



PATIENT

William Craviotto

PRESENTING CLINICAL SIGNS

SPECIES

Feline

Chief Concern / Provisional Diagnosis: ~concern for bladder wall mass ddx severe inflammation ~
Relevant Medical History and Physical Exam findings: ~ hematuria and inappropriate urination that started less than 1 year ago~

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: FIV positive hematology normal chem no clinical sig. T4 2.2 felv/hw neg probnp 39 marked hematuria that partially resolved with antibiotics there appeared to be irregularity, cystic lesions seen on dorsal bladder wall ~

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder is moderately distended with echogenic urine. The dependent portion of the urinary bladder has a large amount of sediment and hyperechoic sandy debris. The bladder wall appears mildly thickened but has a relatively smooth mucosal surface. The sandy debris extends into the visible proximal urethra. No focal mass lesions are observed.

AGE

13 Years

The left kidney has a normal shape and size (4.51 cm). Overall echogenicity is normal with adequate 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.

WEIGHT

13 Pounds

The right kidney has a normal shape and size (4.85 cm). Overall echogenicity is normal with adequate 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.44 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 BY

Loetitia Saint-Jacques,
LVT

The right adrenal gland is normal in size measuring 0.46 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

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Spleen

The spleen is subjectively normal in size (0.91 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. No focal parenchymal abnormalities are visualized.

REFERRING VET

Dr. Bridget Landon

Liver

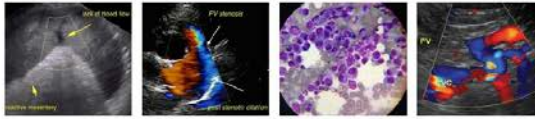
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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William Craviotto 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.

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Gastrointestinal

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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.27 cm.

SEX

Neutered Male

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

13 Years

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.

WEIGHT

13 Pounds

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The lymph nodes appear normal. An example of a slightly prominent mesenteric lymph nodes measures 0.34 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

IMAGING BY

Loetitia Saint-Jacques,
LVT

- Large amount of dependent echogenic/mineralized sandy debris in the dependent portion of the urinary bladder and proximal urethra – Recommend urinalysis and culture.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Prominent muscularis layer to the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs. This can be a normal finding in some older cats.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

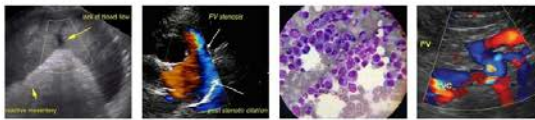
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There is a large amount of dependent sandy debris visualized in the urinary bladder and proximal urethra. This is likely the source of the irritation. This could be a consequence of an infection

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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY
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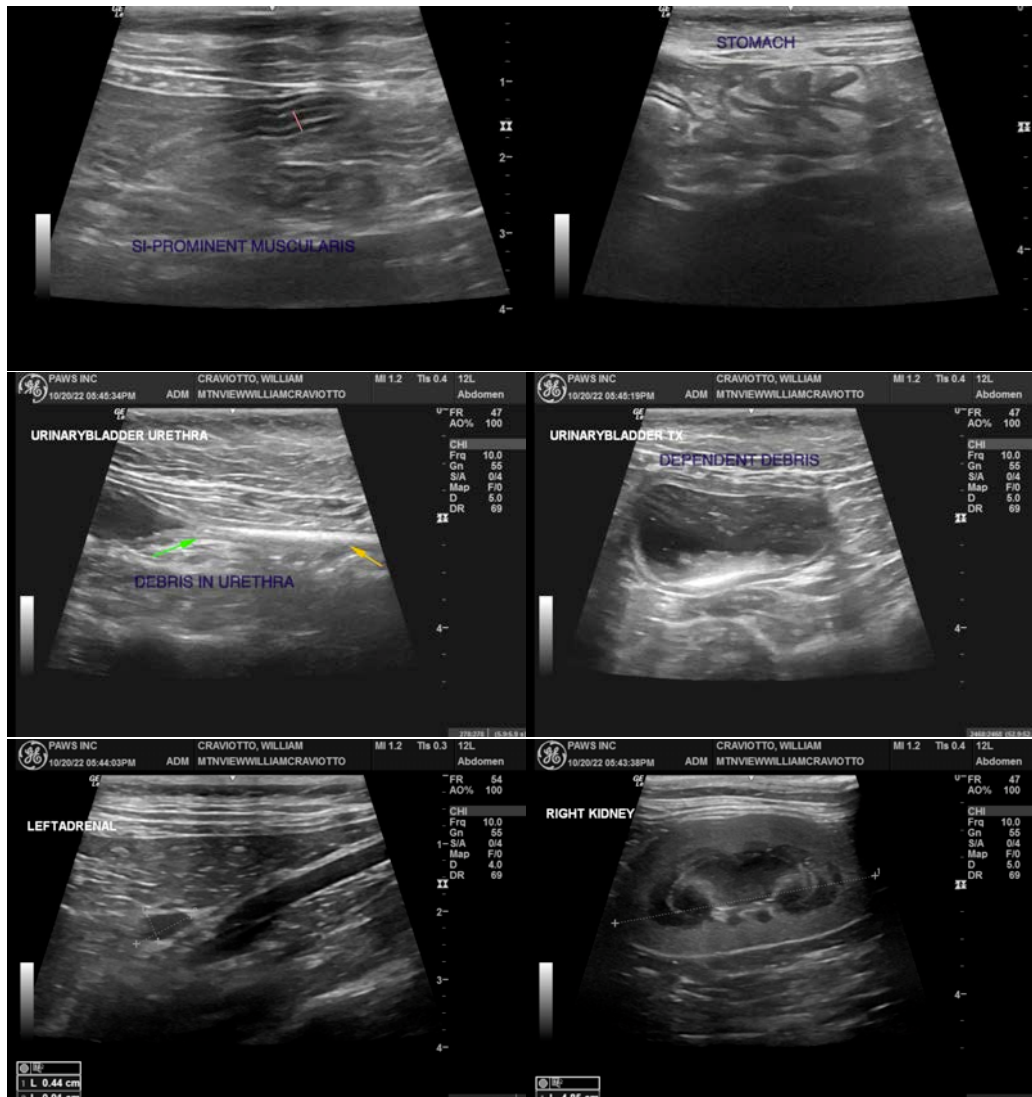
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and/or a cause of it. Evaluate urine sediment to try to determine the type of debris present. If an infection is present, recommend treatment and monitoring of the debris for possible dissolution (if struvite). If nothing grows on culture and a urinalysis is not helpful, this could also be calcium oxalate. There is no evidence of an obstruction at this time, but this could develop if a large amount of debris forms a plug. Consider dietary therapy and close monitoring. If the patient is not doing well, you could consider gentle catheterization and try to flush the urinary bladder, which can sometimes be helpful, but can also cause swelling, etc. and exacerbate the problem. Correlate these findings with abdominal radiographs to try to determine if there are any larger stones present.

