

**DATE PRESENTING CLINICAL SIGNS**

1/10/23

12/2/22 - Patient seen @ ER for blood in urine; unable to obtain a urine sample so sent home w/ Clavamox.
 12/7/22 - seen @ CCVH for recheck - symptoms resolved w/ Clavamoxl bldwk and U/A done and P dx'd
 w/ kidney disease. 12/13/22 - Started having blood in urine again and is straining to urinate; rad done w/ no
 uroliths seen; urine culture sent out; started on Clavamox for 3 weeks. 1/3/22 - Owner emailed that patient
 has blood in urine again; had resolved while on Clavamox but returned about 3 days after finishing the meds

PATIENT

Eleanor Senflung

SPECIES

Feline

Current Medications: Clavamox: 37.5mg PO BID x 3 weeks.
 Lab Results: 12/7/22 - inc BUN and Creatinine. 12/14/22: U/A - USG = 1.016; increased rbc's, increased
 wbc's, no bacteria seen urine culture - positive for E.Coli
 Date of Previous IntraPet Ultrasound: No previous.

BREED

DSH

Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae
 and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal
 irregularities, masses or cystic calculi. There is a small cystic structure visualized in the apical ventral portion
 of the urinary bladder measuring approximately 0.4 cm x 0.31 cm. This lesion is suspicious for a urachal
 diverticulum.

AGE

3/1/05

WEIGHT

6.25 Pounds

The left kidney has a normal shape and size (2.58 cm) with mild pyelectasia at 0.34 cm and a small non-
 obstructive nephrolith measures 0.29 cm. Overall echogenicity is slightly hyperechoic with poor
 corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric
 inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
 MS, Diplomate ACVIM
 (Small Animal Internal
 Medicine)

The right kidney has a normal shape and size (2.93 cm) with mild pyelectasia at 0.23 cm. Overall echogenicity
 is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is
 no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths,
 infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Charm City Vet

ULTRASONOGRAPHIC FINDINGS**REFERRING VET**

Dr. Karbonik

- Cystic structure in the apical ventral portion of the urinary bladder – This lesion is most consistent with a urachal diverticulum.
- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – The bilateral renal findings are consistent with age-related change. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

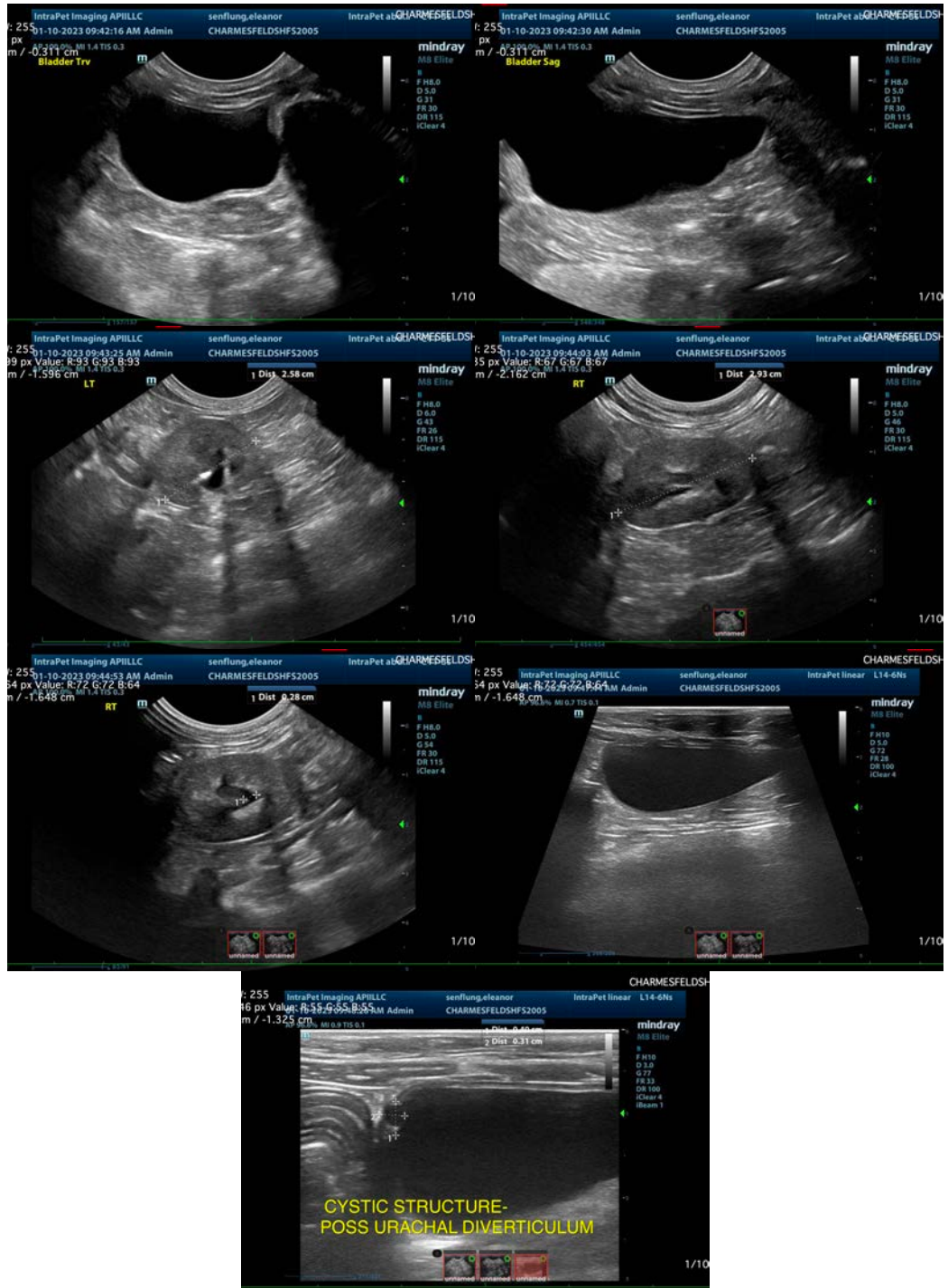
INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a cystic structure visualized in the apical ventral portion of the urinary bladder. This position would be most consistent with a urachal diverticulum. This can be asymptomatic, but in some individuals bacteria can be harbored in the diverticulum, causing recurrent cystitis. Recommend stringent cultures and treatment by cultures and sensitivities along with probiotic therapy and possible cranberry supplement. If these infections are not clearing, then surgical resection of the diverticulum may be necessary.

The changes in the kidneys are consistent with chronic progressive renal changes, although the mild pyelectasia could be consistent with pyelonephritis.



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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