



PATIENT

Meow Barone

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

9Y, 10M, 21D

WEIGHT

12.30lbs

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

74234

DATE

3-17-26

PRESENTING CLINICAL SIGNS

- Reason for Visit: Urinary issues, inappropriate urination behavior.
- History: Owner reports inappropriate urination, with the cat urinating both in the litter box and on the floor, sometimes stopping wherever he is to urinate. No difficulty eating or drinking noted. History of urinary tract infection with blood in urine, previously treated with Veraflox and resolved. Current medications include prazosin, metoclopramide, bethanechol (dose recently increased to half tablet three times daily), and intermittent gabapentin (given for sedation for procedures). Owner reports a possible additional liquid medication for urinary issues, details unclear. No current vomiting, diarrhea, coughing, or sneezing. Indoor only cat. Owner mentions significant behavioral changes since the passing of a household member, including moping and altered morning routines. Renovation in the house (wood floors) and a son visiting were mentioned as possible stressors. Owner notes the cat had previous left ear problems, including a perforated eardrum and surgery, and longstanding reddish spots in the right eye since kittenhood. No current diet details provided.

Abnormal PE/Chem/CBC/UA Results: PE: Eyes: OD: Pigmented areas present. OS: Clear, no discharge.; Ears: AS: Excessive wax. AD: Clean, no inflammation.; Cardiovascular: Grade III/VI heart murmur.; Gastrointestinal/Abdominal: Bladder palpated as enlarged and described as pretty big; no abdominal pain or other gastrointestinal abnormalities mentioned.; Urinary/Urogenital: Bladder palpated as enlarged. No external abnormalities of the prepuce or testicles described.; CBC & Chem: WNL; UA: Collection Cystocentesis; Color Pale Yellow; Specific Gravity 1.050; pH 6.0; Urine Protein 30; Blood/Hemoglobin 50;

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, AND ABDOMEN

A pre- and post-contrast CT study of the head, thorax and abdomen are provided for review totaling 6 series. Pre-contrast study of the head, soft tissue algorithm. Post-contrast study of the head, soft tissue algorithm. Pre-contrast study of the thorax, bone algorithm. Post-contrast study of the thorax, soft tissue algorithm. Pre-contrast study of the abdomen, soft tissue algorithm. Post-contrast study of the abdomen, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

The urinary bladder is moderate to severely distended. No mineral-attenuating uroliths or intraluminal debris are identified on pre-contrast images. Post-contrast images demonstrate mild, diffuse bladder wall thickening (approximately 4.2 mm) with irregular mucosal margins.

There is a moderate volume of peritoneal free fluid within the caudal abdomen, predominantly surrounding the urinary bladder, bladder neck, and proximal urethra, associated with regional fat stranding.

The urethra is within normal limits, with no evidence of abnormal dilatation or mineralization. A small mineral-attenuating focus is identified within the glans penis, consistent with an os penis (incidental finding).

The kidneys are normal in size, shape, and attenuation. Renal pelvises and ureters are unremarkable.

The liver is normal in size and shape. Multiple small, hypoattenuating cystic lesions (2.1 – 5.1 mm) are scattered throughout the hepatic parenchyma.



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The gallbladder is normally distended with homogeneous hypoattenuating content. Biliary ducts are within normal limits.

The spleen is normal in size and shape, with mild mottled post-contrast enhancement (likely incidental/perfusion-related).

The gastrointestinal tract is normally positioned and distended, without mural thickening or mass effect.

The pancreas, abdominal lymph nodes, and adrenal glands are within normal limits.

The musculoskeletal structures are unremarkable.

THORAX

The pulmonary parenchyma demonstrates moderate, diffuse bronchiolar wall thickening with a multifocal tree-in-bud pattern, more pronounced in the caudal lung lobes, resulting in increased pulmonary attenuation.

The trachea and main bronchi are within normal limits.

Thoracic mediastinal lymph nodes are within normal limits.

The cardiac silhouette is within normal limits. Small incidental mineral foci are present at the aortic root. Pulmonary vasculature is unremarkable.

