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Clinical Sonography & Telecytology
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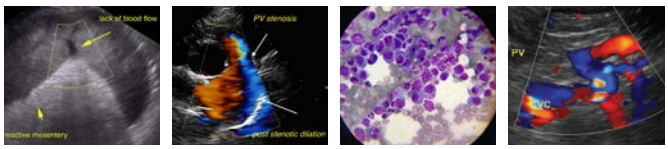

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1-800-838-4268 info@sonopath.com

PATIENT
Avril Myers

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
9 Months

WEIGHT
7 Pounds

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

IMAGING PERFORMED BY
Dr. Meghan Myers

HOSPITAL NAME
Hershire AH

REFERRING VET
Dr. Meghan Myers

INVOICE
44940

DATE
2/8/23

PRESENTING CLINICAL SIGNS

Chronic urinary issues- multiple cultures, bacteria persist despite treating with appropriate culture determined abs, pet also leaks urine. Chronic history of bladder being extremely thickened and painful, palpates lobulated at times because so thick. Biopsy of bladder showed significant cystitis (that was about 4 months ago). Possible strange strand of tissue? septa? seen around trigone on ultrasound. Internist recc contrast CT as next step if ultrasound does not give an answer and/or continued uti's. Today's cysto sample showed TNTC rbc, wbc and cocci bacteria. Lives in multi cat household so rx food very difficult.

Abnormal PE/Chem/CBC/UA Results: GI panel wnl, cbc/chem/lytes: wnl, fecal: NPS u/a: TNTC rbc, wbc and cocci bacteria., usg 1050. most recent urine culture showed susceptible to doxy, nitrofur (but previous nitrofur trial failed, so internist did doxy for 4 weeks, but not working bc currently on)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. There is a large amount of sandy debris in the dependent portion of the urinary bladder. The Bladder wall appears of normal thickness with no evidence of irregularity. No masses or calculi are visualized. The region of the trigone appears somewhat abnormal in that there is a somewhat septated appearing dilation in that region, most consistent with a dilated ureter in that area, ureterocele, etc. Additionally, dorsally there is a small tubular structure that appears to be contracting, most consistent with an ectopic ureter.

The left kidney has a normal shape and size (3.6 cm) with mild pyelectasia at 0.17 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.75 cm) with mild pyelectasia at 0.16 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 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 is visualized.

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.

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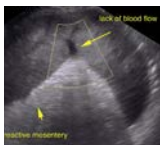
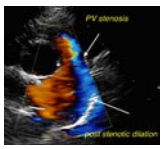
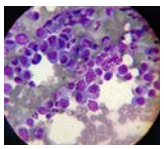
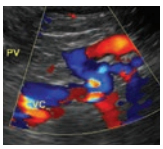

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Liver

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. 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.

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 (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

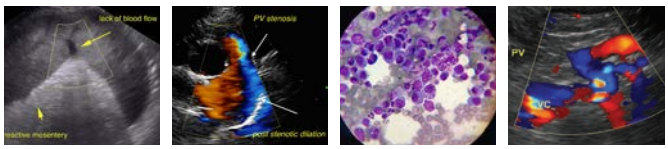
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Abnormal anatomy at the trigone – most consistent with a possible ureterocele or distal ureteral dilation as well as a suspected ectopic ureter.
- Dependent sandy debris in the UB- suspect small stones/sandy debris secondary to chronic infection/ If possible, recommend sampling and flushing at the time of surgery.
- Bilateral mild renal pyelectasia – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The anatomy at the trigone region of the urinary bladder is abnormal. There is a dilated, somewhat septate structure that could be consistent with a ureterocele, dilated ureter, etc. Additionally, there is a small luminal structure dorsally with the characteristics of an ectopic ureter. Additionally, recommend referral to a veterinary surgeon for a contrast CT to further delineate these structures and plan for



