

**DATE PRESENTING CLINICAL SIGNS**

2/15/23

Presented 1/25/23 for hematuria, stranguria and pollakiuria. UA was consistent with a UTI. p was treated with Convenia and Onsior. Recheck UA 2/7/23 showed persistent hematuria.

PATIENT

Oriole Bentley

Current Medications: None.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5/6/22

WEIGHT

10 Pounds

INTERPRETED BY

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

LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder wall is diffusely thickened, measuring at 0.36 cm. There is a moderate to large amount of intraluminal debris, some of which is mineralized/small stones. Some is most consistent with a larger clot. No focal mass lesions are visualized, and the region of the trigone and proximal urethra appear free of any lesions.

The left kidney has a normal shape and size (4.43 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 (4.44 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.

ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened urinary bladder wall with intraluminal sandy debris/small stones and clot – Findings are most consistent with cystitis (bacterial versus sterile) and small stones/sandy debris.

HOSPITAL NAME

Charm City VH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed in the urinary bladder are most consistent with cystitis. No focal mass lesions are observed. This could be bacterial or sterile cystitis (FIC). Consider the following:

REFERRING VET

Dr. Eavers

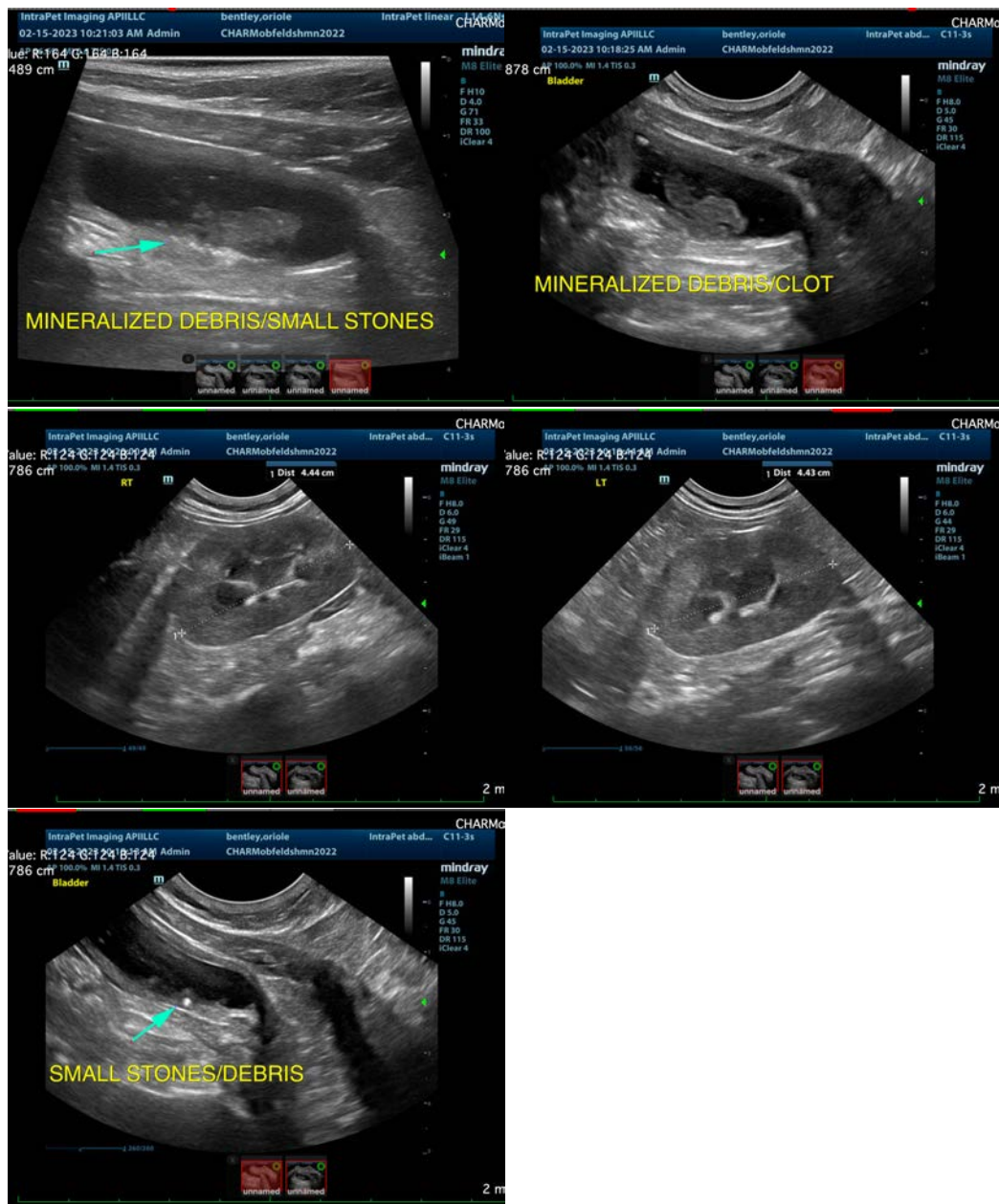
- Urinalysis and culture are recommended (culture should be performed once this patient has been off antibiotics for at least 5-7 days).

INVOICE

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- If urinalysis results indicate the type of small stones/mineralizations present, consider dietary therapy for these.
- Due to the diffuse nature of the lesion, interstitial cystitis is suspected (**if culture is negative**)
- Treatment of FIC can be frustrating as it is a waxing and waning disease. Treatment strategies vary and there is no “one fits all” approach. There is currently no cure for FIC. Goals of therapy include reduction of severity and duration of clinical signs during an acute episode; increasing the interval between episodes; and decreasing severity of signs in cats with persistent FIC. Approximately 85% of cats will experience clinical improvement with or without therapy.

- Numerous therapies can be considered including: diet, multimodal environmental modification, analgesics, anti-inflammatories, anti-anxiety medications etc..
- Close observation is warranted as some cats do experience life-threatening urinary obstruction.
- If symptoms are worsening re-evaluation with ultrasound should be considered.



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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