

PATIENT PRESENTING CLINICAL SIGNS

Socks Schaus urinating outside litterbox persistent blood in urine -weight up a bit since June 2022 Grade 4 dental disease with periodontal disease Cannot locate left kidney on palpation otherwise NAF

SPECIES Abnormal PE/Chem/CBC/UA Results: Bloodwork June 25/22 showed mildly elevated BUN at 14.8 mmol/L (5.7-12.9) and SDMA at 12 ug/dL (0-14) Electrolytes Na+ 176 mmol/l (150-169) and Cl- at 141 mmol/L (112-129) Receiving SQ fluids q 72 hours- lytes back to normal Urinalysis Sept. 13/2022 3+ blood and 4+ rods. Treated with Zeniquin Now still 50-75 RBC/HPF but no bacteria or crystals, 0-2 WBC/HPF and 1+ transitional epithelial cells

Feline

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX The urinary bladder is moderately distended with echogenic urine. The Bladder wall appears mildly thickened and irregular, particularly on the ventral wall, measuring at 0.31 cm. The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi. Findings are most consistent with cystitis but underlying neoplastic changes cannot be excluded as a possibility.

Spayed Female

AGE

18 Years

The left kidney has a normal shape and size (3.08 cm) with a small cortical cyst measuring 0.31 cm, nephroliths measuring 0.43 and 0.52 cm, and mild pyelectasia at 0.33 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.

WEIGHT

3.28 kg

The right kidney has a normal shape and size (2.81 cm) with non-obstructive nephroliths and 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 infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 cm at the caudal pole. 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.

IMAGING PERFORMED BY

Crystal Hill

The right adrenal gland is normal in size measuring 0.36 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

HOSPITAL NAME

Simcoe AH

Spleen

The spleen is subjectively normal in size (0.80 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a 0.38 cm subtle hypoechoic nodule visualized within the splenic parenchyma.

REFERRING VET

Dr. Kennedy

Liver

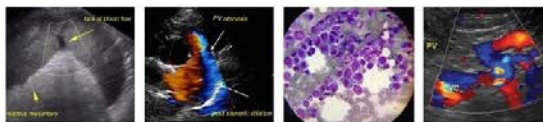
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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

DATE

10/14/22



PATIENT
Socks Schaus
The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

SPECIES *Gastrointestinal*

Feline
The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

BREED
DSH
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. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX
Spayed Female
The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

AGE *Pancreas*

18 Years
The spleen is prominent and hypoechoic. The spleen echotexture is heterogenous and mottled, 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.

WEIGHT *Free Abdomen*

3.28 kg
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.

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ULTRASONOGRAPHIC FINDINGS

- Moderate amount of echogenic debris visualized within the urinary bladder and mild bladder wall thickening/irregularity – Findings are most consistent with bacterial cystitis. Recommend urinalysis and culture and reevaluation of the bladder wall when the cystitis is resolved.
- Decreased corticomedullary distinction in both kidneys with nephroliths and bilateral mild pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Small hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Hypoechoic, prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a moderate amount of swirling dependent echogenic debris in the urinary bladder. Additionally, there are some mild irregularities in the ventral wall. These findings are suggestive of cystitis, but underlying neoplastic change cannot be excluded as a possible.



PATIENT

Socks Schaus

Recommend a urinalysis, culture, sensitivity, and treatment of the infection based on culture results. If the signs of cystitis resolve, recommend repeat ultrasound to recheck the urinary bladder, and do not discontinue the antibiotics until the bladder wall normalizes. If this has been a challenging infection, recommend culture while on antibiotics to ensure the antibiotics are working, and then again approximately a week after discontinuation of treatment. Recommend chronic probiotics.

SPECIES

Feline

The changes observed in the kidneys are most consistent with chronic age-related renal disease and nephroliths. Both kidneys have mild pyelectasia. Recommend blood pressure evaluation, urinalysis, and culture (as recommended above) to look for evidence of pyelonephritis.

BREED

DSH

There is a very subtle hypochoic nodule visualized in the spleen, which was only evident when viewed with the high-resolution probe. Consider a fine needle aspirate of this lesion or continued monitoring with ultrasound.

SEX

Spayed Female

The pancreas is prominent and hypochoic with mottled architecture. The mesentery surrounding the pancreas is relatively normal. Findings could be consistent with mild current pancreatitis or previous episodes of pancreatitis.

