

## Lumbosacral Myelomalacia and Bacterial Cystitis in a Cat

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**Signalment:** A 3-year-old, intact female, Siamese was presented due to dribbling urine, hemorrhagic pyrouria and inability movement of tail.

**Results:** The physical examination revealed absent deep pain reflex of tail. Increased radiopaque urinary bladder was small and flaccid on abdominal radiography. Ultrasonogram showed thickened urinary bladder wall with reverberation. The urinalysis suggested bacterial cystitis due to *Proteus mirabilis* and cyrindriuria by predominant struvite. There was no specific finding on lumbosacral radiography. The diagnosis was made by magnetic resonance imaging of lumbosacral lesion. The lesion was hyposignal on T1-weighted images and hypersignal on T2-weighted images. There was not enhancement with gadolinium. There was no remarkable finding on cerebrospinal fluid analysis. This case was suspected as bacterial cystitis and caudal equine disorder due to lumbosacral myelomalacia. Differential diagnosis of lumbosacral myelomalacia included trauma, fibrocartilagenous emboli, meningoencephalitis. Treatment consisted of amoxi-clavulanic acid (62.5mg/cat, per 12 hours, PO), enrofloxacin (5mg/kg, per 12 hours, PO) and celecoxib (2mg/kg, per 12 hours, PO). Hemorrhagic pyrouria was partially improved 1 week after the therapy and during this time the cat did not regained voluntary urination.

**Clinical relevance:** This case report shows clinical features of bacterial cystitis due to lumbosacral myelomalacia in a cat.

**Key words:** cat, bacterial cystitis, lumbosacral myelomalacia

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