



**MedVet Campbell**  
905 Dell Avenue  
Campbell, California, 95008  
Ph: (408) 371-6252

02-01-2024

<b>Client:</b> Javed Mohammed	<b>Patient ID:</b> 600461
<b>Address:</b> 867 Baird Avenue Santa Clara, California, 95054	<b>Phone Number:</b> Juveriah Owner: 408-406-4409, Javed 2nd: 832-946-5632, Shatadal (er contact): 480-603-8776
<b>Patient:</b> Sangha	<b>Age:</b> 7 years 1 day
<b>Species:</b> Feline	<b>Sex:</b> MN
<b>Breed:</b> Domestic Longhair	<b>Color:</b> Black

**The following is a copy of the medical records for Sangha from his visit on 01-31-2024.**

Client Details

<b>Name</b>	Mohammed, Javed	<b>Phone</b>	832-946-5632
<b>Address</b>	867 Baird Avenue Santa Clara, California, 95054		480-603-8776 408-406-4409

Patient Details

<b>Name</b>	Sangha	<b>Age</b>	7 years
<b>Species</b>	Feline	<b>Sex</b>	Male Neutered
<b>Breed</b>	Domestic Longhair	<b>Referral</b>	No Referral Hospital - No Referral Hospital

**Thursday the 1st of February 2024**

Health Status

R.R: 36  
Attitude: QAR  
Respiratory Effort: Normal

Health Status

Attitude: QAR

Daily Assessments

O elects to transfer to Alum Rock AH for surgery today

Health Status

Temp(°F): 101.2  
H.R.: 160  
R.R: 36  
Pain: 0/23  
MM: Pink  
Attitude: QAR  
Comments: CRT = 2.0  
Respiratory Effort: Normal  
Pulse Quality: Normal


Health Status

Attitude: QAR

Daily Assessments

Low UOP, increased IVF to 30mL/h

Stephanie La Plume, DVM


 Diagnostic Result

**Requested By:** Breanna Miller  
**Supplier:** IDEXX Reference Laboratory (IDX)  
**Reference:** US798-DR301266  
Urinalysis (3) **Outcome:**  
**Clinic Notes / Specifics:**

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
Collection	CATHETERIZED				
Color	RED				
Clarity	OPAQUE				
Specific Gravity	1.033		1.035		
<i>Potentially inappropriate concentration. Consider hydration status and, if persistent and inappropriate, renal disease, endocrinopathies, and medications.</i>					
pH	7.0		6	7.5	
Urine Protein	2+				
Glucose	NEGATIVE				
Ketones	NEGATIVE				
Blood / Hemoglobin	3+				
Bilirubin	NEGATIVE				
Urobilinogen	NORMAL				
White Blood Cells	15-20	HPF			
Red Blood Cells	> 100	HPF			>
Bacteria	NONE SEEN				
Epithelial Cells	RARE (0-1)				
Mucus	NONE SEEN				
Casts	NONE SEEN				
Crystals	1+ AMMONIUM MG PHOSPHATE (1-5)/HPF				
Other	NON-CRYSTALLINE DEBRIS PRESENT				

 Health Status

R.R: 36  
Attitude: BAR  
Respiratory Effort: Normal

 Medication

**Prescribed By:** Stephanie La Plume  
0.44 x Buprenorphine Inj 0.3mg/ml (Per mL)  
Give #INPUT# mLs #INPUT# every #INPUT# hours.

 Daily Assessments

02-01-2024

**Sangha:** 7y MN Domestic Longhair w/

- 1st time urethral obstruction
- UA/culture pending
- nonazotemic
- renal, bladder & urethral calculi on lateral radiograph

**AM Assessment:**

**Physical Exam:**

Weight: 6.6 kg  
Temp (°F): 102.00 H.R.: 176 bpm R.R.: 40 rpm  
C.R.T. :1-2 sec  
M.M.: Pink  
Attitude: BAR  
Hydration: adequate hydration  
B.C.S.: 6/9  
P.S.: 1/5  
Appetite: not fed pending potential surgery

EENT: Eyes and ears normal, no nasal discharge, slight periodontal disease  
LYMPH NODES: No lymphadenomegaly.  
CARDIOVASCULAR: no murmur, no arrhythmia, femoral pulses strong and synchronous.  
RESPIRATORY: Lungs clear all fields, eupneic.  
INTEGUMENT: IVC in place w/ no swelling, sutures in place holding u.cath.  
ABDOMEN: No masses, pain or fluid wave on abdominal palpation.  
MUSCULOSKELETAL: Ambulatory, normal palpation.  
NEUROLOGICAL: No gross neurologic deficits, normal PLR and palpebral and menace OU.  
UROGENITAL: Bladder small & soft on palpation, u.cath in place flowing moderately hematuric urine.  
RECTAL: Not examined.

