



PATIENT PRESENTING CLINICAL SIGNS

Leo Hicks
SPECIES Feline
BREED DSH
SEX NM
AGE 1 Year, 1 Month

History: 1YR OLD DSH PRESENTING FOR URINARY BLOCKAGE. P WAS HERE ON 12/30/22 FOR POSSIBLE STRANGURIA, CBC/CHEM AND UA WERE RAN - BOTH WNL. STARTING LAST NIGHT P IS INAPPETENT, VOMITING, STRAINING IN AND SLEPT IN LITER BOX. C/S/V/D: VOMITING E/D/U/D: INAPPETENT Diet: FRISKIES/NINE LIVES FAS Score: 0 Current Medications (dose and frequency): GAVE ONSIOR LAST NIGHT (9PM) Known Allergies and Medical Conditions: FIRST IMAGE BEFORE CATHETERIZATION, SECOND IMAGE POST CATHETERIZATION

Abnormal PE/Chem/CBC/UA Results: Vital Signs Weight: 10.18 Temp: 102.4 HR: >200 RR: MM/CRT: P/TACKY Recheck Exam Exam Notes: Hydration: slightly dehydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; clean no debris AU; No cough on tracheal palpation. Oral Cavity: No dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, tachycardic. Normal bronchovesicular sounds. Abd/GI: Large distended firm bladder Uro/Perineum: see above Musculoskeletal: Ambulatory x4, no lameness noted. BCS 5/9 Neurological: Appropriate Diagnostics & Testing: NSAID chem: BUN 51, Crea 5.1, AST 82 electrolytes: WNL abd rads: no radiopaque stones in bladder or urethra, loss of serosal detail around urethra Treatment Plan: IVF (NaCl) 2x maint (40 mL/kg) 14 mL/hr hydro (0.03 mg/kg) + midaz (0.2 mg/kg) IV 1.3 mL propofol gas anesthesia unblocked with 1.0 tomcat w/ stylet Additional Comments: Discussed unblocking with O including procedure (briefly), meds TGH, and transfer for hospitalization.

RADIOGRAPHIC STUDY OF THE ABDOMEN

2 lateral views available for review.

RADIOGRAPHIC FINDINGS

The urinary bladder is severely distended on the initial image. No evidence of radiopaque calculi is seen within the urinary bladder. Regionally reduced serosal detail is seen circumferential to the urinary bladder neck and abdominal urethra.

The urinary bladder is moderately distended on the 2nd image with a central gas opacity (iatrogenic due to puncture). No further reduction of the serosal detail is noted on the recheck image.

A mild amount of highly inspissated fecal matter is seen within the descending colon and rectum.

The kidneys present within normal limits.

Gastrointestinal aerophagia is noted.

The liver presents within normal limits.

Dorsal luxation of one of the femoral heads is seen.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
 Hospital

REFERRING VET

Dr. White

INVOICE

55938

DATE

1-2-23



PATIENT

Leo Hicks

SPECIES

Feline

RADIOGRAPHIC DIAGNOSIS

- Distended urinary bladder.
- Loss of serosal detail circumferential to urinary bladder neck and urethra.
- Inspissated fecal matter
- Suspect dehydration.
- Dorsal luxation of one femoral head.
- Aerophagia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of radiopaque calculi is found. Nonradiopaque calculi, hemo-, or muco-plugs however may contribute to the lower urinary tract blockage. The reduced serosal detail suggests presence of regional steatopathy which is common in patients with FLUTD and lower urinary tract obstruction.

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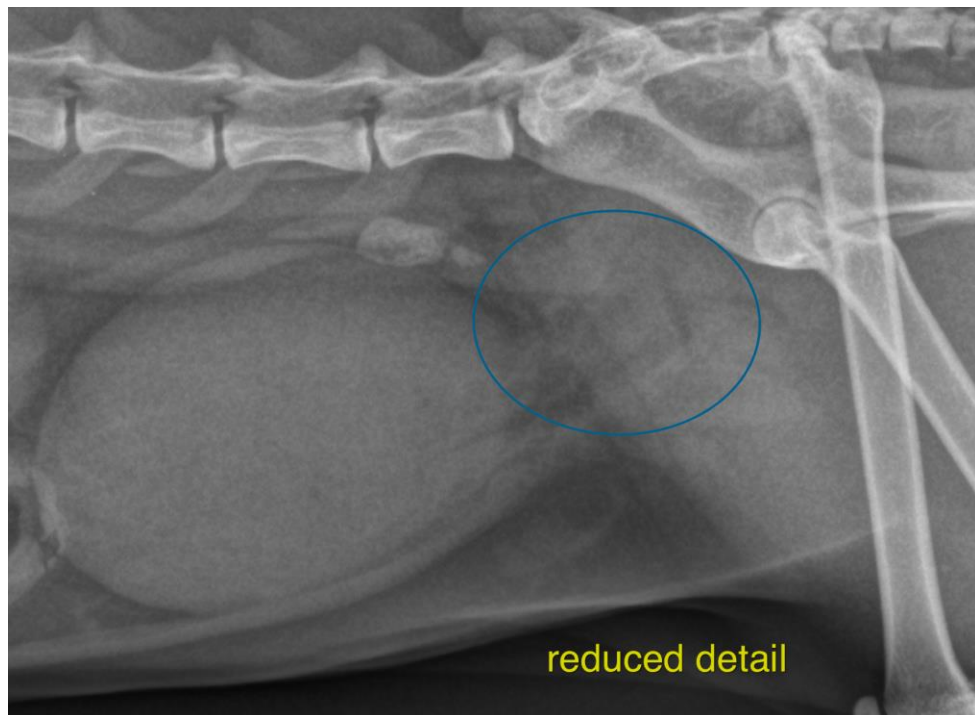
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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