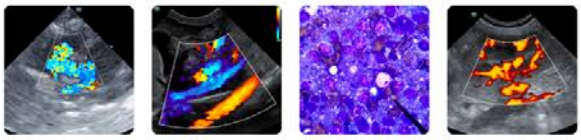


DATE

3/20/26

PATIENT

Margaret Youngblood

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/27/17

WEIGHT

10.9 lbs

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Weeks

INVOICE

73871

PRESENTING CLINICAL SIGNS

Patient History: Mild nonregenerative anemia.

Current Medications: Hydrolyzed HA by purina, Posatex 4 drops AU QD, Amitryptyline 10mg 1/2 QD for over 3 months
Labwork Results: Labwork attached, reported as: Mild nonregenerative anemia- RBC 6.43 -prev 12/25 8.0, HCT 28.6 - prev 35.5 12/25, Hb 10.3 - prev 12.8 12/25, verified by istat to show HCT 39% and Hb 9.9. Chol 88, iCa 1.55, BG 78
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with moderate primarily suspended echogenic debris present. 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 (3.86 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 are hyperechoic pinpoint foci visualized in the cortex, most consistent with dystrophic mineralization. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.91 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 are hyperechoic pinpoint foci visualized in the cortex, most consistent with dystrophic mineralization. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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 0.37 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 (0.97 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.

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 0.29 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.

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 0.21 cm. Jejunum wall measures 0.15 cm. 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. There is no significant lymphadenopathy. There are occasional visible lymph nodes visualized at the ileocecal junction. An example is 0.21 cm in width. The omentum is normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Moderate suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Mild reactive lymphadenopathy at the ileocecal junction.
- Pinpoint foci in the kidneys bilaterally, most consistent with dystrophic mineralization – This is likely an incidental finding.

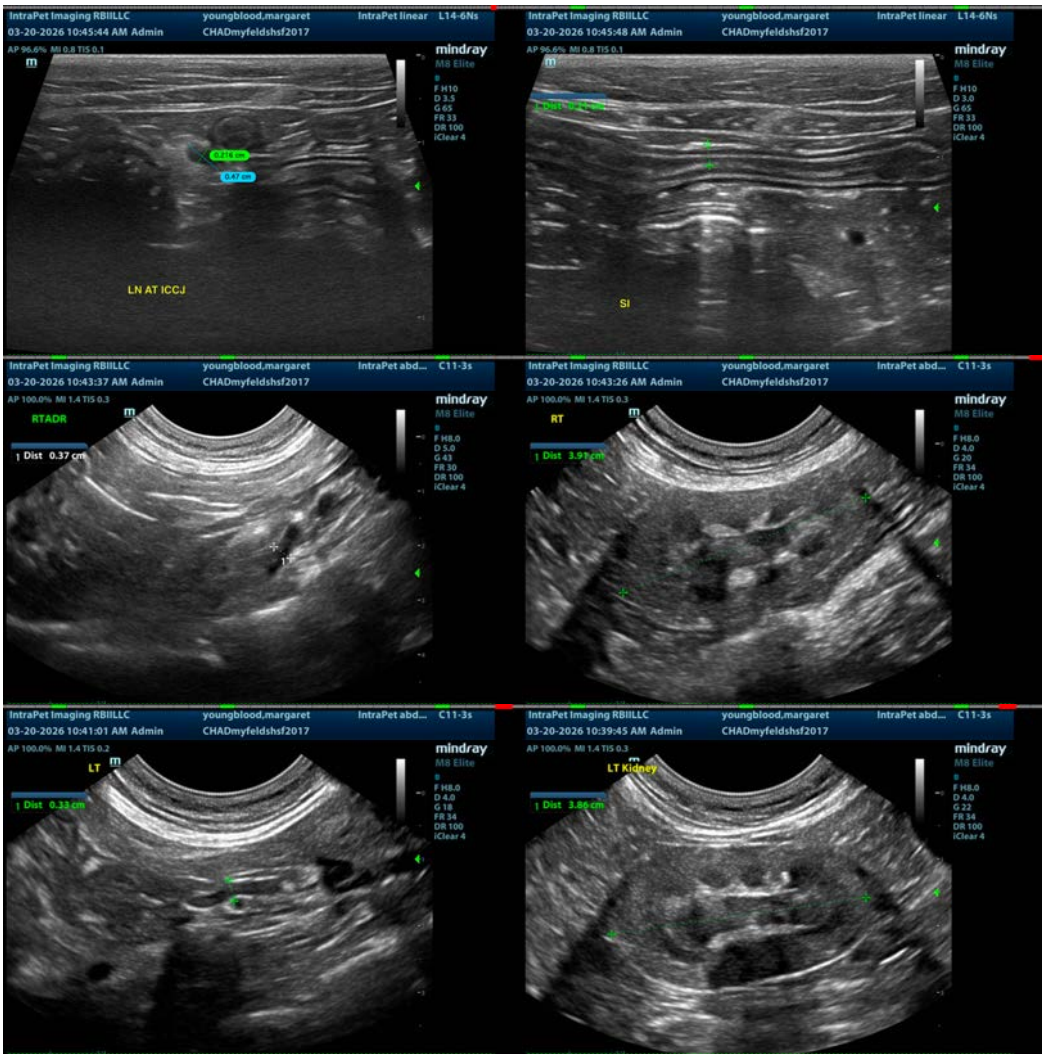
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

