

PATIENT PRESENTING CLINICAL SIGNS

Smokey Bacon Gunn

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

6 Years

WEIGHT

4.76 kg

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hillview Vet Clinic

REFERRING VET

Dr. Stevenson

INVOICE

44776

DATE

2/3/23

Few days bloody urine outside of litter, 2 litter boxes. Started few days ago same thing went to emergency for dec 24 brief time where was better and no blood and going in litter again. Done anx on 24. started on the 13 jan new changes in house. Happened prior to that other cat more dominant has happened before - thought last time here FIC - pheromones, litters, doesn't get along with dogs not on any meds currently eating, drinking, pooping fine stool in litter is on RC urinary calm BAR vagina. wet surrounding area temp 102.5F unable to feel bladder. keep for day to collect rest of physical normal Current Medications 0.05 mg buprenorphine buccally every 12 hours

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is not present. The bladder wall is diffusely thickened and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal).

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 3.5 cm. The right kidney measured 3.7 cm.

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 measures 4.0 mm. The right adrenal gland measured 3.3 mm.

Spleen

The spleen is of appropriate size (5.3 mm at the hilus) 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.

Liver

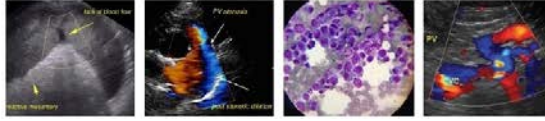
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is minimally 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

The stomach is empty. The gastric wall is normal in thickness (2.2 mm) with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

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. Jejunum wall measures 2.2 mm. Duodenum wall measures 2.4 mm. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness (1.7 mm) with intact wall layering. The ileocecal junction is visualized and normal.

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.

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.

ULTRASONOGRAPHIC FINDINGS

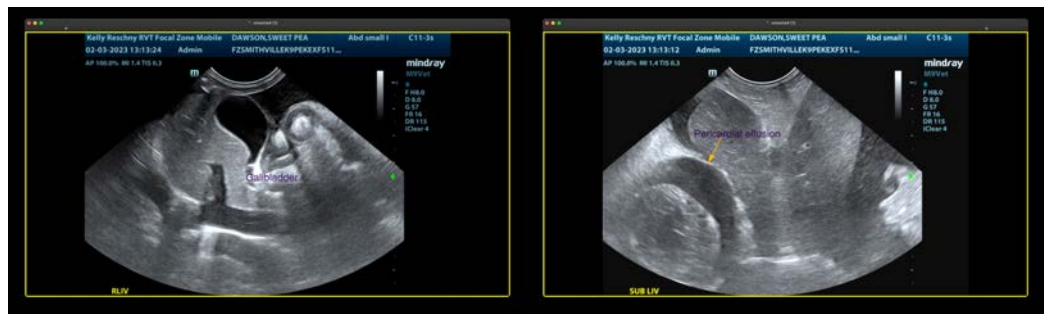
- Mildly thickened bladder wall, consistent with cystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the bladder wall may be consistent with either idiopathic or bacterial cystitis. Given the recent negative culture, idiopathic cystitis is considered more likely. On review of the attached abdominal radiograph, there does appear to be a large amount of stool in the colon that may indicate concurrent constipation.

The current diet is certainly appropriate for idiopathic cystitis, so perhaps the addition of a small amount of Psyllium powder or even Miralax may be helpful to ensure there is not subclinical constipation contributing to stress. If not already being performed, the addition of canned food diluted with added water may also be of benefit.

Finally, an anti-inflammatory medication, such as Onsiar, may be beneficial if renal function is adequate and the patient is well hydrated.





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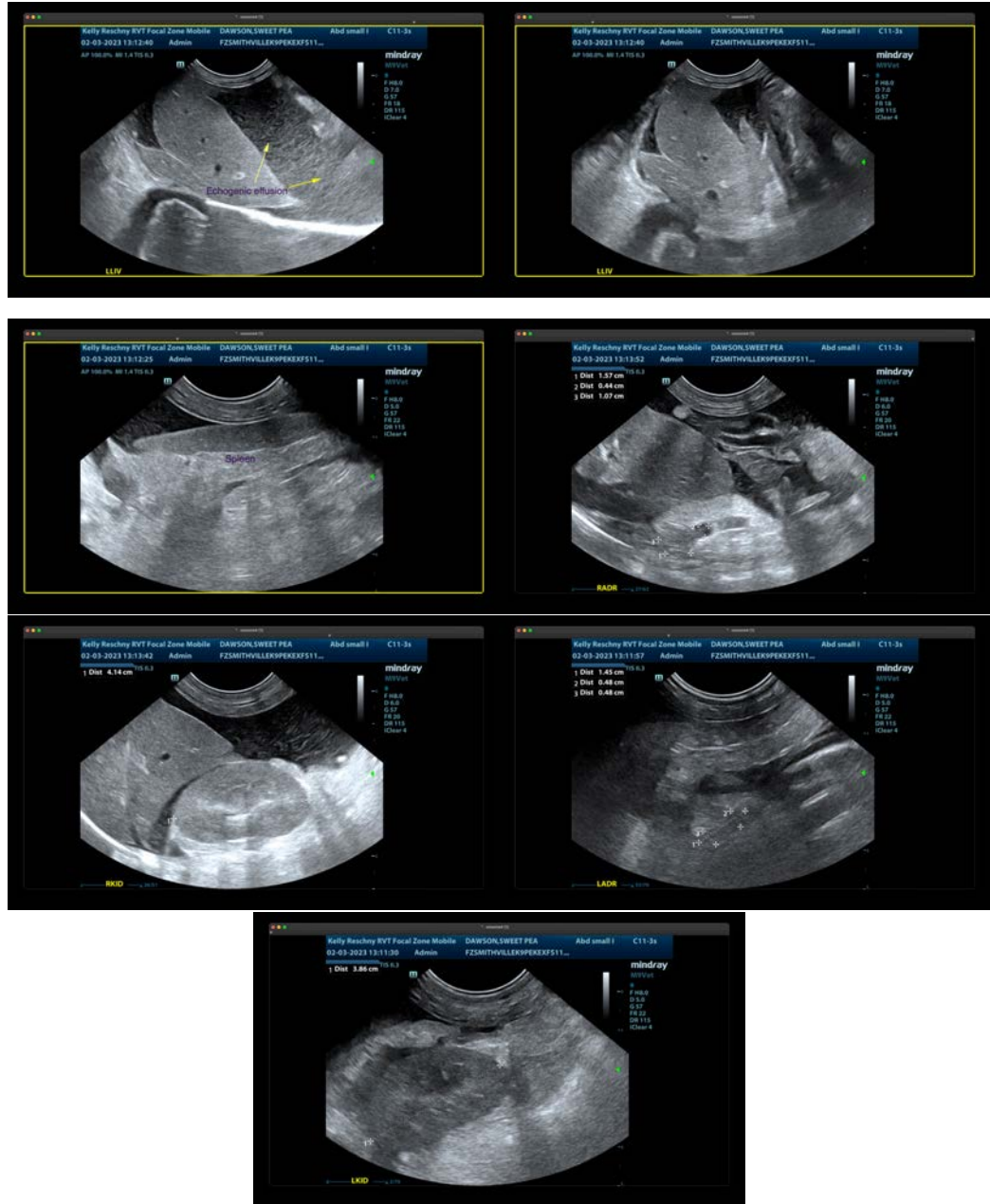
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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