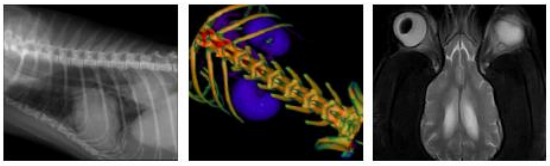
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Vasya Sagatbayev

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

3 Years, 8 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Ward

INVOICE

56632

DATE

2-8-23

PRESENTING CLINICAL SIGNS

Reason for Visit: frequent urination History: 3 y 8 m Domestic Short hair presented for recheck from being seed at advanced 3 days ago. They stated that (according to owner) pet had cystitis and was not blocked . Bladder was empty. Since pet came home the pet has been frequently in and out of the litterbox. C/S/V/D: no E/D/U/D: wnl Diet: fancy feast FAS Score: 0 Current Medications (dose and frequency): Gabapentin/ prazosin/ gabapentin Heartworm Prevention / Flea Prevention: none Known Allergies and Medical Conditions: unknown Microchip ID: / No microchip Vital Signs Weight: 14.5 lbs Temp: pass HR: 180 RR: 60 MM/CRT: < 2 Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: Adequate Mentation: BAR EENT: OU clear. AU clear, no debris. No cough on tracheal palpation. Oral cavity: No dental tartar. Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Urinary bladder small, firm. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 6/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing: UA via cysto--USG > 1.050, microscopic hematuria/proteinuria but not pyuria or bacteriuria ---> consistent with FIC Abdominal radiographs--consult pending, no cystic calculi identified on in-house review Findings/Assessment: r/O feline idiopathic cystitis, less likely calculi vs. other Treatment Plan: LRS 150ml SQ Change to Urinary S/O indefinitely--prefer canned, but since patient only eats dry food then okay to feed dry and add several tablespoons of water to food Add water fountain in house Dispense Buprenorphine oral suspension Dispense Onsior 6mg #2--2T PO SID start tomorrow Continue prazosin, gabapentin Recheck Needed: pending response to treatment Follow-up Care: as needed Additional Comments: Discussed most likely FIC, rads to check for stones recommended--owner approves treatment plan. Discussed management of FIC. Allison Ward, DVM

RADIOGRAPHIC STUDY OF THE ABDOMEN

Radiographs of the abdomen in two imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity. A pinpoint mineralization is superimposed on the caudal pole of the kidneys in the lateral projection – not appreciated in the VD view. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the lower urinary tract.

The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen

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within the small intestinal loops and considered within normal limits.

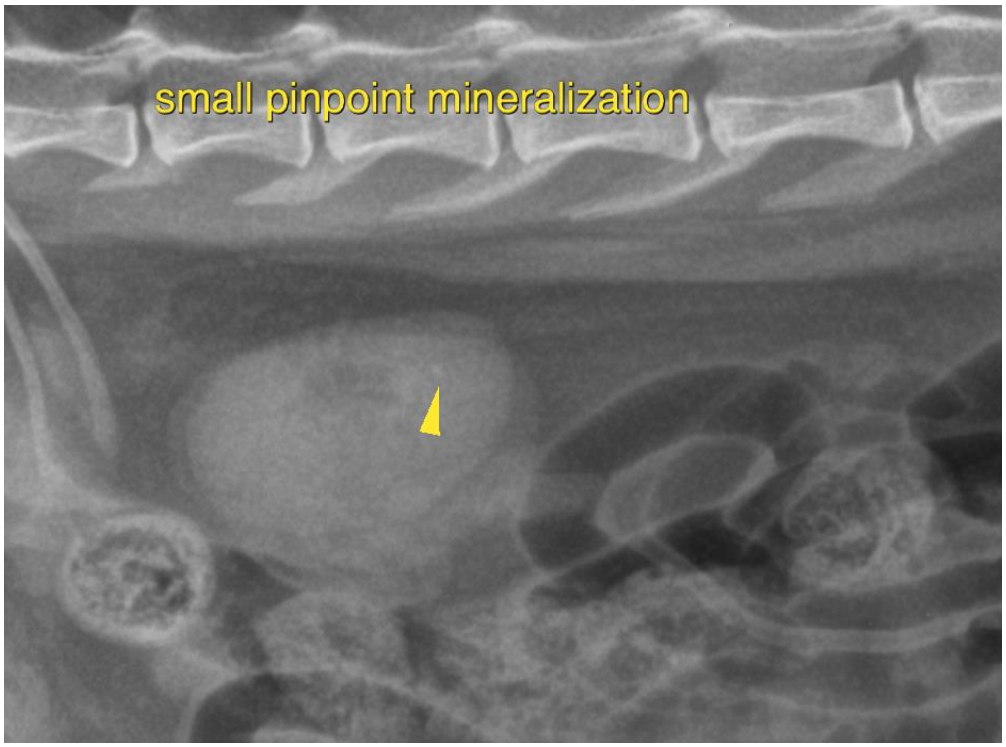
The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

- Small mineralized body superimposed on the kidneys in the lateral projection.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mineral opaque body superimposed on the caudal pole of the kidneys can be caused by superimposed dystrophic mineralization of the soft tissues, present a small nephrolith or small calculus in a ureter. No abnormalities of the lower urinary tract are appreciated, explaining the described clinical signs. Complete workup might be complemented by an abdominal ultrasound examination.



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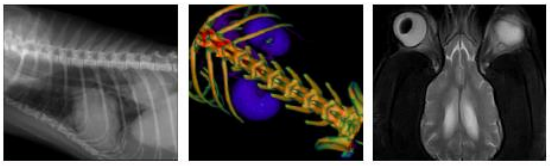

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com