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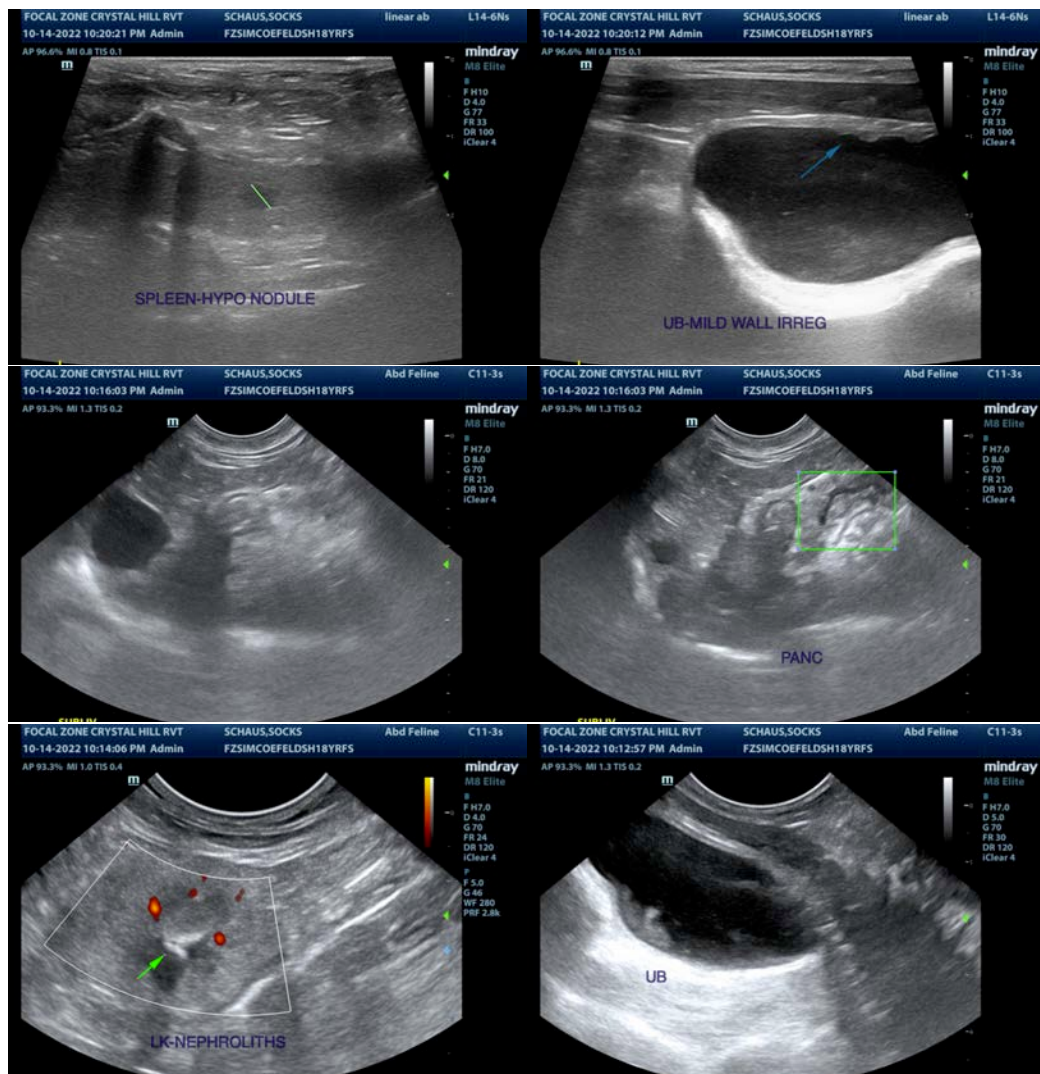
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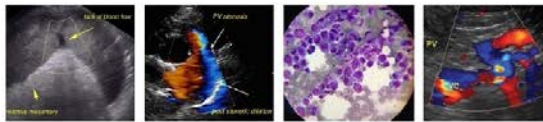
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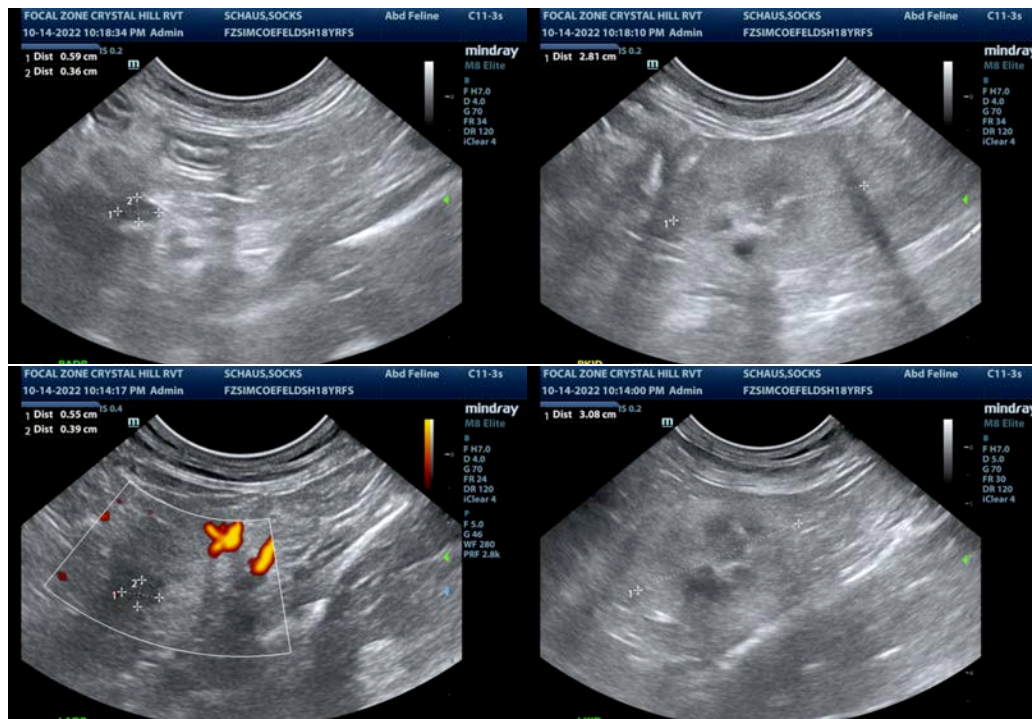
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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