**Diagnostics:**

none this shift


**Assessment/Update to Problem List:**

None Specified

**Treatment Plan:**

LRS IV @ 16 mL/h  
Buprenorphine 0.03mg/kg IV q8h -> decrease to 0.02mg/kg IV q8h PRN  
Start Gabapentin 100mg PO BID  
E-collar always  
U.cath care, monitor UOP q2h  
NPO pending potential surgery

Doctor on Duty: Stephanie La Plume, DVM

 Diagnostic Result

**Requested By:** Breanna Miller  
**Supplier:** IDEXX Reference Laboratory (IDX)  
**Reference:** US798-DR301266  
Chemistry (2) **Outcome:**  
**Clinic Notes / Specifics:**

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
IDEXX Cystatin B (Urine)	PENDING	ng/mL		99	


 Diagnostic Result

**Requested By:** Breanna Miller  
**Supplier:** IDEXX Reference Laboratory (IDX)  
**Reference:** US798-DR301266  
Microbiology (8) **Outcome:**  
**Clinic Notes / Specifics:**


Test	Results	Unit	Lowest Value	Highest Value	Qualifier
Source:	PENDING				

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
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**\*\*INTERPRETATION KEY for Antibiotic Susceptibility Results (when performed)\*\*** S = Sensitive. Organism is inhibited by usual recommended dose. I = Intermediate. Organism is inhibited only by the maximum recommended dose. R = Resistant. Organism is resistant to the maximum recommended dose. These standards have been established by the Clinical and Laboratory Standards Institute (CLSI). TF = To Follow. Susceptibility testing for this antibiotic is performed by Kirby-Bauer and results will follow shortly. N/I (not indicated) will be reported and/or MIC data may be left blank and not reported if: a) the growth requirements of the organism require the sensitivity testing to be performed by another method b) interpretive criteria are not available from CLSI (in this case, recommended antibiotics will be reported based on clinical efficacy studies) c) certain antibiotics are not available due to limitations of our commercial laboratory system d) the drug is known to be clinically ineffective against the organism regardless of in vitro results For all sources and sites, susceptibilities are reported based on canine/feline MIC breakpoints where available. For more information on Minimum Inhibitory Concentration (MIC) please see the "Microbiology Guide to Interpreting Minimum Inhibitory Concentration (MIC)" section of the IDEXX Reference Laboratories Directory of Services or visit [www.idexx.com/MIC](http://www.idexx.com/MIC).

 Health Status


Attitude: BAR

 Medication


**Prescribed By:** Stephanie La Plume  
 1 x Gabapentin 100mg (Per Capsule)  
 Give #INPUT# capsule(s) by mouth #INPUT# time(s) a day.

 Health Status

R.R: 40  
 Attitude: BAR  
 Respiratory Effort: Normal

 Health Status

Attitude: BAR

 Health Status


Weight(kg): 6.60  
 H.R.: 176  
 Pain: 1/23  
 CRT: 1-2 sec  
 MM: Pink  
 Attitude: QAR  
 Comments: Resp. rate = purr Temperature = hold Weight = hold  
 Respiratory Effort: Normal  
 Pulse Quality: Normal

 Health Status

Attitude: QAR

 Health Status

R.R: 30  
 Attitude: QAR  
 Respiratory Effort: Normal

 Diagnostic Result

**Requested By:** Breanna Miller  
**Supplier:** Vet Rocket DX  
**Reference:** US798-301267  
**Outcome:**

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From: VetRad  
Sent: Thursday, February 1, 2024 4:19 AM  
To: Info Campbell ; Info Campbell ; Val Sadler ; VetRad Info Account  
Subject: External - REPORT: 600461 Name: Mohammed^Sangha Species: FELINE At MedVet Campbell

