



PATIENT

Abigail Dziuba

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8

WEIGHT

14.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

13182

DATE

01/16/26

PRESENTING CLINICAL SIGNS

Recheck previous U/S 1/15/26

Abnormal PE/Chem/CBC/UA Results: U/A pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The bladder wall is thickened and irregular, particularly in the ventral wall. with some intraluminal mineralization such as small stones. Some of the thickening appears to extend to the urethra where there is a focal mineralization visualized measuring 0.32 cm. The urethra itself appears somewhat thickened, measuring 0.49 cm. There is inflammation in a scant amount of free fluid ventral to the urinary bladder.

The left kidney has a normal shape and size (3.87 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.83 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The area of the right adrenal gland was normal.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized. The spleen measured 0.74 cm width.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is



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adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. The duodenum measured as normal (between 0.3 - 0.5 cm in wall thickness) and the jejunum measured as normal (between 0.2 - 0.47 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity. There is mild inflammation visualized ventral to the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

- Thickened irregular urinary bladder wall with intraluminal mineralizations and a small mineralization in the thickened urethra. Findings are most consistent with cystitis/urethritis and urolithiasis. A neoplastic process is less likely but cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach appears empty on today's exam. No focal lesions are visually associated with the GI tract to explain the vomiting reported.

The bladder is significantly thickened with an irregular with some mineralizations. On today's exam, there is a mineralization evident in the thickened urethra. Recommend close monitoring of urination and consider pain medications as well as a urine culture and radiographs to assess the size of the mineralizations. If symptoms are persistent, a cystotomy may be warranted for biopsies and to remove sandy debris (retrograde flush mineralizations back into the urinary bladder?).

It's uncertain if the vomiting reported is associated with a pain response, gastrointestinal disease, etc. Concurrent symptomatic therapy for gastroenteritis would be appropriate and close continued monitoring as an unseen gastrointestinal lesion cannot be ruled out.



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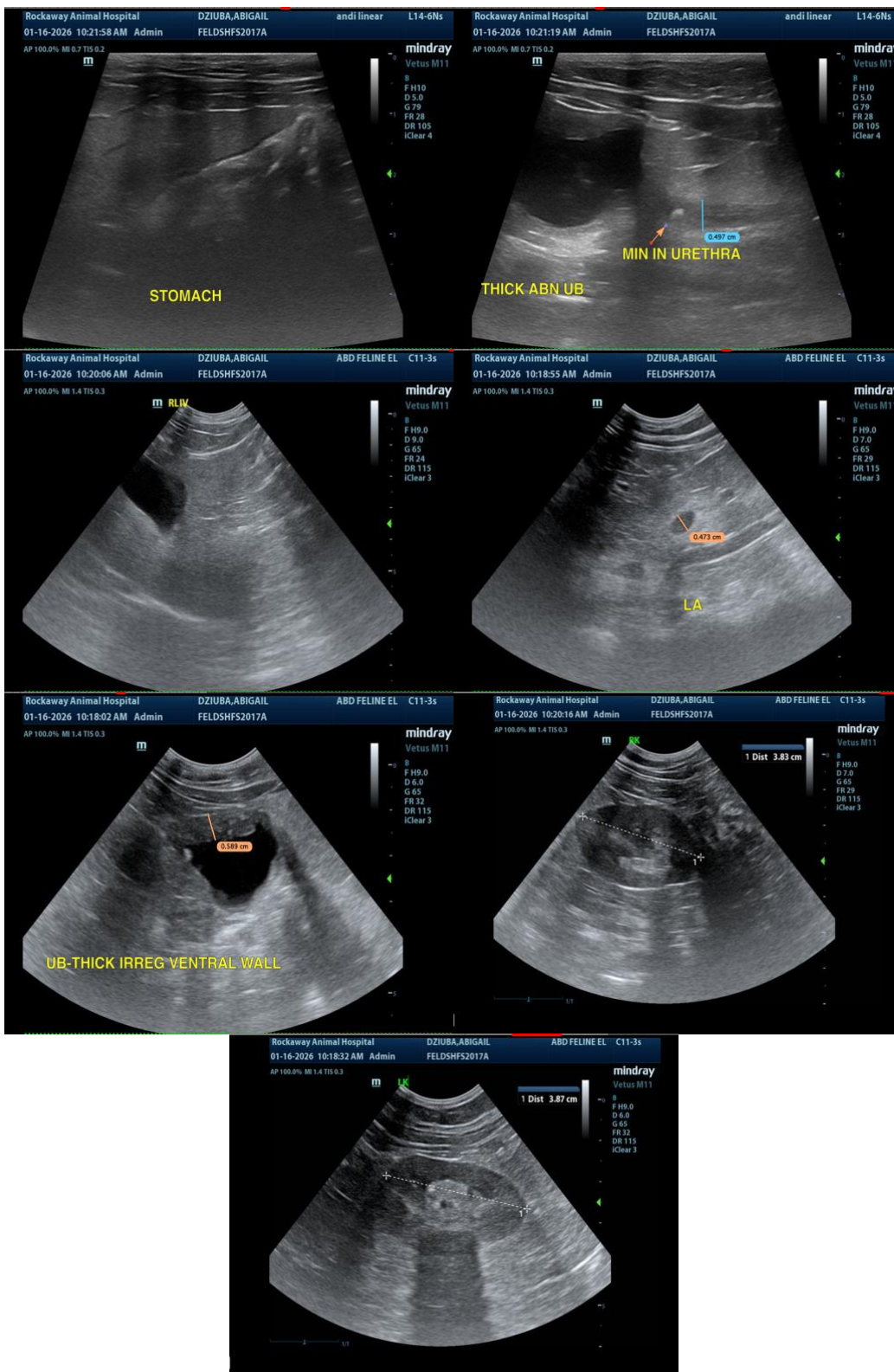
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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