

**DATE PRESENTING CLINICAL SIGNS**

3/24/26

Patient History: 5yo FS DSH presented 2/20/26 for blood in urine x 1 mth as second opinion. Multiple repeat urinalysis showed hematuria, proteinuria, 3+ epithelial cells, 3+ ammonium phosphate crystals, no bacterial growth. Radiographs showed very light mineralization in bladder. Placed on c/d diet for 1 mth.

PATIENT

Simone Wilhelm

Current Medications: c/d diet, disc'd amitriptyline at time of appt but O did not wish to pursue at that time
Labwork Results: Labwork attached, reported as: UA: hematuria, proteinuria, 3+ epithelial cells, 3+ ammonium phosphate crystals, no bacterial growth. 2V abd Radiographs: very light mineralization in bladder.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Rachel Brillhart, RDMS.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The urinary bladder is moderately distended with urine. There is a moderate amount of suspended echogenic debris and a focal hyperechoic mineralized structure visualized measuring 0.90 cm, most consistent with a stone or clump of mineralized debris. The Bladder wall appears thickened and irregular, particularly in the ventral apical region, with some almost cystic appearing regions. Wall thickening in this area measures at 0.20 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

AGE

8/3/20

WEIGHT

12.16 lbs

The left kidney has a normal shape and size (3.84 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.

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

The right 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 is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME
 Chadwell Animal
 Hospital
Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 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.

REFERRING VET

Dr. Mengers

The right adrenal gland is normal in size measuring 0.40 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.

INVOICE

73974

Spleen

The spleen is subjectively normal in size (0.61 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 appears slightly prominent and hyperechoic, measuring at 0.13 cm. Gallbladder 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. Duodenum wall measures 0.22 cm. Jejunum wall measures 0.22 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

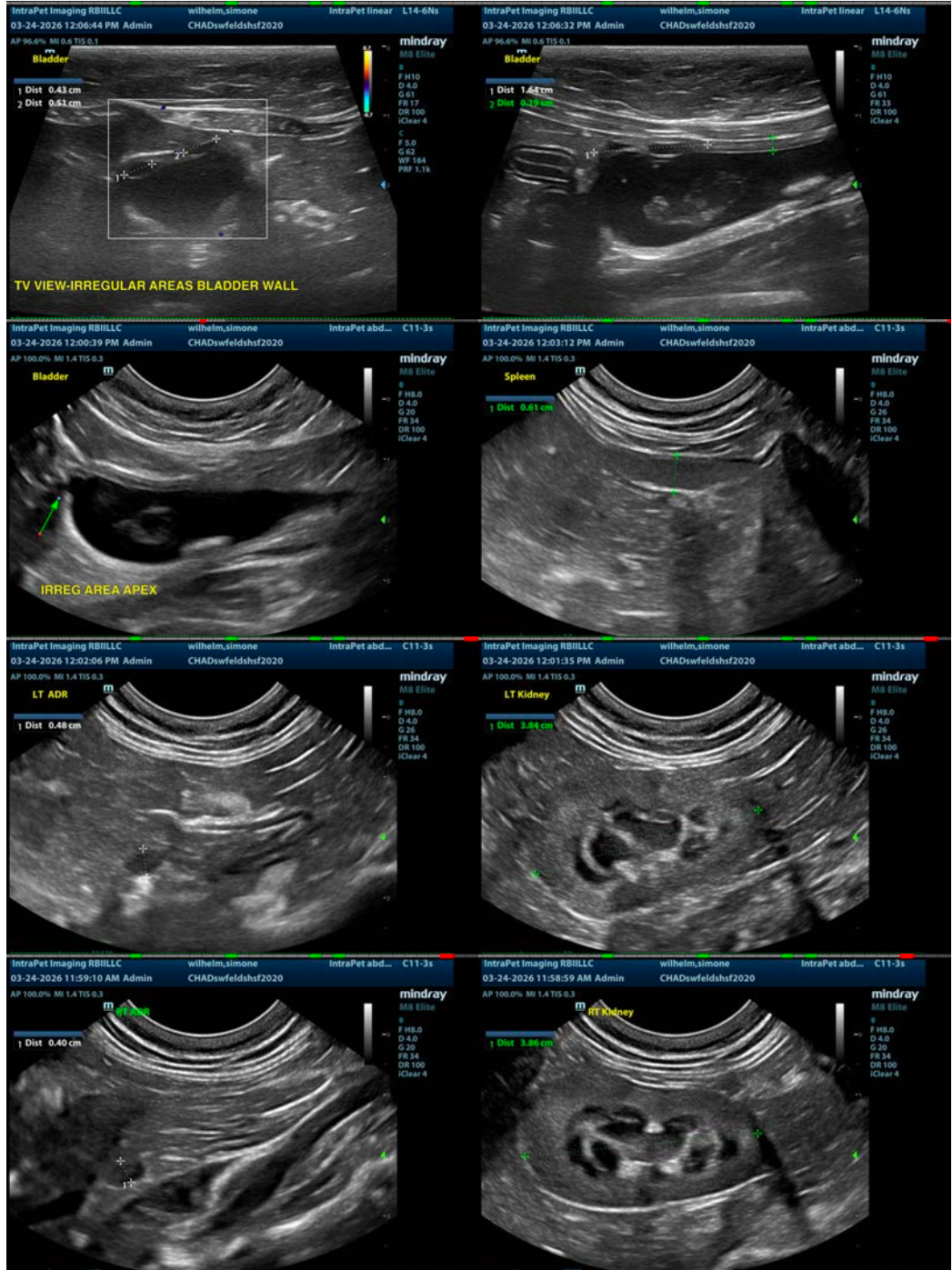
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

