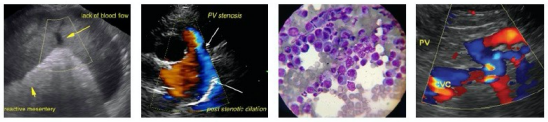
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Edgar Widing

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

10.5 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Kristi Cortright

INVOICE

36778

DATE

4/6/22

PRESENTING CLINICAL SIGNS

S: Presents for urinary incontinence, gradually getting worse for about a year. He doesn't really use the box to urinate and he is always wet from urine where he sleeps. Has lost about half of body weight in that time. Decreased appetite and energy. Not vomiting and uses litter box for BMs. No current medications. Indoor cat. Wearing a Seresto collar and no further pruritus or skin issues since on a flea preventative. Pronounced PU/PD. KP WT: 10.5# Temp: 99.7F PE: QAR-H MM=PINK CRT= pink Thorax: NSF on auscultation Abdomen: Sl. enlarged and irregular left kidney and unable to palpate right kidney at this time on palpation; empty bladder EENT: PLR=WNL; nuclear sclerosis and some iris atrophy; heavy dental tartar MS: NSF; ambulatory x 4; BCS= 4.5/9 Derm: NSF; no fleas or flea dirt noted and no lesions or hair loss LN: NSF Neuro: Appropriate mentation; full neuro exam not performed Pain Score: 0/10 Assessment: Pronounced polydipsia Urinary incontinence Weight loss TDx: CRF DDx: D. mellitus / Hyperthyroid / Neoplasia / Infection / Other Dental tartar Plan: Inhouse Chem 10/CBC: All WNL Discussed possible next steps diagnostically such as AUS and/or hospitalize and give SQ fluids to get a cysto urine sample for a UA Owner will consider these options. Inj: Maropitant 4.8mg SQ Discussed QOL urine culture in sept 2021 no growth- UA strip WNL will obtain a urine sample today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with severely echogenic suspended 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 (3.73 cm). Overall echogenicity is increased with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion, but there is some evidence of corticomedullary rim sing. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

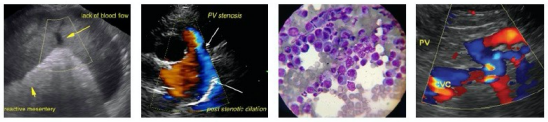
The right kidney has a normal shape and size (3.86 cm). Overall echogenicity is increased with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion, but there is some evidence of corticomedullary rim sing. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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 0.38 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Portable Animal Western Sonography, Inc.
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Edgar Widing

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

10.5 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Kristi Cortright

INVOICE

36778

DATE

4/6/22

Spleen

The spleen is subjectively normal in size (0.91 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous small (typically 0.15-0.17 cm) hyperechoic foci within the splenic parenchyma.

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 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.

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. 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.

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

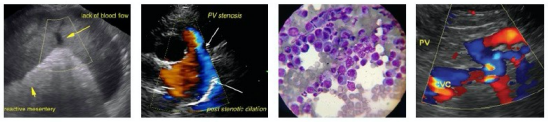
The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are mildly prominent mesenteric lymph nodes visualized at 0.35 and 0.30 cm. The left iliac lymph node is 0.55 cm, and the right iliac is 0.50 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large amount of mobile echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Hyperechoic kidneys with corticomedullary rim sign – Clinical significance uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, FIP, chronic interstitial



PATIENT

Edgar Widing

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

10.5 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Kristi Cortright

INVOICE

36778

DATE

4/6/22

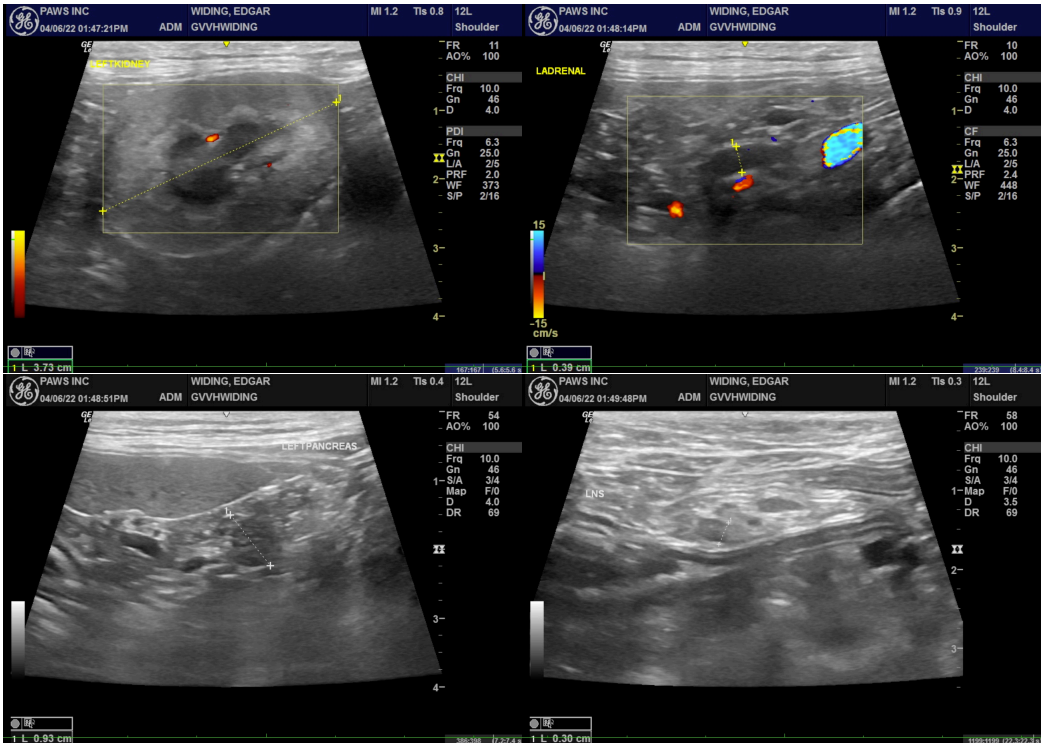
nephritis, and leptospirosis.

