



**PATIENT**

Queso Hoopman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

11.4 Pounds

**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Dr. Chrissy Krell

**HOSPITAL NAME**

Town & Country AC

**REFERRING VET**

Dr. Amanda Bergin

**INVOICE**

44411

**DATE**

1/20/23

**PRESENTING CLINICAL SIGNS**

Chronic issues with urinary symptoms, previously diagnosed with bacteriuria, pyuria, hematuria in early 11/2022. She improved with diet change and stress management. Patient is currently being managed with Fluoxetine, Buprenorphine. She has been seen multiple times at Blue Pearl previously, started on Fluoxetine, Gabapentin and MultiCare Stress diet in July 2022. Patient is doing better since restarting medications in early January, symptoms much improved.

Abnormal PE/Chem/CBC/UA Results: PE: Normal on exam today. No new blood work/UA completed. 12/28/22 UA: SG 1.025, pH 6.0, Hematuria, wnl BW on 11/4/2022 - normal.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with a large amount of suspended echogenic debris within the lumen. This could be clinically insignificant lipid exfoliation from the kidneys, though inflammatory debris or blood would be possible, given that these echogenic changes can all present similarly.

The kidneys display similar changes to one another. Both are small, though the left is smaller, measuring 2.93 cm in length. The right measures 3.6 cm in length. There is a moderate decrease in corticomedullary distinction, and both kidneys are misshapen (the right more so than the left) with evidence of prior infarcts.

**Adrenal Glands**

The left adrenal gland is normal in size at 1.32 cm long x 0.23 cm at the cranial pole and 0.31 cm at the caudal pole. The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size at 1.38 cm long x 0.50 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

**Spleen**

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

**Liver**

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended with bile. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

**Gastrointestinal**

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.



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The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum measures normal with distinct wall layering. The remainder of the small intestines also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The ileocolic junction was visualized and had normal intact wall layering and is subjectively of normal thickness.

The sections of colon are visualized with formed fecal material and gas shadowing distally.

The colon measures normal. There is no observed focal or generalized colon wall thickening or loss of layering.

***Pancreas***

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic degenerative renal changes – could be consistent with early chronic kidney degeneration, or occult chronic pyelonephritis could look similar.
- Echogenic debris within the bladder without other indication of cystitis or urethritis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

While the echogenic debris in the bladder could be consistent with benign lipid droplets typical of cats, it would also be consistent with inflammation or bacterial cystitis, though there were no other changes to the bladder to suggest this. Also, the changes to the kidneys suggest chronic injury, and an occult chronic pyelonephritis could be a consideration.

A urine culture is advised with a possibly longer course of antibiotics if the patient is antibiotic responsive. Consider routine monitoring of the renal values, given changes to the kidneys. For recurrent or persistent sterile cystitis, consider continuing Gabapentin, Buprenorphine, and Prazosin as needed.