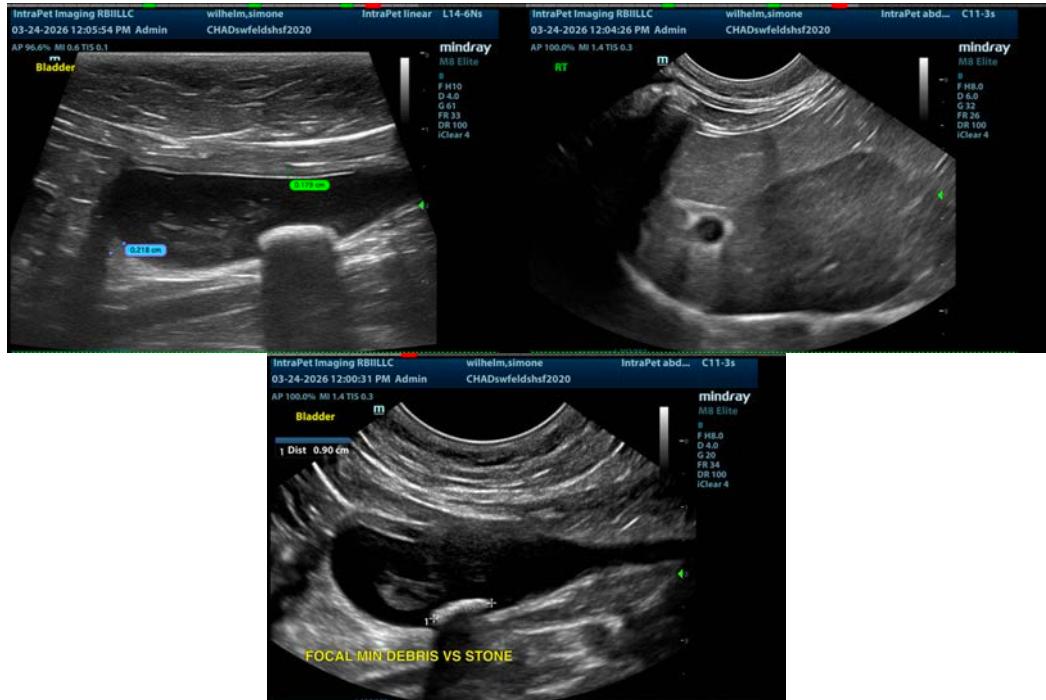
ULTRASONOGRAPHIC FINDINGS

- Thickened bladder wall with apical wall irregularities – Possible differentials for the apical wall irregularities could include a cystic bladder wall lesion, urachal diverticula, pseudo diverticula, adhered debris with sterile or bacterial cystitis, etc. A neoplastic process is possible but seems less likely. The mineralized material is most consistent with a stone or adhered mineralized debris. Bladder wall thickening is consistent with cystitis (bacterial versus sterile).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder wall appears thickened and irregular, particularly in the apical ventral region, and there is suspended echogenic debris and some focal mineralized debris possibly consistent with a stone or adhered mineralized debris. If treatment for bacterial and sterile cystitis has not been helpful, then further evaluation possibly including a contrast cystogram or similar could be considered to further evaluate for a urachal diverticulum or other issue. Additionally, you could consider referral to a veterinary surgeon to evaluate the bladder wall, flush out/remove the mineralized debris/stone, and biopsy and culture the bladder wall.





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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