

**PATIENT PRESENTING CLINICAL SIGNS**

Sisco Aaquist History: reoccurring UTI- check for mass in kidneys/bladder

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

The urinary bladder is minimally/moderately distended with echogenic urine. The bladder wall is mildly thickened in some areas measuring up to 0.38 cm with a smooth mucosal surface. There is no evidence of masses or cystic calculi. The proximal urethra measures 0.3 cm. The findings are most likely consistent with diffuse cystitis. Full evaluation of the urinary bladder is impaired by lack of urine distension.

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

The left kidney has a normal shape and size (3.5 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.

**AGE**

7 years

The right kidney has a normal shape and size (3.6 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.

**WEIGHT**

6.2 lbs

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.36 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**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.

**HOSPITAL NAME**

North Hills VC

**REFERRING VET**

**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 gallbladder lumen is moderately distended.

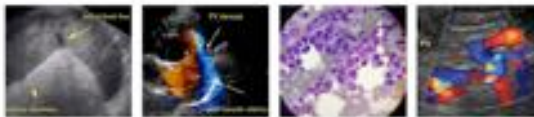
**INVOICE**

1156

The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

**DATE**

2/25/22



## PATIENT

Sisco Aaquist

### *Gastrointestinal*

## SPECIES

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. There are some images that given the impression of possible focal gastric wall thickening measuring up to 0.69 cm with intact layering. The findings could be consistent with gastric wall thickening or an irregular rugal fold.

## BREED

Domestic Shorthair

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 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.)

## SEX

Neutered Male

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

## AGE

7 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.

### *Pancreas*

## WEIGHT

6.2 lbs

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.

## INTERPRETED BY

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

### *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.

## IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

## ULTRASONOGRAPHIC FINDINGS

## HOSPITAL NAME

North Hills VC

### PRIMARY FINDINGS:

- Minimally/moderately urine distended urinary bladder with echogenic urine and mild urinary bladder wall thickening. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Questionable, focal gastric wall thickening. The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

## REFERRING VET

## INVOICE

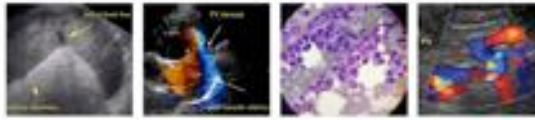
1156

### SECONDARY FINDINGS:

- Prominent, hypoechoic pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. In the absence of any GI signs this is likely an incidental finding.

## DATE

2/25/22



**PATIENT**

Sisco Aaquist

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Feline

No focal lesions are observed in the urinary bladder to explain the urinary tract infections. There is echogenic urine and the suggestion of urinary bladder wall thickening.

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

7 years

- Rely diligently on culture and sensitivity results for treatment to try and prevent antibiotic resistance and to differentiate between sterile and bacterial cystitis.
- If bacterial cystitis is definitely identified I recommend treatment based on culture results, culturing mid treatment to determine if the treatment is successful and repeat culture a week after cessation of antibiotics. Often times imaging of the urinary bladder can be done while on antibiotics as they are less symptomatic and allow more urine distension.
- If recurrent urinary tract infections are definitive identified then consider either metabolic causes or anatomic causes for recurrence.
- Although no definitive anatomic lesions were observed on today's scan some abnormalities like distal urethral abnormalities, vaginal abnormalities, or small ectopic ureters can be difficult to identify without contrast. Consider evaluation for these anatomic issues and even a contrast CT scan if clinically appropriate. Additionally a biopsy (with culture) of the bladder wall could be considered.

