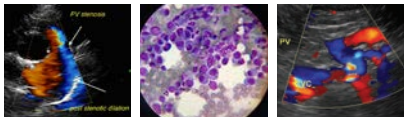
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**DATE**

5/2/23

**PATIENT**

Lulu Burrows

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

Spayed Female

**AGE**

3/5/11

**WEIGHT**

11.4 Pounds

**INTERPRETED BY**

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

**HOSPITAL NAME**

Timonium AH

**REFERRING VET**

Dr. Montessi

**INVOICE**

47026

## PRESENTING CLINICAL SIGNS

Recurrent cystitis, inappropriate urination.

Current Medications: Fluoxetine TD 3.5mg SID ~2 weeks, Depomedrol injection 1mL 4/27/23
Lab Results: Marked hematuria with negative urinary culture.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with a moderate amount of primarily suspended echogenic debris. Additionally, there is a relatively large amount of dependent debris, some of which is consistent with shadowing/sandy debris. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. Some of the echogenic debris is visualized up to the cystourethral junction. Echogenic debris of this type can be associated with small crystals, sandy debris, or small calculi. Correlate findings with abdominal radiographs, urinalysis and culture.

The left kidney has a normal shape and size (3.73 cm). Overall echogenicity is normal with adequate 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.5 cm). Overall echogenicity is normal with adequate 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *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, 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.

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

### *Gastrointestinal*

The stomach contains a moderate to large amount of 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. Jejunum wall measures 0.25 cm. 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 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.

