



## PATIENT

Juice Lawrenzi

## SPECIES

Feline

## BREED

DMH

## SEX

Spayed Female

## AGE

14.5

## WEIGHT

9.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Shane Stafford

## HOSPITAL NAME

West Newton Animal  
Clinic

## REFERRING VET

Dr. Shane Stafford

## INVOICE

73423

## DATE

3/5/26

## PRESENTING CLINICAL SIGNS

Juice is a 14-year-old spayed female Domestic Mediumhair cat presented for evaluation of recurrent lower urinary tract signs and mild kidney value elevations. The owner initially reported hematuria and periuria, including urinating on rugs and towels in the home, while appetite, thirst, and activity remained normal. Juice is an indoor-only cat in a multi-cat household with a history of prior urinary tract infections.

In October 2025, Juice presented for similar urinary signs and was treated for a suspected urinary tract infection with amoxicillin-clavulanate (Clavamox) for 10 days. Records from an emergency visit in August 2024 also document treatment with amoxicillin-clavulanate for a confirmed urinary tract infection.

At the most recent visit on February 18, 2026, diagnostics including urinalysis, bloodwork, and bladder ultrasound were performed. Results showed hematuria and mild azotemia, raising concern for early chronic kidney disease, recurrent cystitis, or possible pyelonephritis. A urine culture collected via cystocentesis on February 18, 2026 showed no bacterial growth on February 20, 2026 despite inflammatory urinary findings. The patient was receiving orbifloxacin at the time of culture collection.

Given the recurrent urinary signs, mild kidney value elevations, and negative culture results, an abdominal ultrasound is recommended to further evaluate the kidneys and urinary tract for chronic kidney disease, , or upper urinary tract infection.

Abnormal PE/Chem/CBC/UA Results: PE: Weight loss noted compared to prior visits. Chemistry: Mild azotemia with increased BUN (46 mg/dL) and mildly elevated SDMA (15 µg/dL), raising concern for early renal disease or renal involvement secondary to urinary tract inflammation. Urinalysis: Marked hematuria noted with red-tinged urine and increased RBCs on sediment exam. Mild proteinuria present with bacteriuria noted on sediment exam. Urine Culture: Urine culture obtained via cystocentesis on 2/18/26 showed no bacterial growth, indicating a negative culture despite inflammatory findings on urinalysis. Findings raise concern for sterile cystitis, intermittent infection, or possible upper urinary tract disease.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. 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 cystic calculi.

The left kidney has a normal shape and size (3.03 cm) with numerous intrapelvic mineralizations/stones. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (2.88 cm) with shadowing material visualized in the renal pelvis. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is some reactive appearing mesentery visualized in the region of the hilus/proximal ureter. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.



## PATIENT

Juice Lawrenzi

## SPECIES

Feline

## BREED

DMH

## SEX

Spayed Female

## AGE

14.5

## WEIGHT

9.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Shane Stafford

## HOSPITAL NAME

West Newton Animal  
Clinic

## REFERRING VET

Dr. Shane Stafford

## INVOICE

73423

## DATE

3/5/26

## *Adrenal Glands*

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 (0.76 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a focal hyperechoic lesion in the parenchyma measuring 0.45 cm, most consistent with a benign myelolipoma.

## *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 mild fluid and soft shadowing ingesta. 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 0.25 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 area of 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.



## PATIENT

Juice Lawrenzi

## SPECIES

Feline

## BREED

DMH

## SEX

Spayed Female

## AGE

14.5

## WEIGHT

9.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Shane Stafford

## HOSPITAL NAME

West Newton Animal  
Clinic

## REFERRING VET

Dr. Shane Stafford

## INVOICE

73423

## DATE

3/5/26

## ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys as well as intrapelvic mineralization/nephroliths and possible mild inflammation near the right renal hilus – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Findings could be consistent with irritation from stones, pyelonephritis, etc.
- Hyperechoic nodule in the spleen – Findings are most consistent with a benign myelolipoma. Recommend continued monitoring.