**WEIGHT**

6.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

North Hills VC

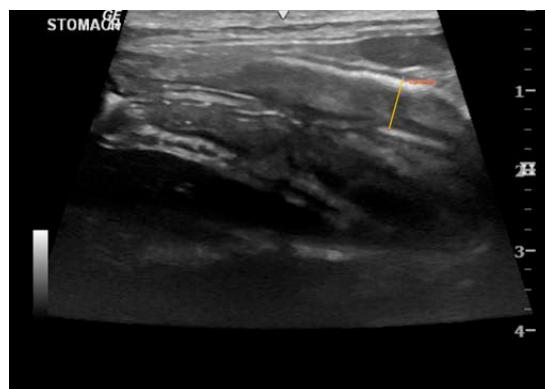
**REFERRING VET**

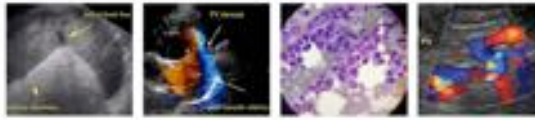
**INVOICE**

1156

**DATE**

2/25/22





**PATIENT**

Sisco Aaquist

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

7 years

**WEIGHT**

6.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

North Hills VC

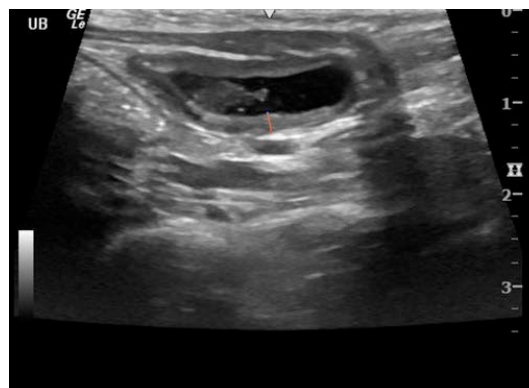
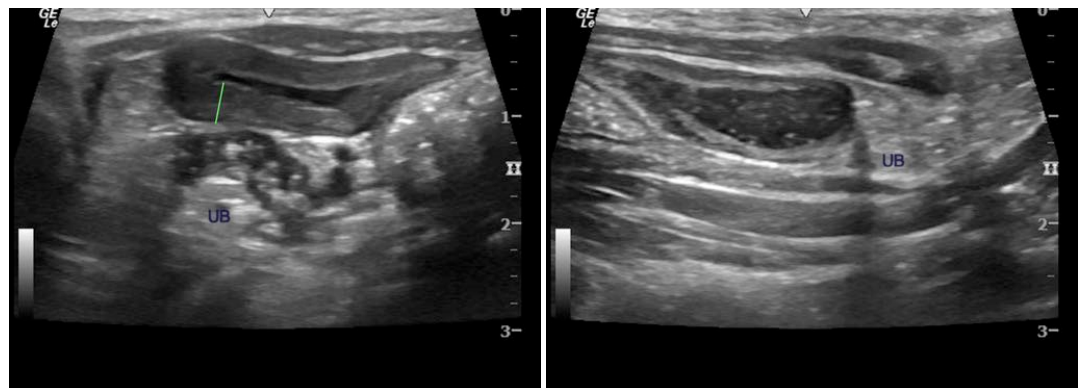
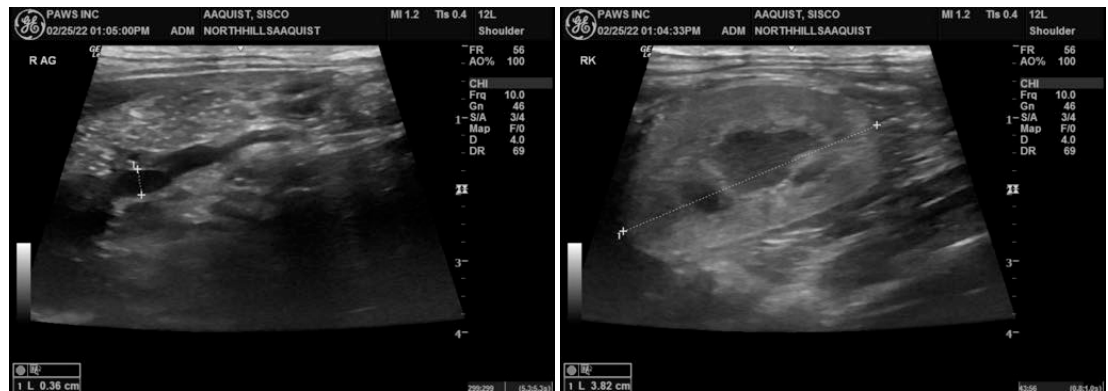
**REFERRING VET**

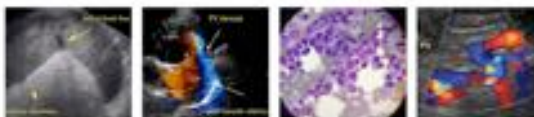
**INVOICE**

1156

**DATE**

2/25/22





**PATIENT**

Sisco Aaquist

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.

**SPECIES**

Feline

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**

Domestic Shorthair

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

kathleen.sennello@sonopath.com

**SEX**

Neutered Male

**AGE**

7 years

**WEIGHT**

6.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED  
BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

North Hills VC

**REFERRING VET**

**INVOICE**

1156

**DATE**

2/25/22