

PATIENT

Kali Dunbar

PRESENTING CLINICAL SIGNS

SPECIES

Feline

BREED

DSH

History - Patient presented to ER 2/25, blood had been appreciated at back end at home (large amount frank blood), appreciated coming out of urethra at AEC, unable to collect urine sample, patient discharged on Clavamox and buprenorphine, now well at home without recurrence, eating well, no V/D, believe normal LB use, no stranguria. Urinalysis - USG 1.025 protein 1+ occult blood 3+ RBC 4-10 else unremarkable (MA 4.3); Chemistry profile - BUN 27 Creat 2.0 else unremarkable (SDMA 16.8 mild increase); CBC - Unremarkable; Thyroid hormones - T4 2.6 else unremarkable ASSESSMENTS CKD IRIS stage 2, Hematuria, Weight loss frank blood on bladder cytso
Abnormal PE/Chem/CBC/UA Results: Systolic blood pressure 160

SEX

Spayed Female

AGE

10 Years 11 Months

WEIGHT

11.8 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears normal with no evidence of thickening, mucosal irregularities, masses, or cystic calculi. In the area of the trigone and ureteral papillae, there is mild dilation and a small amount of irregular tissue, which potentially resembles an ectopic ureter, and mild urethral dilation at that site. Other differentials could include anatomic variation, etc.

The left kidney is normal in size (3.79 cm), and somewhat irregular in shape. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (4.0 cm) with mild pyelectasia at 0.30 cm and numerous nephroliths visualized near the renal pelvis measuring 0.41, 0.53, and 0.36 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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, 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.

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

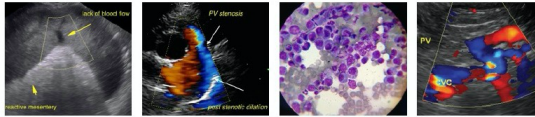
Dr. Vincent Fleming

INVOICE

35985

DATE

3/8/22



PATIENT

Kali Dunbar **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.

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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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.

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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.

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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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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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.

IMAGING BY

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LVT

ULTRASONOGRAPHIC FINDINGS

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- Irregular appearance of urethra in the region of the cystourethral junction – possible ectopic ureter?
- Numerous nephroliths and mild pyelectasia of the right kidney – The shadowing of the stones prevents optimal visualization of the renal pelvis and proximal ureter. Partial obstruction is possible.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

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Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

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I do not see any large mass effects, stones, or mucosal irregularities in the body of the urinary bladder.

Upon close evaluation, the cystourethral junction appears somewhat abnormal and dilated, giving the impression of a possible ectopic ureter. This would be unusual in this old of cat, so confirmation would likely be necessary with a contrast CT scan.

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Additionally, there are numerous stones within the right kidney. It is possible that fragments or stones are passing intermittently, causing bleeding, infection, etc.

