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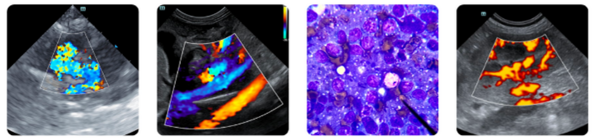


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Worm Nowakowski

SPECIES

Feline

BREED

Sphynx

SEX

SF

AGE

16 years

WEIGHT

7.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg Animal Hospital

REFERRING VET

Dr. Mary Pearce

INVOICE

11616

DATE

4/2/2026

PRESENTING CLINICAL SIGNS

Recent onset of stranguria, squatting and urinating small amounts abnormally outside of litterbox. Some blood has also been noted in the urinations. Hx renal disease and slow weight loss. O has several cats at home, notes that one of them has been vomiting intermittently and having occasional diarrhea but is not sure which cat.

Abnormal PE/Chem/CBC/UA Results: Only small amount of urine able to be obtained via free catch today, USG 1.014, 4+ BLD, 1+ glu, 3+ pro, 3+ leu, pH 9.0 11/5/25 - CBC normal. BUN 43, creat 1.7, SDMA 14. otherwise, normal chem 17/lytes/t4.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears diffusely thickened (0.71 cm) with a smooth mucosal surface. The region of the trigone, ureteral papillae and visible urethra appear free of any mass, lesions or calculi.

The left kidney has a normal shape and size (3.44 cm). 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 pyelectasia measuring 0.33 cm noted. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.41 cm). 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 pyelectasia measures 0.26 cmThere is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.28 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.

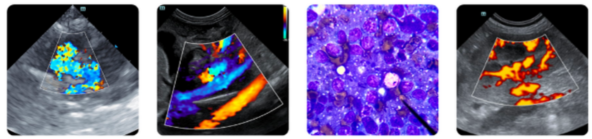
The right adrenal gland is plump in size measuring 0.55 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.04 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.



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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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. There is a small shadowing foci measuring 0.52 cm, possibly consistent with ingesta, etc. No evidence of an obstruction is visualized at this time.

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 (0.22 cm in wall thickness) and the jejunum measured as normal (0.2 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 pancreas is mildly mottled in both limbs. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

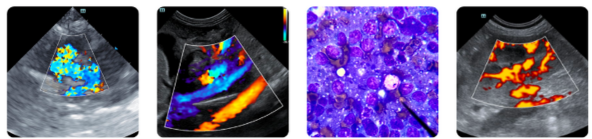
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The mesentery appears mildly hyperechoic around the kidneys.

ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened urinary bladder wall. Findings are suggestive of cystitis (Sterile versus bacteria), neoplasia is less likely.
- Bilateral renal changes consistent with chronic renal disease and bilateral pyelectasia. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Plump right adrenal gland. Significance of this is uncertain as it appears normal shape, etc. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder is diffusely thickened, most consistent with cystitis. No focal lesions are observed. A full urinalysis and culture is strongly recommended as it’s very important to determine if an underlying infection is present. If the culture is negative, then inflammatory interstitial cystitis would be suspected.