The changes visualized associated with the pancreas and the small intestine could be incidental. If there is a history of chronic GI signs, then further workup for chronic pancreatic disease or small intestinal disease could be warranted.





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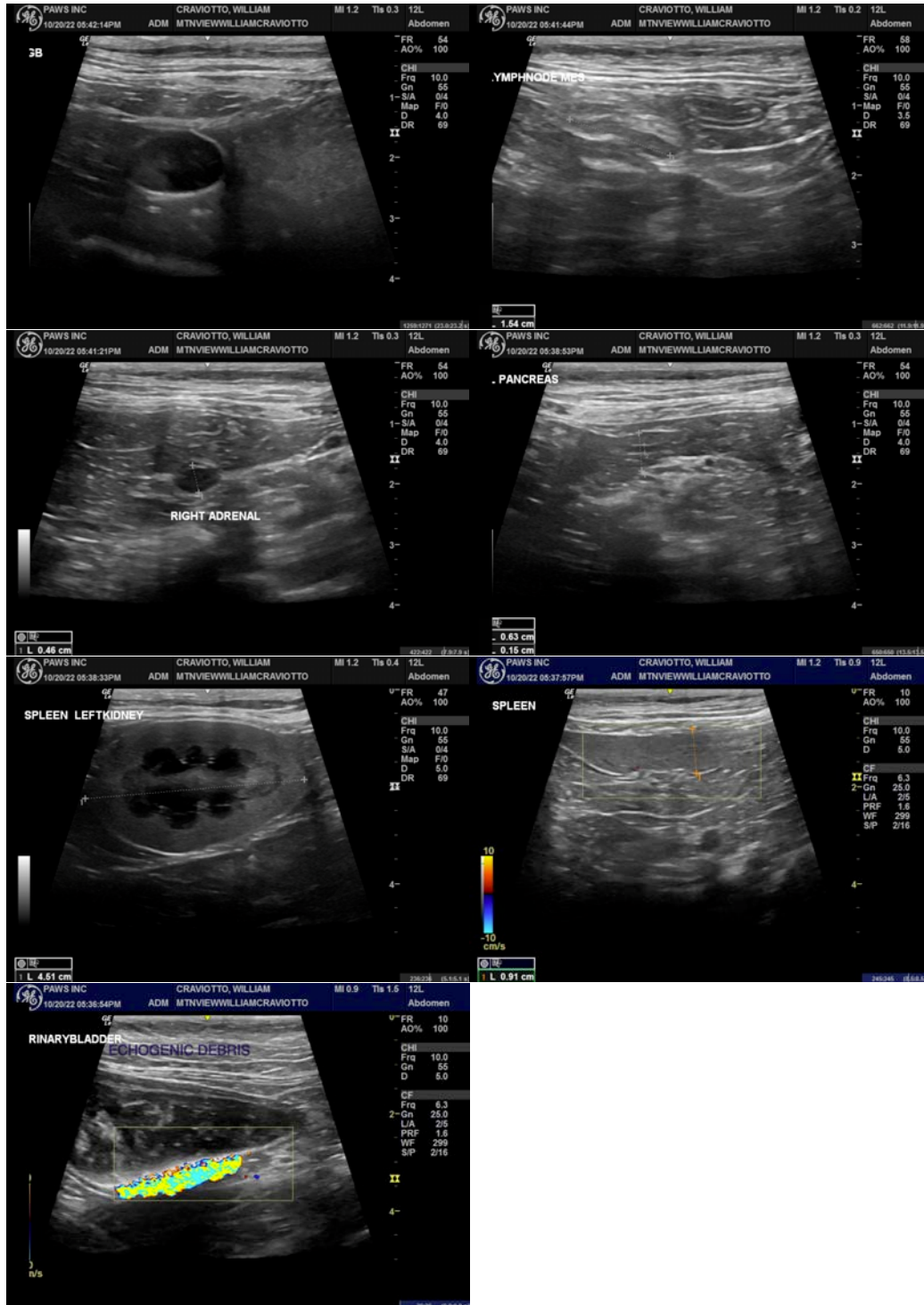
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

DSH

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com

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