The pleural space, diaphragm, thoracic wall, and esophagus are unremarkable.

HEAD

There is mild, diffuse fluid accumulation within the nasal cavities, with mild loss of rostral turbinate detail, more pronounced on the rostral left side. No evidence of aggressive bone lysis or mass effect.

The cribriform plate is intact.

The nasopharynx, soft palate, and frontal sinuses are within normal limits.

The left tympanic bulla shows mild osseous wall thickening, without fluid content. The right tympanic bulla is normal. External ear canals are unremarkable.

The globes and retrobulbar spaces are within normal limits.

Triadan 107 is absent. There is moderate alveolar bone resorption adjacent to Triadan 207 and 208.

No intracranial mass effect is identified.

Regional lymph nodes and salivary glands are within normal limits.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked urinary bladder distension with mild diffuse mural thickening and irregular mucosa, associated moderate peritoneal effusion and regional fat stranding centered on the bladder. Findings are most consistent with severe cystitis (inflammatory/infectious/post-obstructive).
- Urinary leakage (uroabdomen) cannot be excluded based on the presence of peritoneal fluid and should be clinically investigated.
- No evidence of obstructive urolithiasis or abnormal dilatation indicating complete urethral obstruction at this time.
- Multiple small hepatic hypoattenuating cystic lesions. Differential diagnoses include biliary cysts, benign cystic changes, or nodular hyperplasia, early phase cystic neoplasia.
- Diffuse bronchiolar pattern with tree-in-bud pattern. Differential diagnoses include inflammatory lower airway disease (e.g., feline asthma), infectious bronchiolitis, or inflammatory bronchitis.
- Mild, non-destructive rhinitis (left-sided predominance).
- Mild chronic changes of the left tympanic bulla (osseous thickening), likely sequela of prior otitis media, considering the patient history.
- Moderate periodontal disease affecting Triadan 207-208; missing Triadan 107.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal CT abnormality is centered on the urinary bladder, which is markedly distended with mural thickening and irregularity, accompanied by moderate peritoneal effusion and surrounding fat stranding. These findings are highly suggestive of severe cystitis, with concern for possible urinary leakage, (uroabdomen), particularly given the volume and distribution of free fluid, less likely transudate, modified transudate.

Correlation with abdominocentesis and fluid analysis (creatinine and potassium comparison with serum) is strongly recommended to exclude uroabdomen. Consider performing a positive urethrocytography.

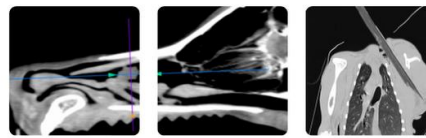
Further evaluation should include urinalysis with culture and sensitivity, and consideration of feline idiopathic cystitis (FIC) given the clinical history of stress and behavioral changes, although infectious causes should remain differential considerations. There is no evidence of radiopaque material or abnormal urethral distention indicating complete obstructive process; however, plugs are not completely excluded.

The pulmonary findings are consistent with lower airway disease, and clinical correlation for respiratory signs is advised. Bronchoalveolar lavage (BAL) may be considered if clinically indicated.

The hepatic cystic lesions are incidental in appearance and likely benign; follow-up imaging may be considered depending on clinical context.

Dental evaluation is recommended due to periodontal disease.

Overall, the urinary tract findings warrant priority clinical attention and further diagnostic confirmation.