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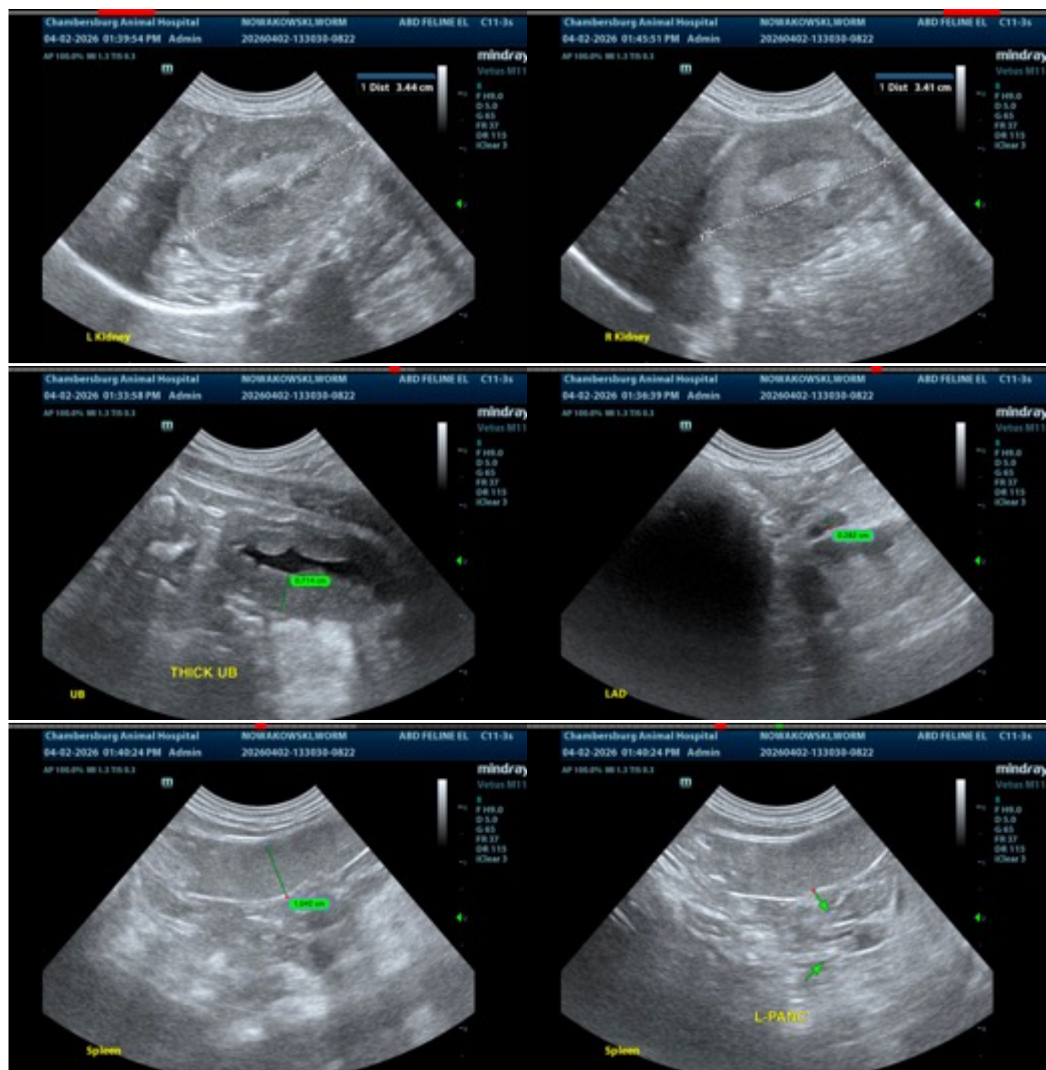
There's bilateral pyelectasia present. If there is a urinary tract infection diagnosed, there could be concern for concurrent pyelonephritis.

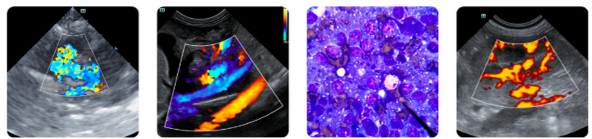
Additionally, recommend a blood pressure looking for concurrent hypertension.

No significant gastrointestinal lesions are viaualized. This does not definitively rule out the possibility of concurrent gastrointestinal disease. Additionally, the pancreas is slightly prominent. If there's concern for gastrointestinal disease, consider a GI Panel to Texas A&M for qualitative fPLI/TLI, cobalamin, and folate.

The right adrenal is somewhat prominent. The significance of this is uncertain. Monitor for any electrolyte abnormalities, etc. and reevaluation in the future should be considered looking for progressive enlargement.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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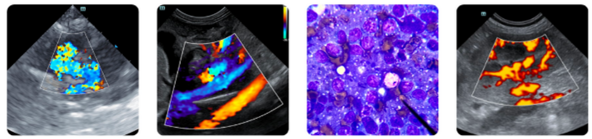
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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