PATIENT

Caroline Cottrell

SPECIES

Feline

BREED

Japanese Bobtail

SEX

Spayed Female

AGE

9 years

WEIGHT

3.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Peavine AH

REFERRING VET

Dr. Gammon

INVOICE

11383

DATE

2/26/2026

PRESENTING CLINICAL SIGNS

- Persistent hematuria despite smooth cystocentesis. Is normotensive. Also has mild allergic asthma and dermatitis along with periodic conjunctivitis and periocular dermatitis likely from allergies as well.
- Working diagnosis: kidney inflammation?
- BP systolic 120mmHg.
- med- Zyrtec/cetirizine 5mg sid.

Abnormal PE/Chem/CBC/UA Results: Urine 50-75 rbc/hpf in December 2025 and January 2026, no wbc on sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. There is some mild thickening/adhered debris visualized in the apical ventral region of the urinary bladder. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.46 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 (3.52 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 0.31 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 0.33 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 (1.01 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.

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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.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

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.

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 (0.3 cm in wall thickness) and the jejunum measured as normal (0.28 cm.) Visualized peristalsis appears appropriate. The duodenal papillae appears slightly prominent measuring at 0.53 cm but is suspected to be within normal limits.

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

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. A gastric lymph node is visualized measuring 0.4 cm. Mesenteric lymph nodes are isoechoic measuring 0.49 cm and 0.34 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris and some dependent/adhered debris visualized associated with the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

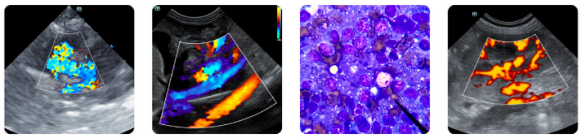
- Prominent, likely reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No mass lesions are visualized associated with the urinary bladder. There is some suspended echogenic debris and a small area of thickening/adhered debris at the ventral apical region of the urinary bladder. Recommend a urine culture to rule out bacterial cystitis. Additionally, if possible, consider obtaining a free catch sample to confirm that the hematuria is not iatrogenic (saran wrap in litter box?) If urine culture is negative, mild sterile cystitis/interstitial cystitis would be suspected.

Imaging performed by

pawsonography@gmail.com
530-786-8340



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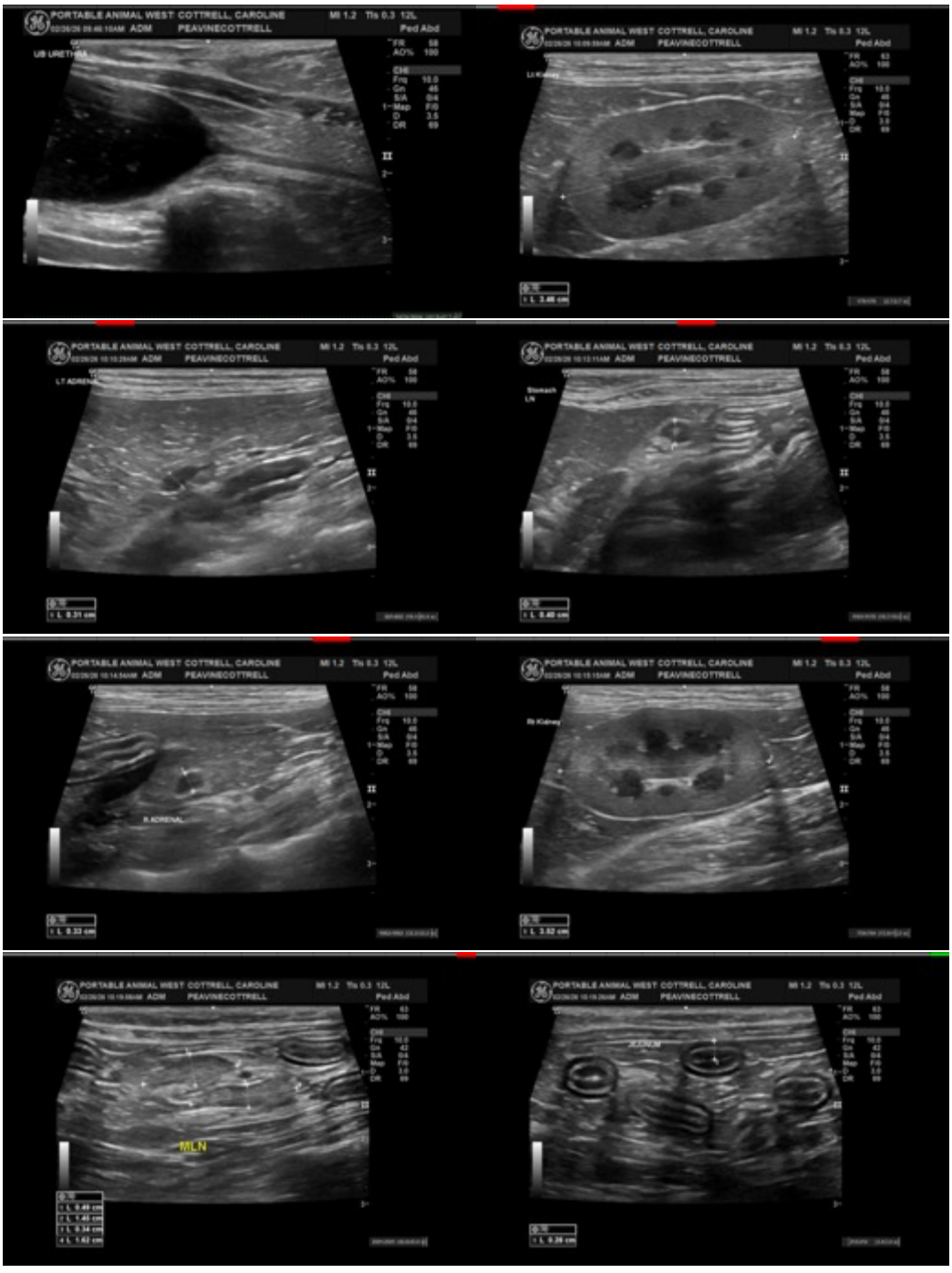
Recommend continued monitoring of the apical ventral region of the urinary bladder for any significant changes over time. If symptoms are progressing or not improving, consider recheck evaluation in the future.



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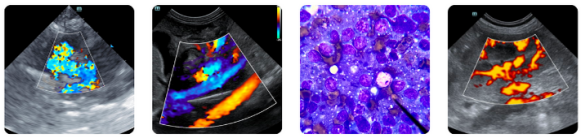

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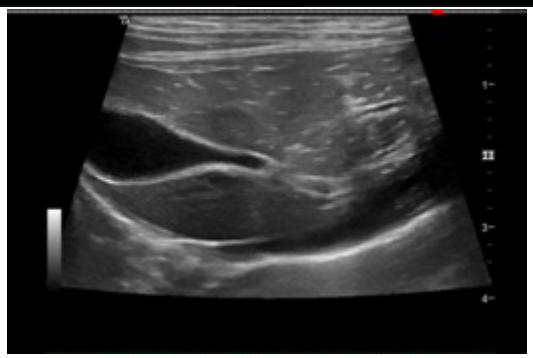

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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