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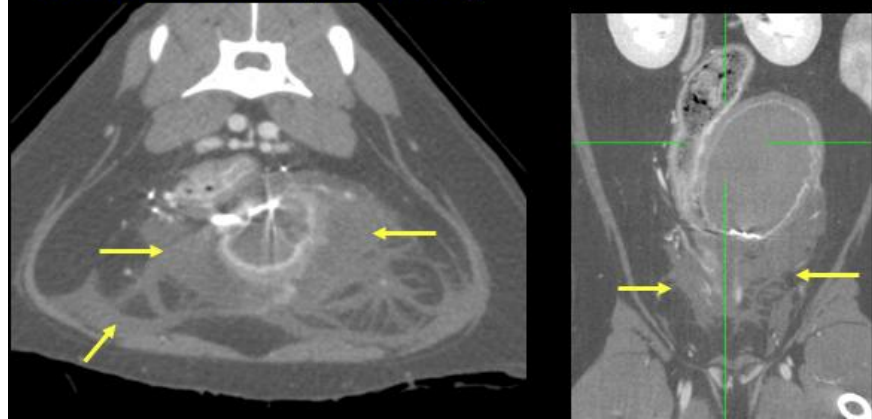
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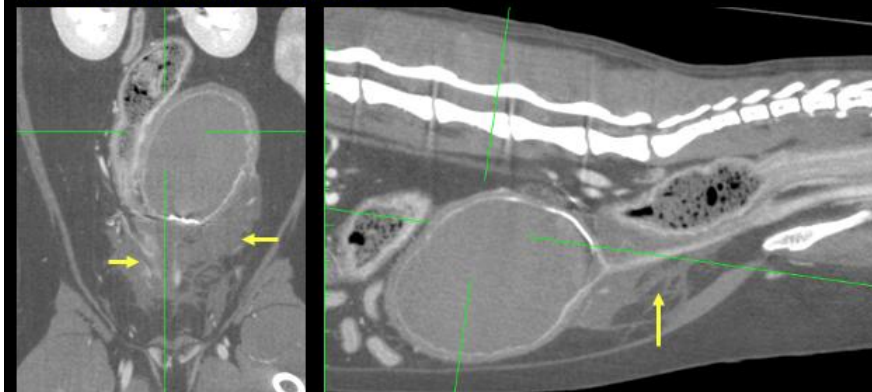
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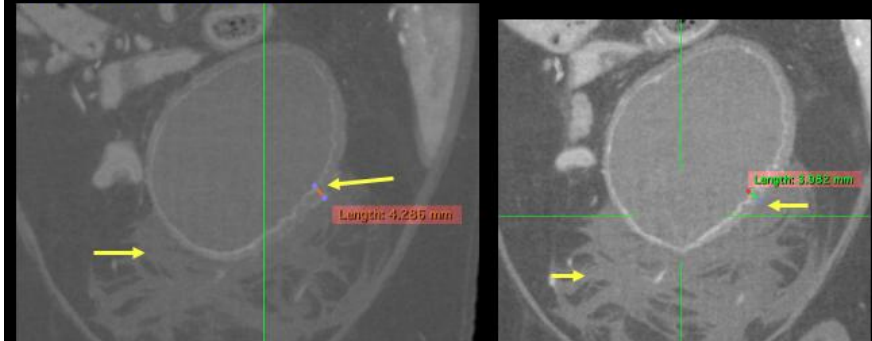
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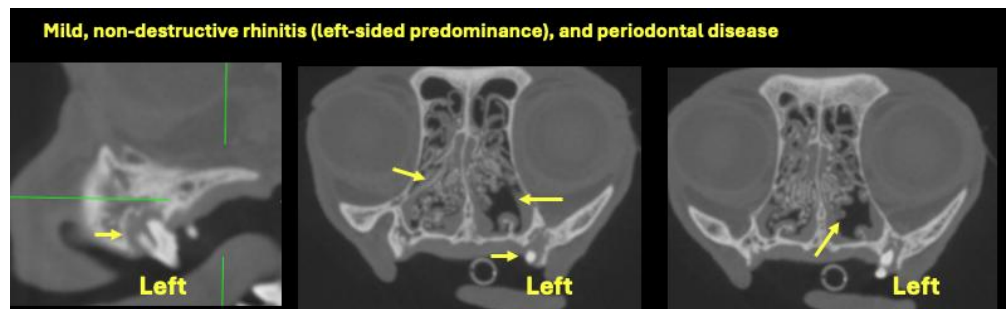
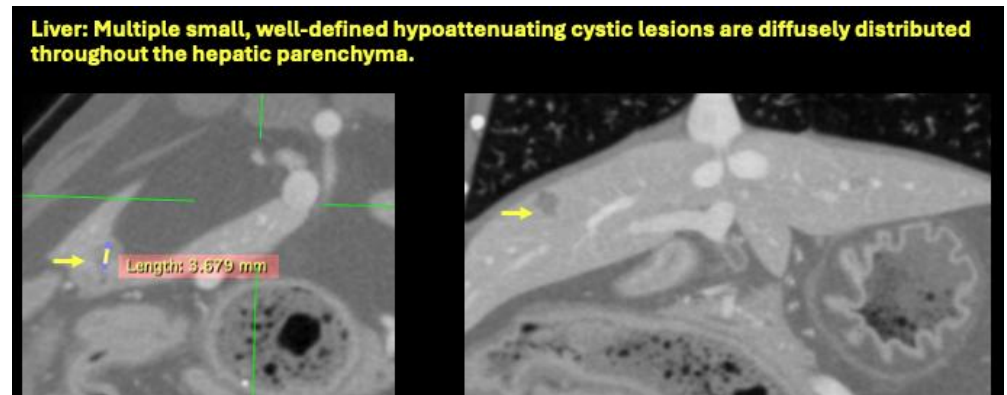
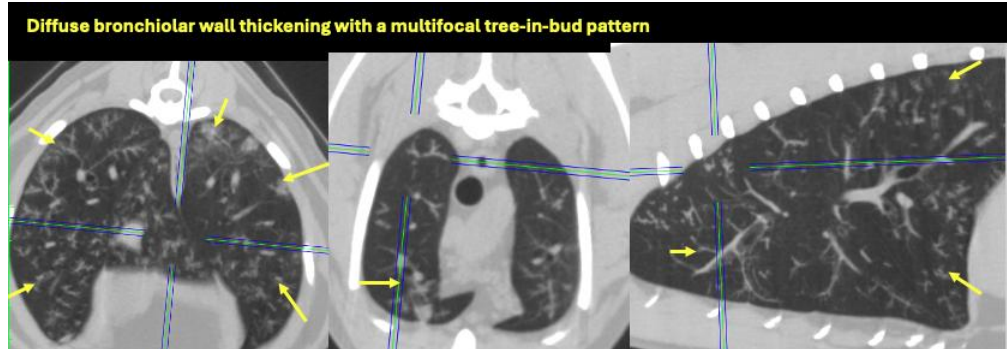