[<https://s3.amazonaws.com/DVMInsight-Prod/Assets/VETRAD/logo.jpg?AWSAccessKeyId=AKIAI6KYFZPPENLOFW3A&Expires=1927714747&Signature=wcHqv1QK938fnJ9Efremy2whMCO%3D>]

VetRad  
www.vetrad.com

1-888-4-VETRAD (483-8723)

Final Report for Exam: 25593953

Patient ID: 600461 Patient Name: Mohammed^Sangha  
Sex: M ALTERED Birthdate: 1/31/2017 Wt: 6.5kg  
Hospital Name: MedVet Campbell  
905 Dell Ave  
Campbell, CA 95008  
408-371-6252

Doctor Name: Relief Doctor Date of Exam: 20240131  
Reader: Valerie M. Sadler DVM, DACVR Confirmation Date: 2/1/2024 12:19:06 PM UTC

#### HISTORY

Consult Type: RADIOGRAPH INTERPRETATION 1-6 IMAGES, SIG: DOB: 1/31/2017, Age: 7 Y, Sex: M ALTERED, Wt: 6.5kg, Breed: Domestic Longhair, Species: FELINE, Images: 1, Case Details: post op urinary catheter placement for urinary obstruction

#### Findings

Lateral Abdomen dated 1/31/24

There is decreased serosal detail. The margins of the urinary bladder not well defined. A peripherally placed urinary catheter is seen terminating in the area of the urinary bladder. There are mineral opacities overlying the catheter, just caudal to the pelvis, and just cranial to the pelvis. Mineral opaque calculi are present within the urinary bladder. Mineral opacities are present within a kidney. The kidneys are superimposed. It is possible that mineralization is present within each kidney. The liver size is appropriate. The spleen cannot be assessed. The stomach contains fluid, gas, and granular material. The small intestine has similar contents. Some of small intestinal gas bubbles are atypical. Small intestinal overdistention is not seen. There is gas and granular material within the colon.

#### Conclusion

The loss of detail may be associated with effusion or inflammation.

The gas within the urinary bladder may be associated with catheter placement. Emphysematous cystitis is possible. Cystic and urethral calculi. Definitive localization of the urinary catheter cannot be made.

Renal mineralization or calculi.

#### Recommendations

An A FAST exam is recommended. Should effusion be identified, diagnostic centesis is recommended. Ultrasound could also be utilized to confirm catheter placement.

Read By:  
Valerie M. Sadler DVM, DACVR

Contact Information:  
If you have any questions or wish to discuss the case further, please contact me at valsadler@gmail.com.

Thank you very much for this referral. Please let me know if I can be of further assistance.

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

## Clinic Notes / Specifics:

### ♥ Health Status

Attitude: QAR

### ♥ Health Status

R.R: 32

Attitude: QAR

Respiratory Effort: Normal

### ♥ Health Status

Attitude: QAR

### ♦ Medication

**Prescribed By:** Breanna Miller

0.65 x Buprenorphine Inj 0.3mg/ml (Per mL)

Give #INPUT# mLs #INPUT# every #INPUT# hours.

### ♥ Health Status

Temp(°F): 102.0

H.R.: 188

R.R: 36

Pain: 0/23

CRT: 1-2 sec

MM: Pink

Attitude: QAR

Respiratory Effort: Normal

Pulse Quality: Normal

### 📄 Assessments

1) Urethral Obstruction- urinary calculi

2) Renoliths

3) Bladder Stones

#### DIAGNOSTICS

- CHEM 17/CBC/Lytes: Hyperglycemia (292), Creat (1.9), HCT (55.6%), Neutrophilia (19.3k)
- Single lateral radiograph (post placement of urethral catheter): two radio-opaque urethral stones visualized. Numerous radio-opaque bladder stones present. Numerous radio-opaque renal stones visualized. U cath appropriately placed.
- UA + U. Culture: SUBMITTED, PENDING

#### TREATMENT

- Administered 0.3mg/kg methadone IM shortly after presentation
- Placed IVC
- Administered 0.2mg/kg midazolam IV
- Titrated 4mg/kg propofol to effect
- Placed 3.5 Fr slippery sam urethral catheter ( easily passed, no grit, no resistance)
- Bloody urine produced