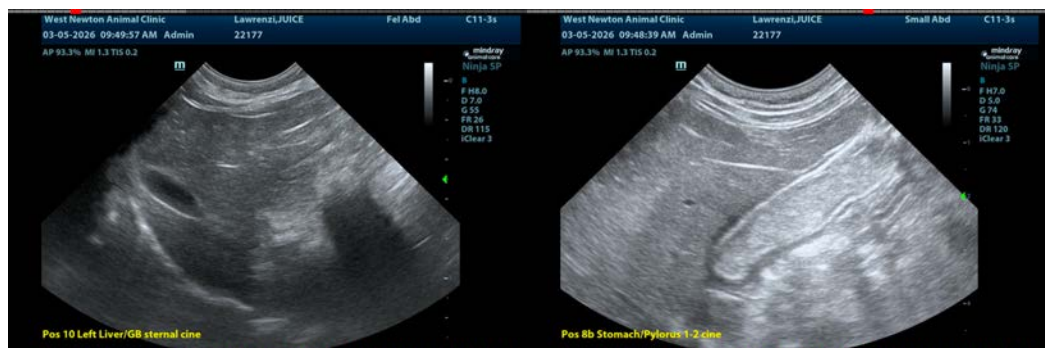
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the urinary bladder to explain the lower urinary tract symptoms reported. No focal stones or mass lesions are observed. The bladder wall appears of normal thickness with a smooth mucosal surface. Unfortunately, you can still have symptoms consistent with cystitis. If the most recent urine culture was performed off antibiotics, then sterile cystitis would be most likely. Additionally consider the possibility of a distal stone in the urethra (correlate with radiographs) and/or inflammation/hemorrhage from renal nephroliths (typically don't cause lower urinary tract symptoms). There is the suggestion of some inflammation near the right kidney, which could indicate pyelonephritis or similar, and this does not always culture as positive.

If no infection is present, then inflammatory cystitis would be most likely. Consider the following:

- Treatment of FIC can be frustrating as it is a waxing and waning disease. Treatment strategies vary and there is no “one fits all” approach. There is currently no cure for FIC. Goals of therapy include reduction of severity and duration of clinical signs during an acute episode; increasing the interval between episodes; and decreasing severity of signs in cats with persistent FIC. Approximately 85% of cats will experience clinical improvement with or without therapy.
- Numerous therapies can be considered including: diet, multimodal environmental modification, analgesics, anti-inflammatories, anti-anxiety medications etc..
- Close observation is warranted as some cats do experience life-threatening urinary obstruction.
- If symptoms are worsening re-evaluation with ultrasound should be considered.

Recommend a blood pressure, looking for any evidence of concurrent hypertension as well as a thyroid evaluation if not already done.





**PATIENT**

Juice Lawrenzi

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Spayed Female

**AGE**

14.5

**WEIGHT**

9.2

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Shane Stafford

**HOSPITAL NAME**

West Newton Animal  
Clinic

**REFERRING VET**

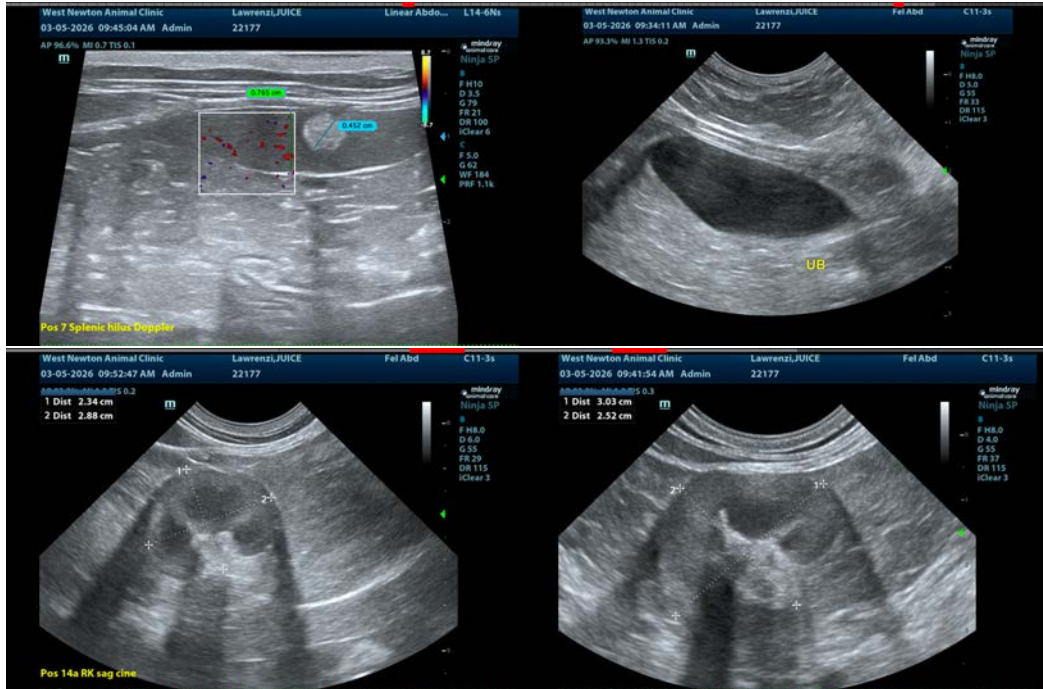
Dr. Shane Stafford

**INVOICE**

73423

**DATE**

3/5/26



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