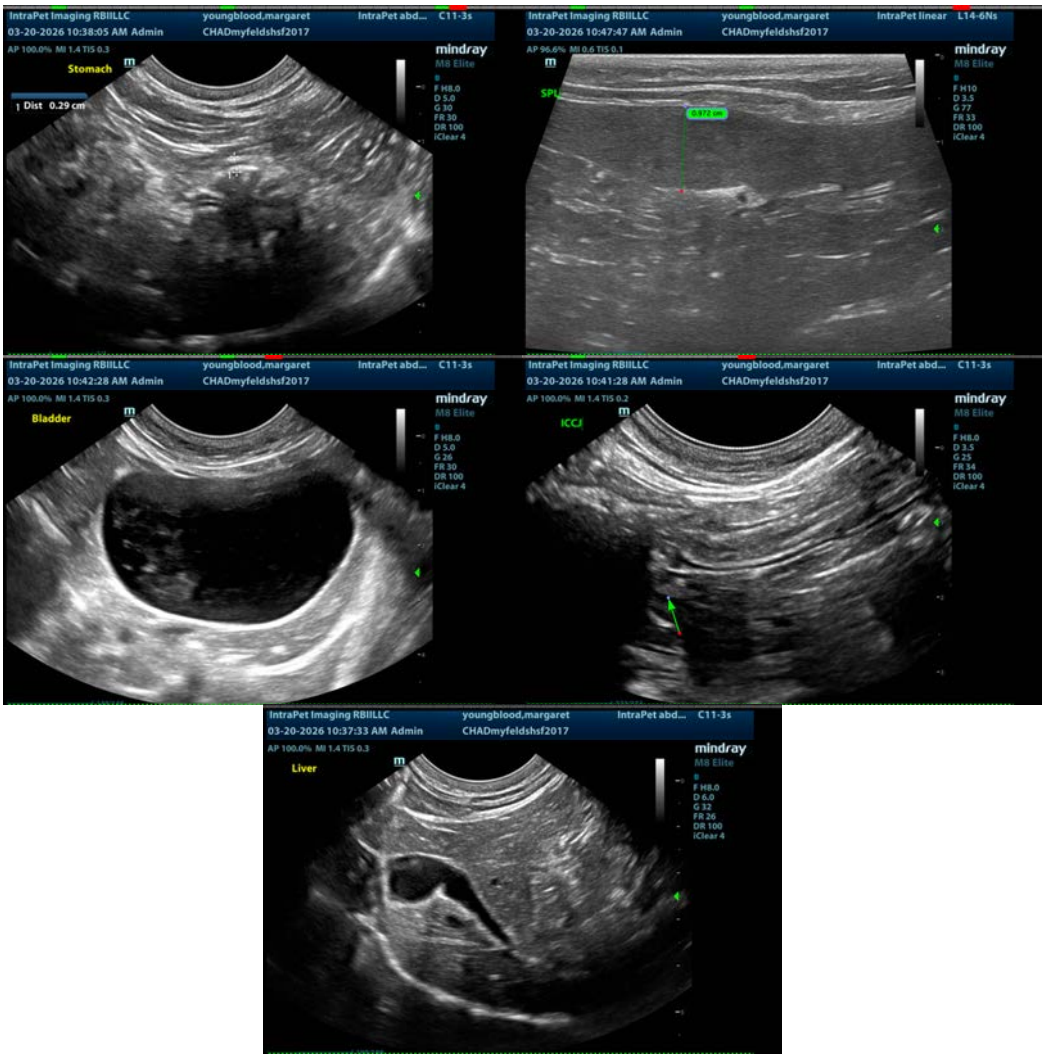
Recommend a urinalysis +/- urine culture to further evaluate the echogenic debris in the urinary bladder.

No focal mass lesions or significant lymphadenopathy is noted on today's exam. This does not rule out the possibility of a neoplastic process but makes it somewhat less likely. Consider the following as the next step:

- Recommend 3-view thoracic radiographs, looking for any pulmonary/thoracic lesions.
- Recommend a hypercalcemia of malignancy panel to Michigan State University for an ionized calcium, PTH, and PTHrP level.
- Recommend a pathologist review of a blood smear.

Depending on the results of next steps, a bone marrow aspirate could be considered, vector borne disease testing, etc.





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