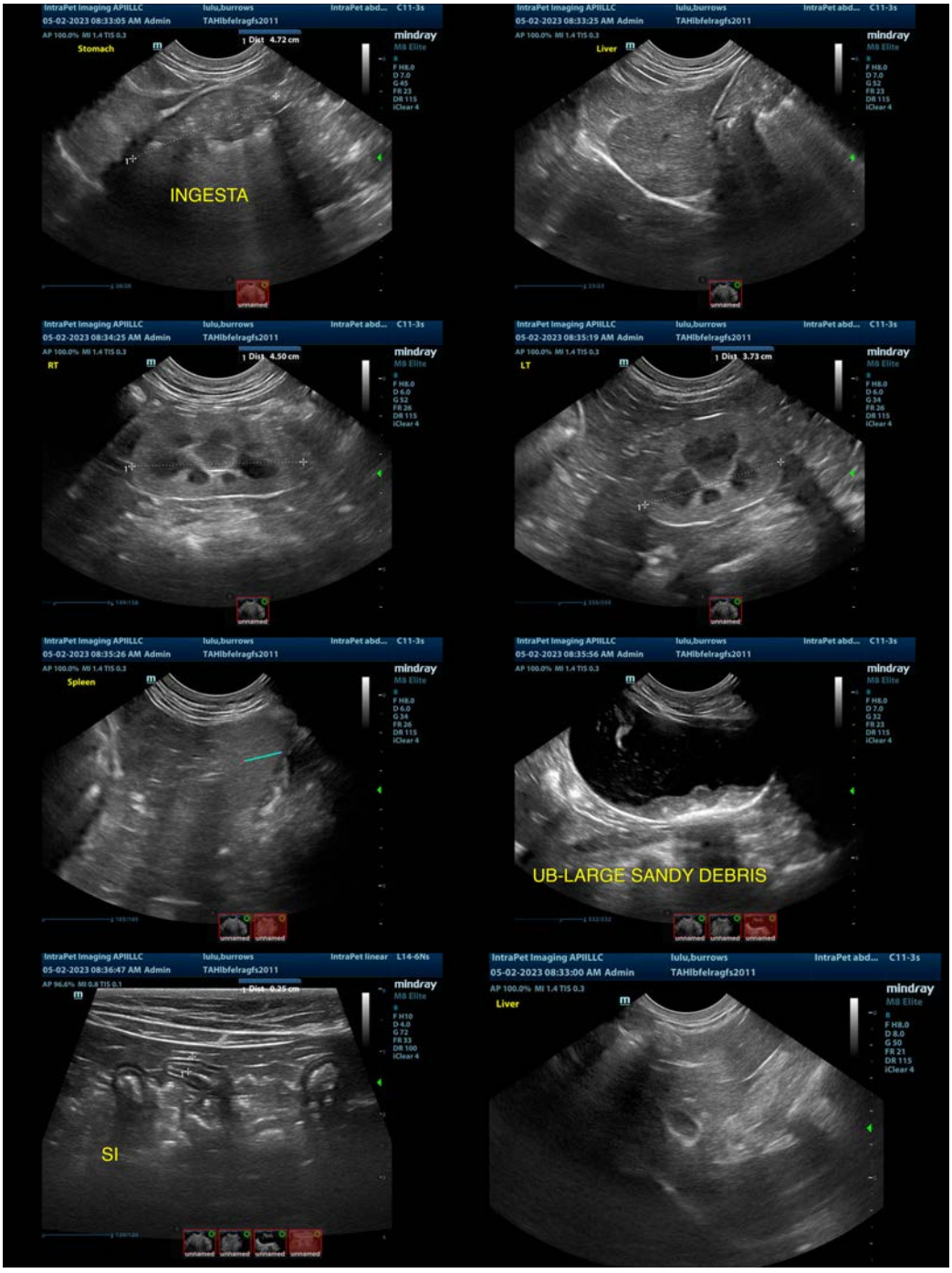
## ULTRASONOGRAPHIC FINDINGS

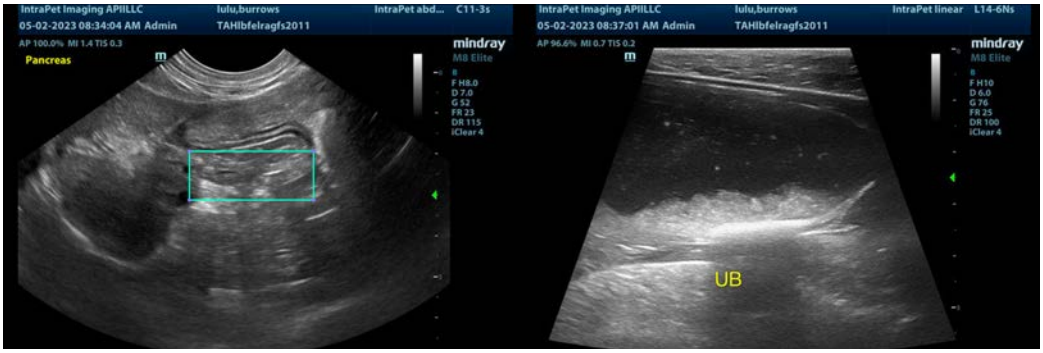
- Large amount of dependent and suspended echogenic debris in the urinary bladder as well as some dependent shadowing sandy debris – Findings could be consistent with sand/mineralized debris/small stones. Correlate with abdominal radiographs

- Moderate ingesta visualized within the gastric lumen – If the patient was adequately fasted, consider such differentials as delayed gastric emptying or a pyloric outflow tract obstruction (none observed).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of debris visualized in the urinary bladder. I suspect this is contributing to the dysuria reported. Urinalysis results do not really clarify the nature of this debris. If possible, consider a free catch urine sample to see if more debris may be present. Also consider correlating with abdominal radiographs to see if the mineralized is evident or suggestive of small stones. Urine culture is reported as negative, so struvite crystals are less likely. Calcium oxalate would be most common. You could consider dietary management to try and increase drinking, possibly an oxalate diet, and treatment for the discomfort (Amitriptyline?). Obstruction would be unlikely in a female cat but monitoring is warranted, and re-culturing in the future if symptoms worsen.


IntraPet Imaging APIILLC
lulu,burrows
IntraPet abd... C11-3s
05-02-2023 08:33:05 AM Admin
TAHIbfelragfs2011
Stomach
INGESTA
05-02-2023 08:33:25 AM Admin
Liver
05-02-2023 08:34:25 AM Admin
RT
05-02-2023 08:35:19 AM Admin
LT
05-02-2023 08:35:26 AM Admin
Spleen
05-02-2023 08:35:56 AM Admin
UB-LARGE SANDY DEBRIS
IntraPet linear L14-6Ns
05-02-2023 08:36:47 AM Admin
SI
05-02-2023 08:33:00 AM Admin
Liver
mindray
M6 Elite




**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