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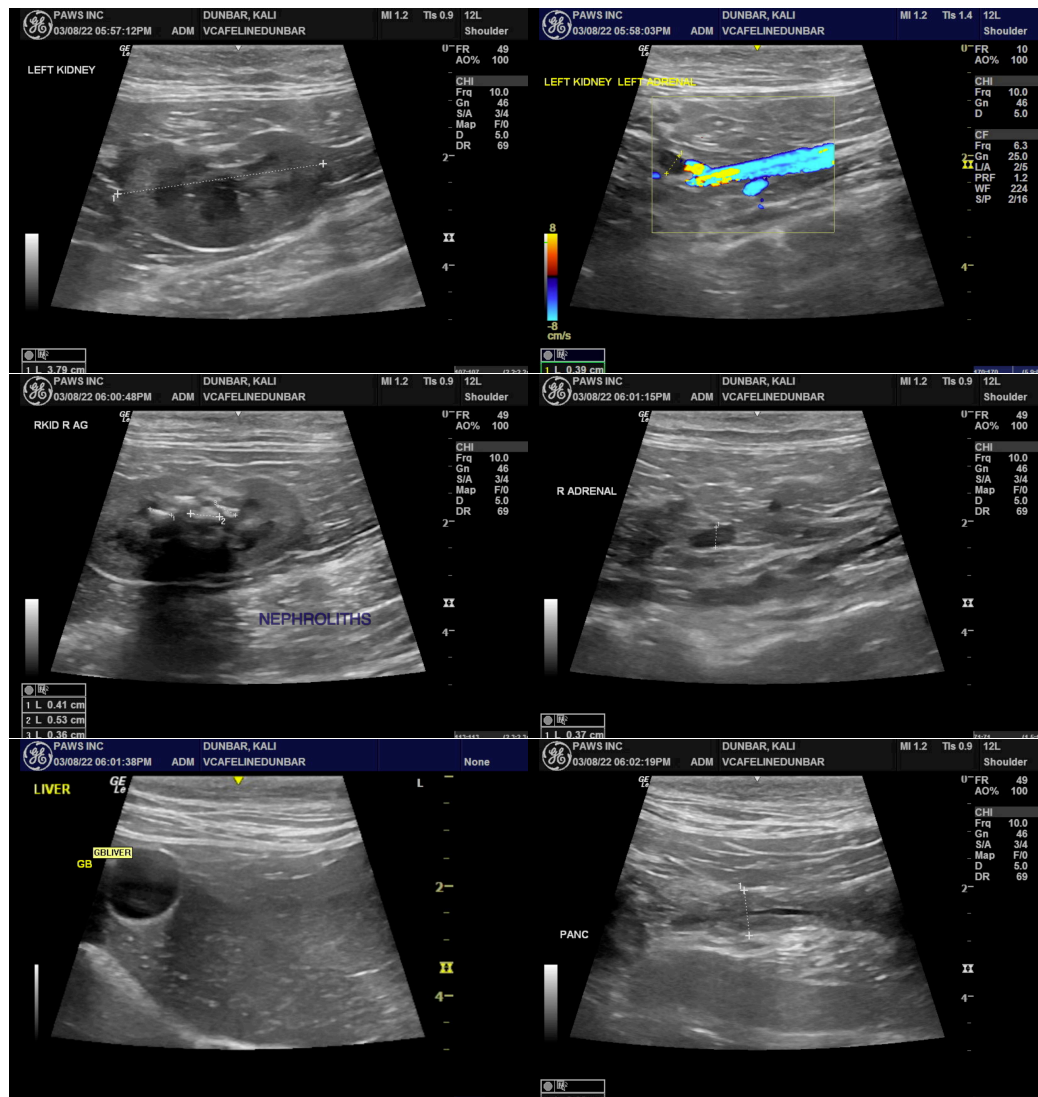
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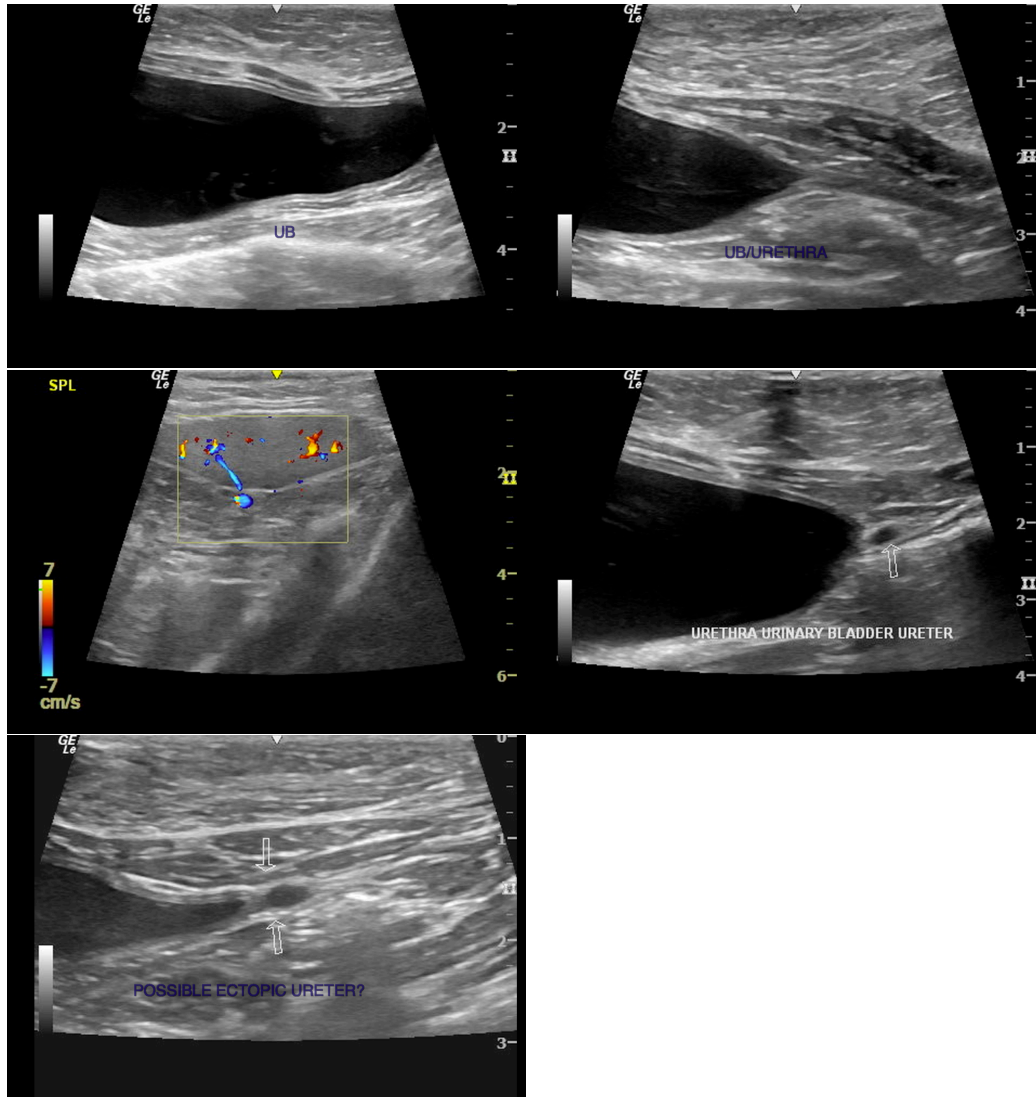
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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