



PATIENT PRESENTING CLINICAL SIGNS

Hiway Wiebe

History: 11/08 anal glands expressed and were firm with a plug. Thick contents. Owner brought cat in because saw something gross on the bedding at home. Vulva looks slightly puffy and a gauze square touched to vulva revealed a brownish discharge. Bladder empty. No sign of infection at anal glands. Has been on Zeniquin but finished them 11/18/22 GI issues? Bladder?

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC - platelets low 101(151-600) Chemistry and T4 normal. U/A cysto - Sp grav 1.041 pH 6.0 protein 2+ blood 2+RBCs 20-30/hpf, other urine sample similar except pH 5.0, sp. grav greater than 1.055, blood 4+, WBCs tntc, RBCs 10-20/hpf, bacteria.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The bladder wall is of normal thickness, but there is a 9.6 mm wide based nodule arising from the right side of the bladder wall. The ureteral papilla, trigone and pelvic urethra are of normal appearance and the ureters are not visible (normal). No masses or calculi are noted. Pelvic urethra visualized to 2.0 cm.

AGE

6 Years

The left kidney is hyperechoic and exhibits mildly decreased corticomedullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 3.8 cm in length.

WEIGHT

5.4 kg

The right kidney is hyperechoic and exhibits moderately decreased corticomedullary differentiation. There is a small nephrolith present in the region of the medulla. There is moderate dilation of the renal pelvis with anechoic contents. There is no evidence of hydronephrosis. The proximal ureter is dilated to 4.0 mm with no visible obstruction. The right kidney is 3.8 cm in length.

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline)

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.7 mm at the caudal pole. The right adrenal gland height 5.1 mm at the caudal pole.

IMAGING PERFORMED BY

Crystal Hill

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 9.3 mm.

HOSPITAL NAME

Simcoe AH

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

REFERRING VET

Dr. Kennedy

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The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

DATE

12/16/22

The stomach is empty. The gastric wall exhibited normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.1 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

SPECIES

Feline

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

6 Years

- Bilateral chronic renal changes
- Dilation of the right renal pelvis and proximal ureter, with no visible obstruction.
- A small lesion in the bladder wall, that is most consistent with a blood clot.

WEIGHT

5.4 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline)

The appearance of the right kidney is consistent with chronic passage of nephroliths. Pyelonephritis is also possible, and a urine culture would be recommended if not already performed.

The lesion in the bladder wall is most likely to be a blood clot, especially in a patient under 10 years of age.

**IMAGING
PERFORMED BY**

Crystal Hill

Additional recommendations include:

HOSPITAL NAME

Simcoe AH

- A urine culture if not already performed.
- Blood pressure measurement
- Diuresis, either in hospital or with regular subcutaneous boluses may be of benefit.
- Clients should monitor for acute exacerbation of clinical signs, which could indicate an obstructive nephrolith.
- A urinary diet, such as Royal Canin SO, may also be of benefit.

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**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

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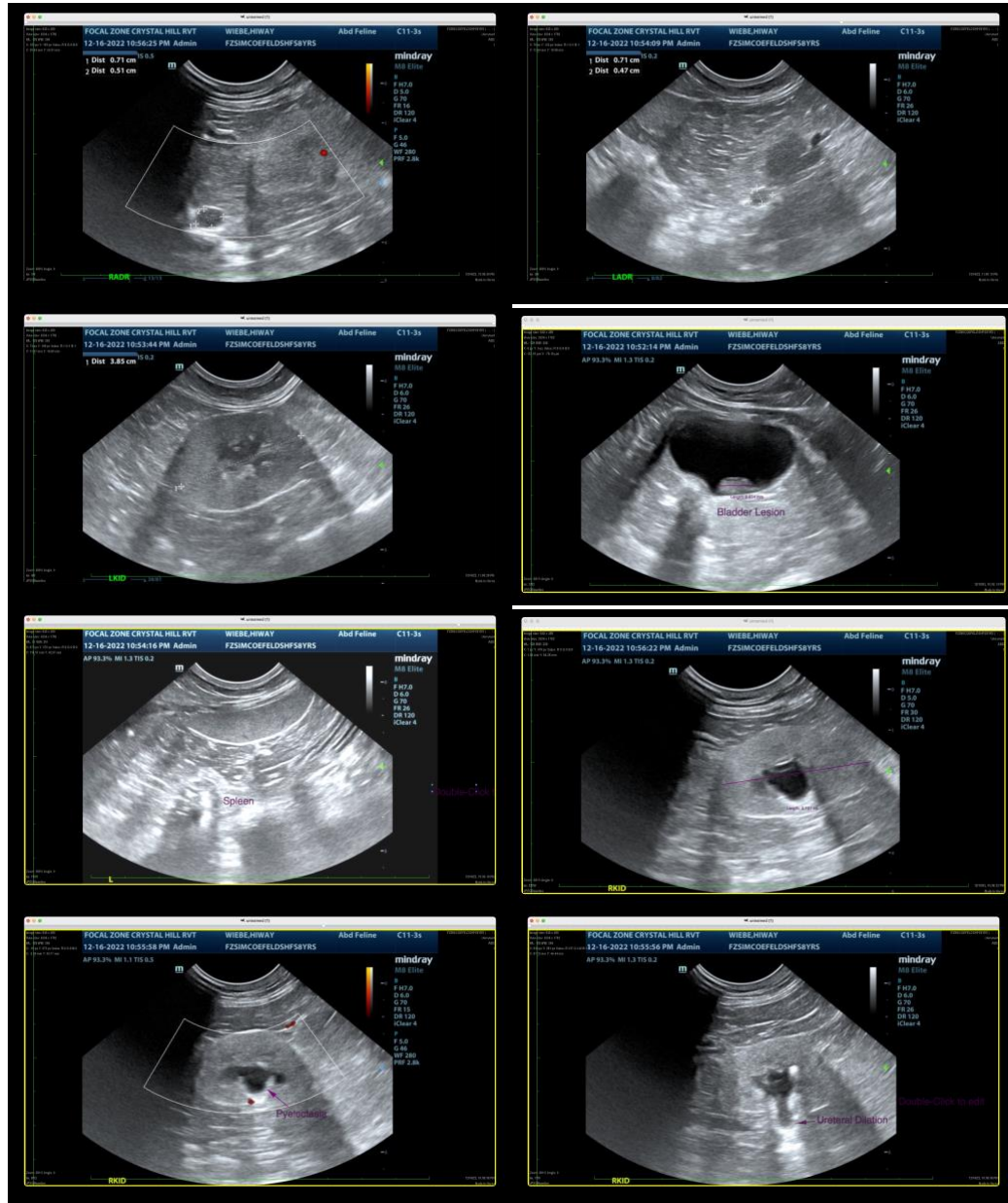
Dr. Kennedy

INVOICE

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DATE

12/16/22



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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com