



DATE PRESENTING CLINICAL SIGNS

3/12/26 **Patient History:** Chronic Hematuria

PATIENT

Bella Denison

Current Medications: Being treated for Hyperthyroidism with 5mg. Methimazole b.i.d.
Labwork Results: Labwork not attached, reported as: U/A's show chronic hematuria without infection or crystalluria. CBC/Vet Screen WNL. T4: 9.7. Xray: No stones

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Andi Parkinson RDMS

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8/1/10

WEIGHT

7.3 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. Small non-obstructive nephroliths are noted bilaterally. Left kidney is normal in size at 3.42 cm. The right kidney is small at 2.88 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.50 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.43 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Beltway Animal
Hospital

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Smith

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is markedly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion

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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted. Multiple anechoic cystic areas are noted throughout the pancreas, the largest of which measures 1.5 cm x 1.8 cm in size.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Suspect chronic low-grade smoldering pancreatitis with large suspect pancreatic cysts – Hematomas, abscesses, other can't be ruled out. Similarly, while thought less likely, infiltrative neoplasia can't be ruled out without tissue sampling.
- The liver changes described above are non-specific but suggest an infiltrative process, with both benign differentials such as bacterial or lymphoplasmacytic cholangiohepatitis, other benign or reactive inflammatory hepatopathy, as well as infiltrative neoplasia such as round cell neoplasia versus other unable to be differentiated without tissue sampling.
- Bilateral chronic kidney disease changes with bilateral non-obstructive nephroliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the liver +/- pancreas are recommended if patient's coagulation status is appropriate.

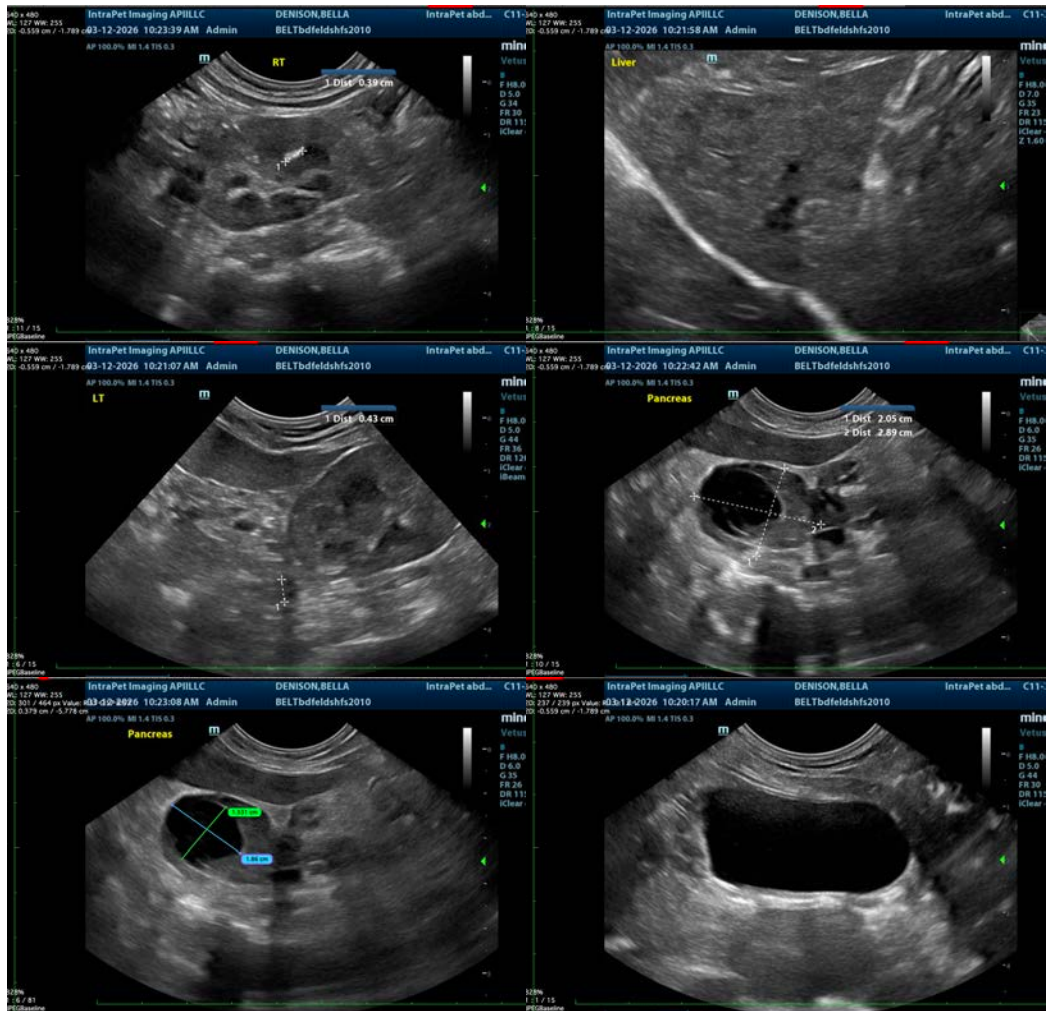
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

If hyperthyroidism is not well controlled, changing management for tighter control of hyperthyroidism is also recommended.

If not recently evaluated, a blood pressure is recommended.

In the face of negative urine culture(s) and no cystoliths, masses, etc., these urinary signs could be, at least in part, consistent with sterile cystitis or feline lower urinary tract disease (FLUTD).

Recommendations include maximizing water consumption (water fountains, canned food, etc) as well as reducing stress (recommendations can be found at Indoor Cat Initiative out of The Ohio State University CVM). Transition to a urinary health diet such as Royal Canin Urinary SO (or similar) could also be considered.





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.

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