- Small hyperechoic foci visualized within the splenic parenchyma – These lesions likely represent benign foci, but monitoring is recommended.
- Prominent mesenteric lymph nodes – These are not overtly enlarged, but could be associated with increased inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

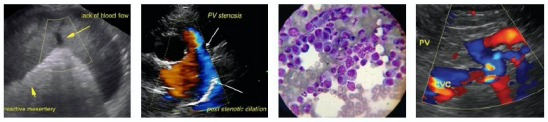
There is a large amount of echogenic sediment in the urinary bladder. Recommend urinalysis and culture.

The lesions described on today's ultrasound are generally mild and non-specific. Some could be age related. An obvious cause for the PU/PD is not observed (other than possible renal disease). Recommend current bloodwork (full CBC and chemistry panel including calcium, electrolytes) and thyroid level (if not already done). If there is no urinary tract infection and no evidence of metabolic disease, then consider continued evaluation for additional causes of PU/PD such as liver disease, etc. Additionally, prior to further evaluation for PU/PD, recommend confirming that it is present based on evaluation of water consumption and urine specific gravities.



SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Edgar Widing

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

10.5 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

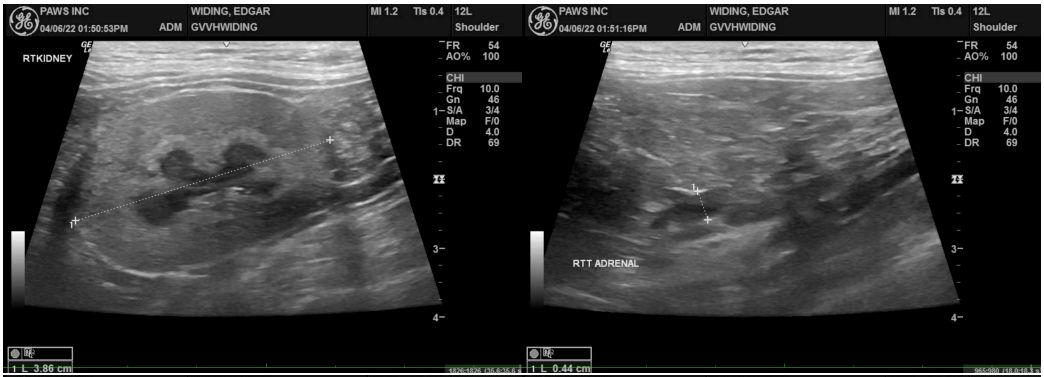
Dr. Kristi Cortright

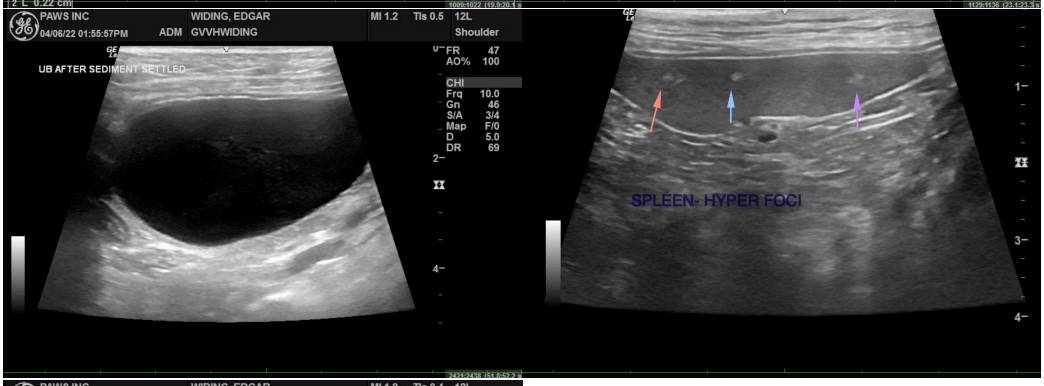
INVOICE

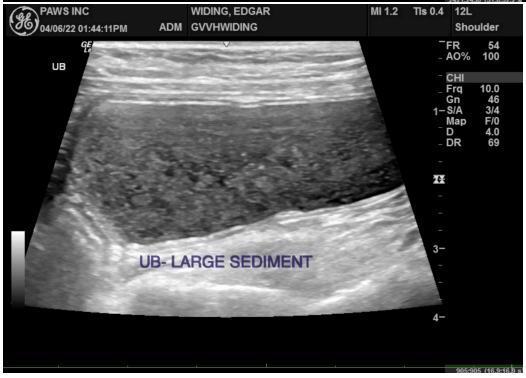
36778

DATE

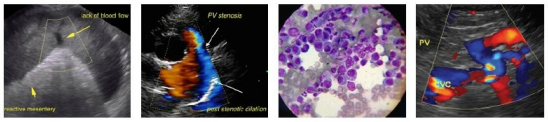
4/6/22







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



PAWS
Portable Animal Western Sonography, Inc.
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Edgar Widing

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

10.5 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Kristi Cortright

INVOICE

36778

DATE

4/6/22

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)
kathleen.sennello@sonopath.com