- U Cath sutured in place with 3 stay sutures with 3-0 PDS

#### PLAN

- LRS @ 16ml/hr
- Buprenorphine 0.02mg/kg q8hr IV
- Cerenia 1mg/kg IV q24hr
- Measure urine output q2hrs/empty urine collection system q2hrs

#### CLIENT COMMUNICATION

- Discussed results with female O (out of town): let her know that there are urinary stones. P currently has a U cath in place and is peeing freely. Urine is very bloody. Discussed that there is a chance that cystotomy will be indicated. Will give O update in the AM.
- Spoke with O at 8am: discussed that, at this time, the recommendation is to retrograde flush the stones into the bladder. The risk of him reobstructing is very high if the urethral catheter is removed without surgical removal of the stones. Owner is flying back to come and see P today. She will pursue options for cystotomy at lower cost hospitals. She will try to get this coordinated before she gets in today. She expects to come to visit Sangha around 1 pm today. She would like to keep him hospitalized until that time.

#### Physical Exam

- GEN: BARH - MM: pink, moist, CRT <2 seconds
- CV: No murmurs or arrhythmias ausculted. Strong, synchronous, symmetrical pulses.
- RESP: Eupneic. No crackles or wheezes ausculted. No nasal discharge.
- LNs: Peripheral lymph nodes palpate soft and less than 1cm.
- DENT: 0/4 calculus, 0/3 gingivitis. No oral masses or lesions noted.
- INTEG: Full, clean haircoat. No evidence of ectoparasites.
- EYES: Pupils are isocoric. No discharge or erythema noted OU.
- EARS: Intact TM, no FB AU. No discharge or erythema AU.
- GI: **Turgid bladder palpated, ~ 5cm in diameter. Unable to express.** Soft, non-painful abdomen. No masses palpated.
- GU: Normal reproductive organs, no masses or abnormal discharge noted.
- MS/NEURO: Ambulatory x's 4. No gait abnormalities noted. No pain on orthopedic palpation or ROM.

#### History

Sangha presents to MedVet Campbell for evaluation of straining to urinate without production for at least 6 hours. P was taken to the pDVM earlier today and transferred directly to MedVet after PE revealed a turgid bladder that was not able to be expressed.

Owner of cat is currently traveling, has been gone for about 1 month. O travels often and P stays with brother often.

ENV: Indoor/Outdoor. No other pets at home

PPH: No history of urinary obstruction, no other medical issues

MEDS: None

#### Health Status

Attitude: QAR

#### Health Status

Temp(°F): 99.0

R.R: 32

Attitude: QAR

Respiratory Effort: Normal

**Wednesday the 31st of January 2024**

🔍 Diagnostic Result

**Requested By:** Breanna Miller  
**Supplier:** Vet Rocket DX  
**Reference:** US798-301267  
**Outcome:**  
**Clinic Notes / Specifics:**



**Imaging Online Viewable External Link:**

<http://medvet.vetrocket.net/view.html?link=p2fLDgLOBgu9tvyTq0fneujfteWMC3vPzd0XlJmUnl4XlJqUms41mtG5ns4ZodiWnZqXnJqOnTeXndmZntyXmJa0otuXmtGYmZC2ndyZmjG1mYb1pte0mZyGyZ0Ymdi0ltaYltaX>

❤️ Health Status

Temp(°F): 97.8  
Attitude: QAR

🔍 Diagnostic Request

**Requested By:** Breanna Miller  
**Supplier:** Vet Rocket DX  
**Reference:** US798-301272  
**Status:** None  
Radiographs Per Region - VetRad

💊 Medication

**Prescribed By:** Breanna Miller  
2 x Propofol 10mg/mL Inj (Per mL)

💊 Medication

**Prescribed By:** Breanna Miller  
0.26 x MIDazolam 5mg/mL Inj (Per mL)

🔧 Therapeutic / Procedure

**Urinary Catheter**  
**Specifics:**

*IV Catheter Placement:* charged in smartflow  
*IV Fluids Administered:* charged in smartflow

