



PATIENT

Oreo Esteva

SPECIES

Feline

BREED

Tuxedo

SEX

Neutered Male

AGE

14 Years

WEIGHT

13.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Mario Roman

INVOICE

72457

DATE

12/10/25

PRESENTING CLINICAL SIGNS

Pt presented as a referral for an abdominal ultrasound to evaluate hx of recurring UTI with possible hematuria since September 2025. O states pt has discomfort and excessive itching and licking around perineal region and ventral abdomen, evidence of skin infection observed by rDVM. Spends the whole day and most of the night laying in the litter box (sleeping not actively trying to urinate).. O has observed pt drag on the floor due to the itching. Has been given Amoxicillin for 14 days and improved, but recently in November when happened again, and was treated with Convenia it has not help much. Urine culture was previously done and it was no growth.

Abnormal PE/Chem/CBC/UA Results: Urinalysis is attached as supporting document.

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.

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 focal 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 (4.06 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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.

The right adrenal gland is normal in size measuring 0.48 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.

Spleen

The spleen is subjectively normal in size (0.91 cm), 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.

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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The gallbladder has a duplicate configuration. The gall bladder lumens are moderately distended. The walls of the gall bladders are not thickened and have a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

SPECIES

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The stomach contains minimal luminal contents. It measures at a normal thickness of 0.22 cm 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.

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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. Duodenum wall measures 0.25 cm. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Pancreas

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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent/visible mesenteric lymph nodes. A cluster near the ileocecal junction measure 0.29 cm and 0.21 cm. The omentum is generally of normal echogenicity.

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Gabriel Ferrer, DVM

ULTRASONOGRAPHIC FINDINGS

- Duplicate gallbladder, likely an incidental finding.
- Unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No significant lesions are visualized on today's exam to explain the hematuria reported.

REFERRING VET

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It is unclear if the patient has been visualized straining or if the hematuria is based on a cysto or a free catch sample (has an infection been documented by urine culture?). Findings could be consistent with a bacterial infection, sterile cystitis, etc.

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The licking behavior could be secondary to discomfort or a skin condition. Consider consultation with a veterinary dermatologist to see if they have any recommendations based on their assessment. Consider possible symptomatic treatment for sterile cystitis with Gabapentin while obtaining more information.

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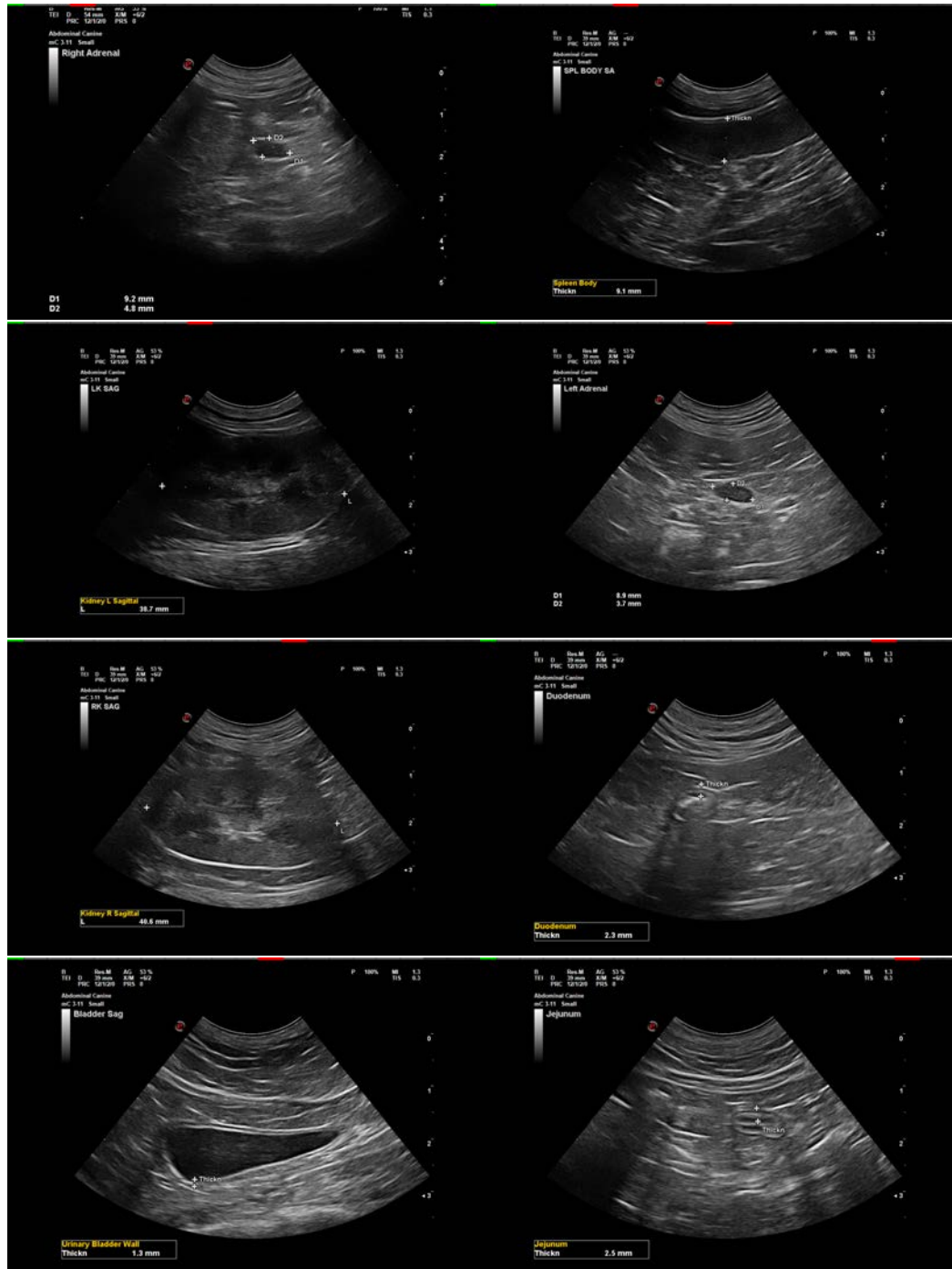
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com