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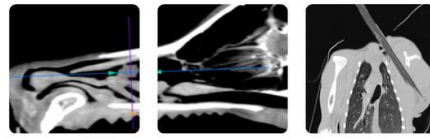
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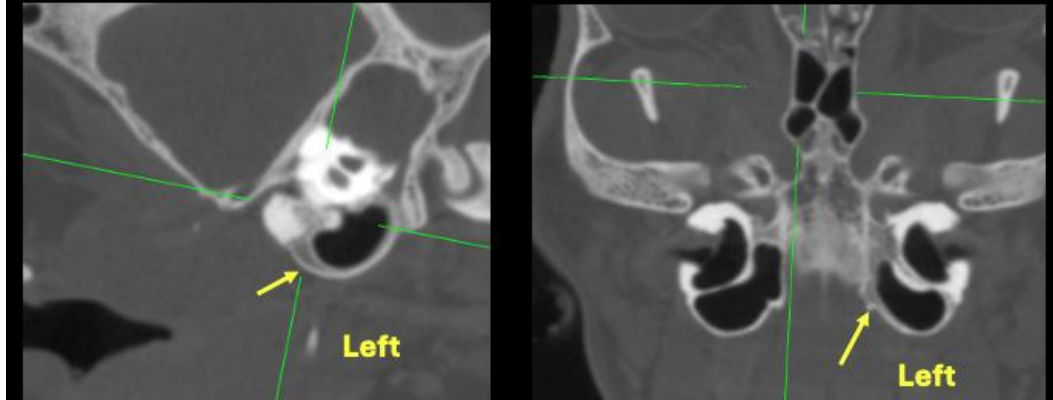
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Mild chronic changes of the left tympanic bulla (osseous thickening), likely sequela of prior otitis media



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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