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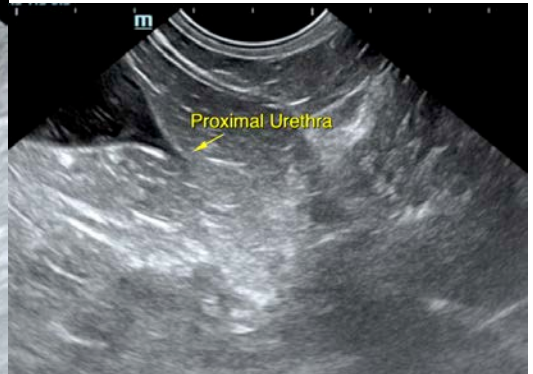
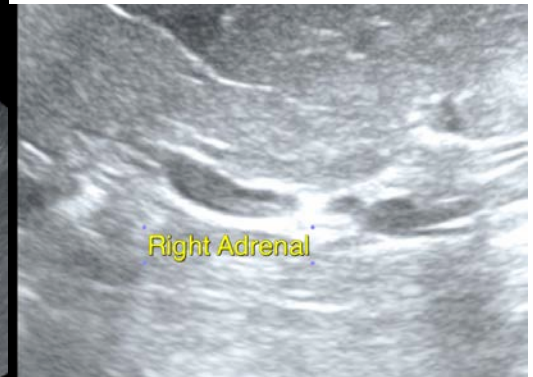
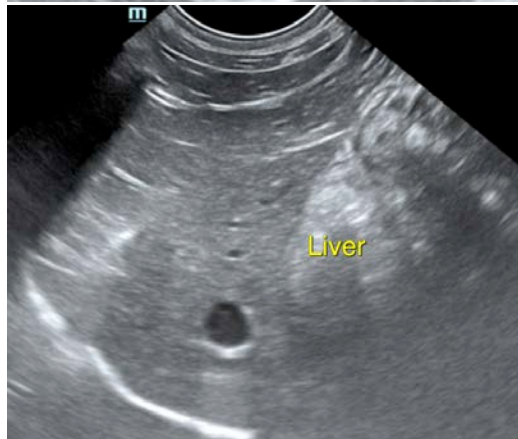
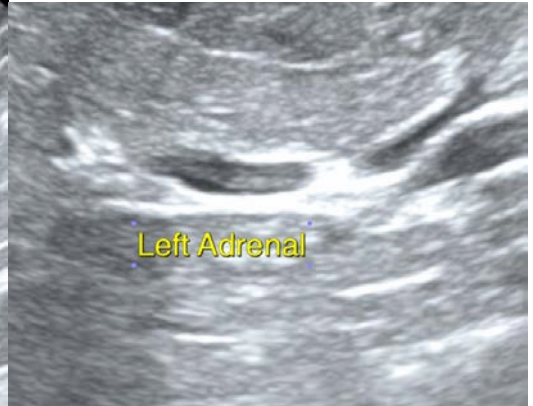
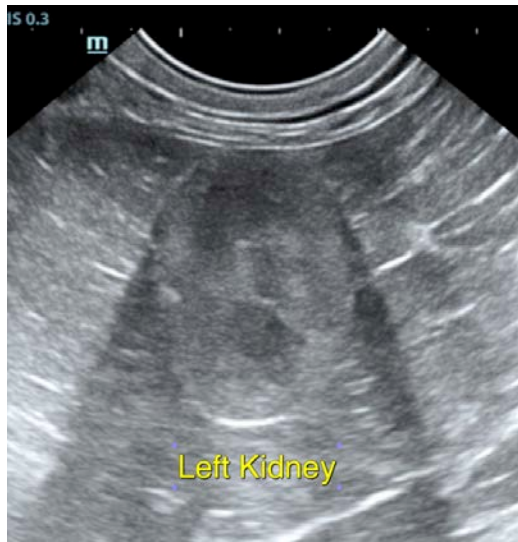
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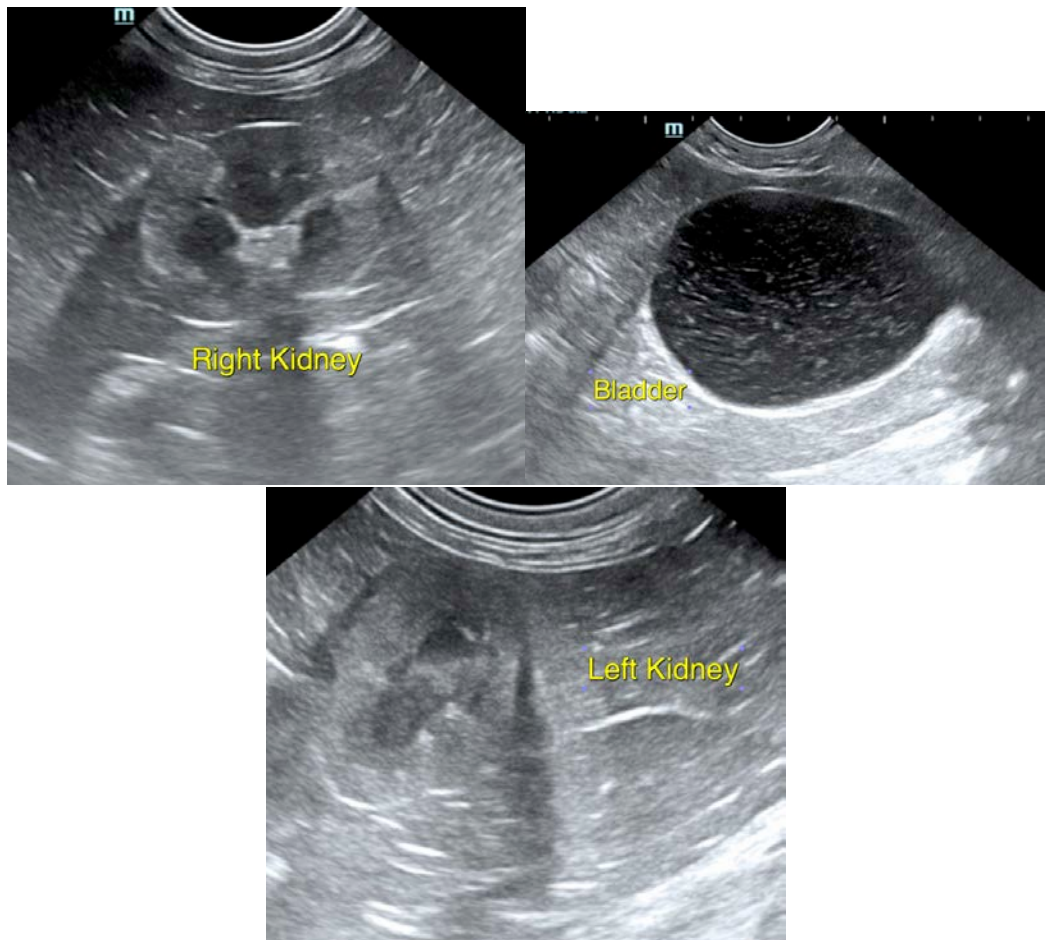
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Jessica Midence, DVM, DACVIM (SAIM)**

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