🔍 Diagnostic Result

**Requested By:** Breanna Miller  
**Supplier:** IDEXX VetLab Station (IVLS)  
**Reference:** US798-DR301265  
Chemistry (2) **Outcome:**  
**Clinic Notes / Specifics:**

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
Glucose	292	mg/dL	74	159	



Test	Results	Unit	Lowest Value	Highest Value	Qualifier
Creatinine	1.9	mg/dL	0.8	2.4	
BUN	26	mg/dL	16	36	
BUN: Creatinine Ratio	14				
Phosphorus	5.6	mg/dL	3.1	7.5	
Calcium	8.8	mg/dL	7.8	11.3	
Sodium	158	mmol/L	150	165	
Potassium	3.5	mmol/L	3.5	5.8	
Na: K Ratio	45				
Chloride	118	mmol/L	112	129	
Total Protein	7.7	g/dL	5.7	8.9	
Albumin	3.0	g/dL	2.2	4	
Globulin	4.7	g/dL	2.8	5.1	
Albumin: Globulin Ratio	0.6				
ALT	40	U/L	12	130	
ALP	50	U/L	14	111	
GGT	2	U/L		4	
Bilirubin - Total	0.3	mg/dL		0.9	
Cholesterol	165	mg/dL	65	225	
Amylase	836	U/L	500	1500	
Lipase	423	U/L	100	1400	
Osmolality	326	mmol/kg			

#### 🔍 Diagnostic Result

**Requested By:** Breanna Miller

**Supplier:** IDEXX VetLab Station (IVLS)

**Reference:** US798-DR301265

Hematology (1) **Outcome:**

**Clinic Notes / Specifics:**

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
RBC	10.51	M/ $\mu$ L	6.54	12.2	
Hematocrit	55.6	%	30.3	52.3	
Hemoglobin	16.7	g/dL	9.8	16.2	
MCV	52.9	fL	35.9	53.1	
MCH	15.9	pg	11.8	17.3	
MCHC	30.0	g/dL	28.1	35.8	
RDW	23.1	%	15	27	
% Reticulocyte	0.6	%			
Reticulocytes	67.3	K/ $\mu$ L	3	50	
Reticulocyte Hemoglobin	17.3	pg	13.2	20.8	
WBC	* 23.15	K/ $\mu$ L	2.87	17.02	*
% Neutrophils	* 83.4	%			*
% Lymphocytes	* 10.8	%			*
% Monocytes	* 3.1	%			*
% Eosinophils	* 1.9	%			*
% Basophils	* 0.8	%			*
Neutrophils	* 19.32	K/ $\mu$ L	2.3	10.29	*
Lymphocytes	* 2.50	K/ $\mu$ L	0.92	6.88	*
Monocytes	* 0.71	K/ $\mu$ L	0.05	0.67	*
Eosinophils	* 0.44	K/ $\mu$ L	0.17	1.57	*
Basophils	* 0.18	K/ $\mu$ L	0.01	0.26	*
Nucleated RBCs	Suspected				*
Platelets	355	K/ $\mu$ L	151	600	


Test	Results	Unit	Lowest Value	Highest Value	Qualifier
MPV	16.4	fL	11.4	21.6	
Plateletcrit	0.58	%	0.17	0.86	

 Diagnostic Request

**Requested By:** Breanna Miller  
**Supplier:** IDEXX Reference Laboratory (IDX)  
**Reference:** US798-DR301266  
**Status:** SUBMITTED  
 Urinalysis with Urine Culture\*

 Diagnostic Request

**Requested By:** Breanna Miller  
**Supplier:** IDEXX VetLab Station (IVLS)  
**Reference:** US798-DR301265  
**Status:** SUBMITTED  
 ProCyte CBC (IVLS)  
 Catalyst Chem17 + Lytes (IVLS)

 Medication

**Prescribed By:** Breanna Miller  
 0.65 x Maropitant 10mg/ml Inj (Per mL)

 Health Status

*Temp(°F):* 97.8  
*R.R:* 28  
*Attitude:* Sedate  
*Respiratory Effort:* Normal

 Health Status


*Comments:* Attitude = painful

 Medication

**Prescribed By:** Breanna Miller  
 0.2 x Methadone 10mg/ml Inj (Per mL)

 Health Status

*Weight(kg):* 6.50  
*H.R.:* 200  
*R.R:* 50  
*B.C.S:* 6.0/9.0  
*Pain:* 0/23  
*CRT:* <1 sec  
*MM:* Pink  
*Attitude:* Vocalizing  
*Comments:* Temperature = ute  
*Respiratory Effort:* Normal  
*Pulse Quality:* Normal

 Presenting Problem(s)

Transfer from AHC, trouble urinating.

