

**DATE PRESENTING CLINICAL SIGNS**

4/12/22 On C/D long term. O has noted spots of urine on bed, 2 drops of blood in accident from yesterday. Obesity, painful t/o abdomen, especially caudally.

PATIENT

Ollie Scehla Current Medications: Gabapentin this AM.
Lab Results: NSF.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

LIMITED ULTRASONOGRAPHIC EXAMINATION**BREED**

DSH

SEX

Neutered Male

AGE

7/5/15

WEIGHT

10.41 Pounds

The urinary bladder is moderately distended with mild 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 (4.54 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.81 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Small amount of echogenic debris visualized within the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

IMAGING PERFORMED BY

Andi Parkinson RDMS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary tract appears relatively normal. There is a small amount of echogenic debris in the urinary bladder. No focal lesions are visualized.

HOSPITAL NAME

Banfield Towson

- Recommend urinalysis and culture
- Consider such differentials as bacterial or sterile cystitis, passing small stones, etc. If urinalysis and culture do not indicate infection, then interstitial cystitis would be suspected.

REFERRING VET

Dr. Mike

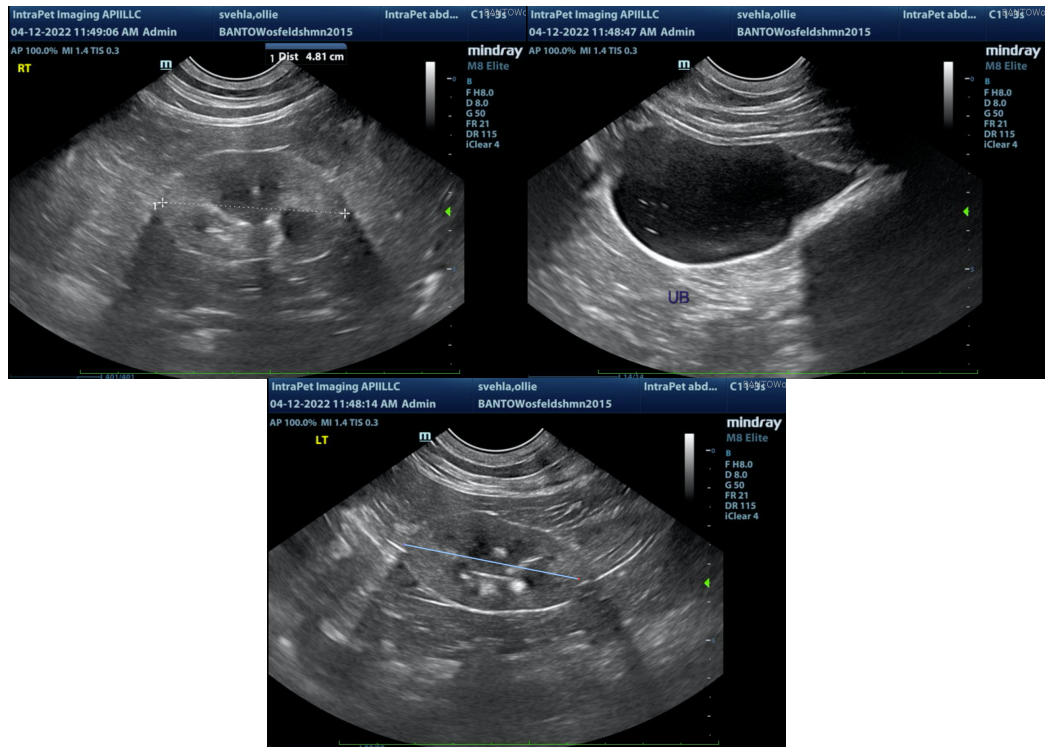
- Treatment of FIC can be frustrating as it is a waxing and waning disease. Treatment strategies vary and there is no “one fits all” approach. There is currently no cure for FIC. Goals of therapy include reduction of severity and duration of clinical signs during an acute episode; increasing the interval between episodes; and decreasing severity of signs in cats with persistent FIC. Approximately 85% of cats will experience clinical improvement with or without therapy.

INVOICE

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- 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.



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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