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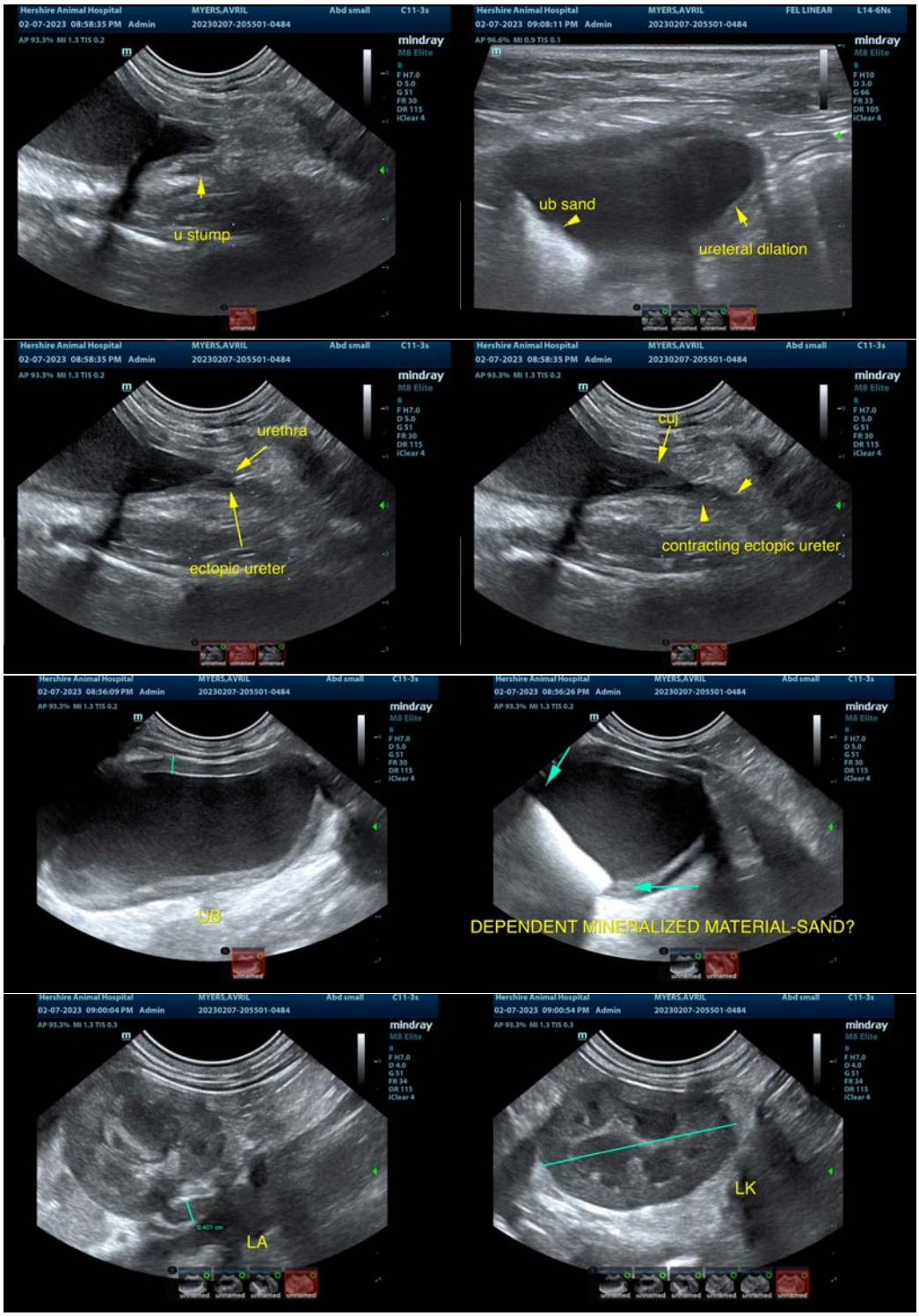

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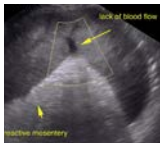
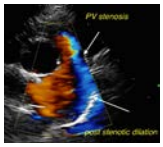
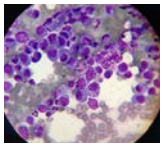
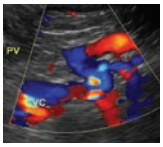

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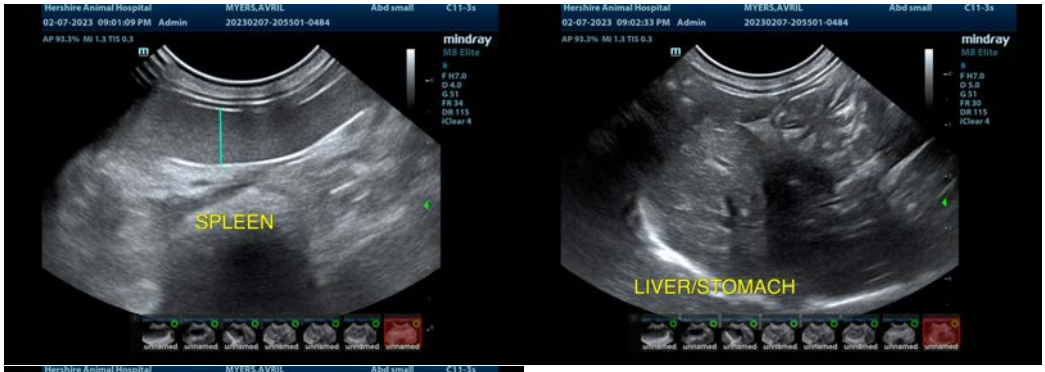

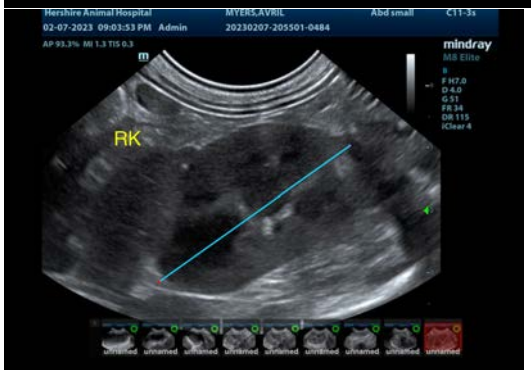

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com