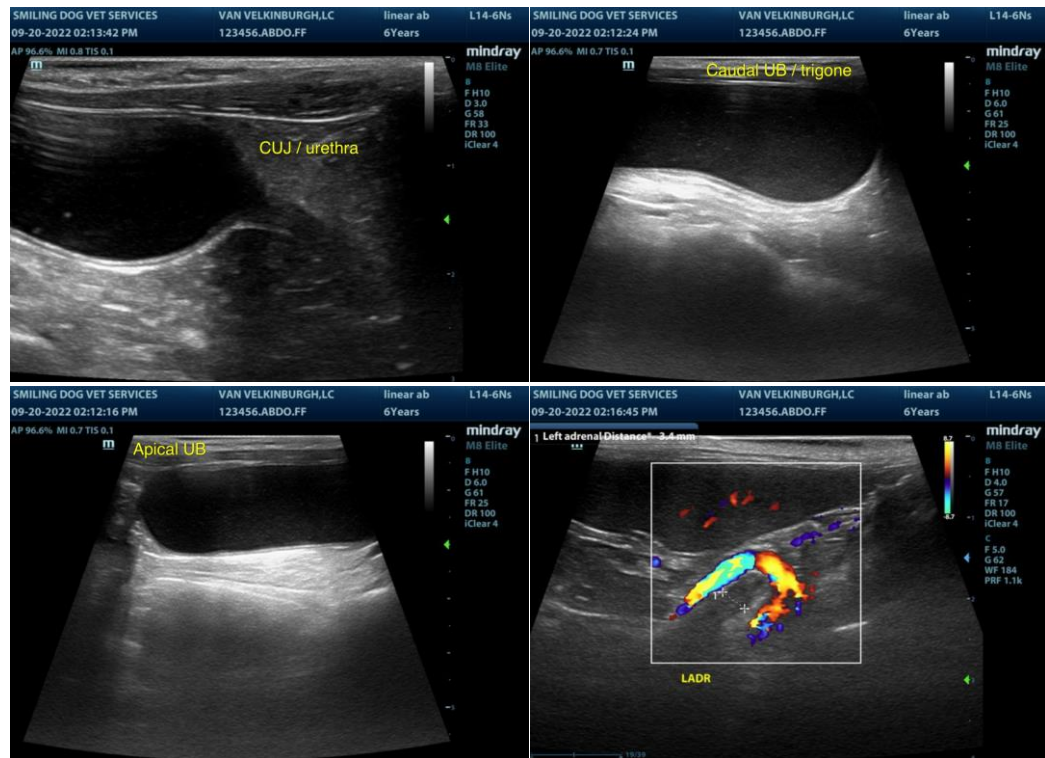
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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