 **SANGHA MOHAMMED**

PET OWNER: **JAVED MOHAMMED**  
 SPECIES: Feline  
 BREED:  
 GENDER: Male Neutered  
 AGE: 7 Years  
 PATIENT ID: 501676

**MEDVET CAMPBELL**  
 905 DELL AVE  
 CAMPBELL, CA 95008  
 408-371-6252  
 ACCOUNT #:  
 ATTENDING VET: Breanna Miller

LAB ID:  
 ORDER ID: 225462055  
 DATE OF RECEIPT: **1/31/24**  
 DATE OF RESULT: **1/31/24**

IDEXX Services: ProCyte Dx Hematology Analyzer, Catalyst Dx Chemistry Analyzer

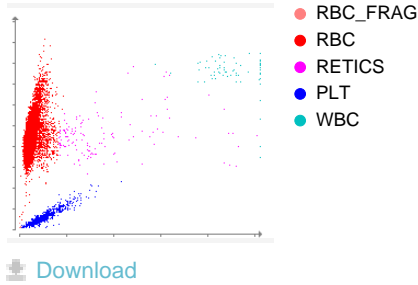
**Hematology**



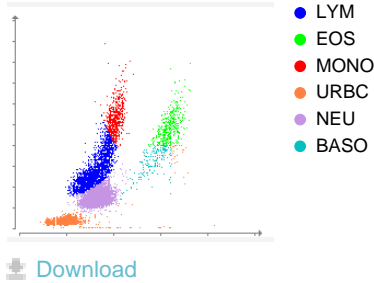
**1/31/24 10:05 PM**

TEST	RESULT	REFERENCE VALUE	
RBC	10.51	6.54 - 12.20 M/ $\mu$ L	
<b>Hematocrit</b>	<b>55.6</b>	<b>30.3 - 52.3 %</b>	H
<b>Hemoglobin</b>	<b>16.7</b>	<b>9.8 - 16.2 g/dL</b>	H
MCV	52.9	35.9 - 53.1 fL	
MCH	15.9	11.8 - 17.3 pg	
MCHC	30.0	28.1 - 35.8 g/dL	
RDW	23.1	15.0 - 27.0 %	
% Reticulocyte	0.6	%	
<b>Reticulocytes</b>	<b>67.3</b>	<b>3.0 - 50.0 K/<math>\mu</math>L</b>	H
Reticulocyte Hemoglobin	17.3	13.2 - 20.8 pg	
<b>WBC</b>	<b>* 23.15</b>	<b>2.87 - 17.02 K/<math>\mu</math>L</b>	H
% Neutrophils	* 83.4	%	
% Lymphocytes	* 10.8	%	
% Monocytes	* 3.1	%	
% Eosinophils	* 1.9	%	
% Basophils	* 0.8	%	
<b>Neutrophils</b>	<b>* 19.32</b>	<b>2.30 - 10.29 K/<math>\mu</math>L</b>	H
Lymphocytes	* 2.50	0.92 - 6.88 K/ $\mu$ L	
<b>Monocytes</b>	<b>* 0.71</b>	<b>0.05 - 0.67 K/<math>\mu</math>L</b>	H
Eosinophils	* 0.44	0.17 - 1.57 K/ $\mu$ L	
Basophils	* 0.18	0.01 - 0.26 K/ $\mu$ L	
Nucleated RBCs	* Suspected		
Platelets	355	151 - 600 K/ $\mu$ L	
MPV	16.4	11.4 - 21.6 fL	
Plateletcrit	0.58	0.17 - 0.86 %	

RBC Run



WBC Run



\* Confirm with dot plot and/or blood film review.  
 Increased HCT - Polycythemia.

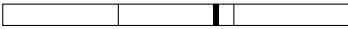




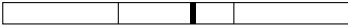

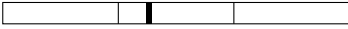
**Chemistry**



1/31/24      10:12 PM

TEST	RESULT	REFERENCE VALUE	
<b>Glucose</b>	<b>292</b>	<b>74 - 159 mg/dL</b>	H <input type="text"/>
Creatinine	1.9	0.8 - 2.4 mg/dL	<input type="text"/>
BUN	26	16 - 36 mg/dL	<input type="text"/>
BUN: Creatinine Ratio	14		
Phosphorus	5.6	3.1 - 7.5 mg/dL	<input type="text"/>
Calcium	8.8	7.8 - 11.3 mg/dL	<input type="text"/>
Sodium	158	150 - 165 mmol/L	<input type="text"/>
Potassium	3.5	3.5 - 5.8 mmol/L	<input type="text"/>
Na: K Ratio	45		
Chloride	118	112 - 129 mmol/L	<input type="text"/>
Total Protein	7.7	5.7 - 8.9 g/dL	<input type="text"/>
Albumin	3.0	2.2 - 4.0 g/dL	<input type="text"/>

**Chemistry (continued)**

TEST	RESULT	REFERENCE VALUE	
Globulin	4.7	2.8 - 5.1 g/dL	
Albumin: Globulin Ratio	0.6		
ALT	40	12 - 130 U/L	
ALP	50	14 - 111 U/L	
GGT	2	0 - 4 U/L	
Bilirubin - Total	0.3	0.0 - 0.9 mg/dL	
Cholesterol	165	65 - 225 mg/dL	
Amylase	836	500 - 1,500 U/L	
Lipase	423	100 - 1,400 U/L	
Osmolality	326	mmol/kg	



## VetRad

[www.vetrad.com](http://www.vetrad.com)

1-888-4-VETRAD (483-8723)

### Final Report for Exam ID: 25593953

<b>Patient ID</b>	600461	<b>Patient Name</b>	Mohammed^Sangha
<b>Sex:</b>	M ALTERED	<b>Birthdate:</b>	1/31/2017
<b>Weight:</b>	6.5		
<b>Hospital Name:</b>	MedVet Campbell 905 Dell Ave, Campbell, CA 95008		
<b>Doctor Name:</b>	Relief Doctor	<b>Date of Exam:</b>	20240131
<b>Report Date:</b>	2/1/2024 12:19:06 PM UTC	<b>Report ID:</b>	4638354
<b>Reader:</b>	Valerie M. Sadler DVM, DACVR		

#### History

Consult Type: RADIOGRAPH INTERPRETATION 1-6 IMAGES, SIG: DOB: 1/31/2017, Age: 7 Y, Sex: M ALTERED, Wt: 6.5kg, Breed: Domestic Longhair, Species: FELINE, Images: 1, Case Details: post op urinary catheter placement for urinary obstruction

#### Findings

Lateral Abdomen dated 1/31/24

There is decreased serosal detail. The margins of the urinary bladder not well defined. A peripherally placed urinary catheter is seen terminating in the area of the urinary bladder. There are mineral opacities overlying the catheter, just caudal to the pelvis, and just cranial to the pelvis. Mineral opaque calculi are present within the urinary bladder. Mineral opacities are present within a kidney. The kidneys are superimposed. It is possible that mineralization is present within each kidney. The liver size is appropriate. The spleen cannot be assessed. The stomach contains fluid, gas, and granular material. The small intestine has similar contents. Some of small intestinal gas bubbles are atypical. Small intestinal overdistention is not seen. There is gas and granular material within the colon.

#### Conclusion

The loss of detail may be associated with effusion or inflammation.

The gas within the urinary bladder may be associated with catheter placement. Emphysematous cystitis is possible. Cystic and urethral calculi. Definitive localization of the urinary catheter cannot be made.

Renal mineralization or calculi.

#### Recommendations

An A FAST exam is recommended. Should effusion be identified, diagnostic centesis is recommended. Ultrasound could also be utilized to confirm catheter placement.

**Read By:**

Valerie M. Sadler DVM, DACVR

2/1/2024 12:19:06 PM UTC

To contact me : If you have any questions or wish to discuss the case further, please contact me at  
valsadler@gmail.com.