



PATIENT

Rosemary Landon

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dover Animal Hospital

REFERRING VET

Dr. Foster

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DATE

5/26/26

PRESENTING CLINICAL SIGNS

May 16th presented for decreased appetite and occasional stumbling. Gave 100LRS SQ, Mirtazapine, Emavert. May 21st 150ml LRS SQ, Cerenia. May 25th walk in appt, very dehydrated, no BM in days, not eating well and has rapidly declined. Vomited a few times, MM pale pink, dry uremic breath, no palpable bladder or stool, enlarged L kidney, possible UTI, hypothermic. Start IV Ampicillin, Emavert SQ, Lactulose PO, collect urine for C and S. May 26th at home had large urine output, drank a lot of water, ate little, didn't move much, restart IVF, May 27th continued hospital care but seems perkier. Start Clavaseptin.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results and rads. Elevated BUN and Creatinine, low RBCs and HCT, U/A - USG 1.017, ph 5, blood +++.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild suspended and dependent echogenic debris. The Bladder wall appears of normal thickness with a smooth mucosal surface. In the mid dorsal region of the urinary bladder there is a focal non-shadowing poorly vascular soft tissue mass effect measuring 1.16 cm x 0.61 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney is somewhat swollen, rounded and irregular in appearance, measuring 3.9 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a very thin, hypoechoic ring around some areas of the kidney with surrounding hyperechoic mesentery. There is some poorly defined cortical mineralization noted. There is no evidence of pyelectasia or infarcts. Renal vasculature is normal. The proximal ureter is visualized and appears dilated, measuring at 0.27 cm.

The right kidney is borderline small, and irregular in shape, measuring 3.47 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a scant hypoechoic ring around the kidney in some areas, and surrounding reactive mesentery. There is severe pyelectasia at 0.85 cm, with dilation of the ureter visualized measuring 0.43 cm several centimeters distal to the kidney. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 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 XX 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



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The spleen is subjectively normal in size (0.49 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.

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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.

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Gastrointestinal

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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. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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 area of 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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy. The omentum is hyperechoic around both kidneys.

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ULTRASONOGRAPHIC FINDINGS

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- Focal suspected soft tissue mass effect associated with the dorsal wall of the urinary bladder – Possible differentials could include a polyp, hematoma, transitional cell carcinoma, other.
- Bilaterally irregular kidneys with decreased corticomedullary distinction, surrounding inflammation, and severe right-sided pyelectasia and bilateral mild ureteral dilation – Findings could be consistent with acute renal injury, pyelonephritis, ureteral obstructions, etc.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are abnormal. They appear somewhat hyperechoic and irregular. The left kidney is borderline large and swollen, with the right kidney having significant pyelectasia. The ureters are prominent in both kidneys. Findings are concerning for pyelonephritis. No ureteral obstruction is



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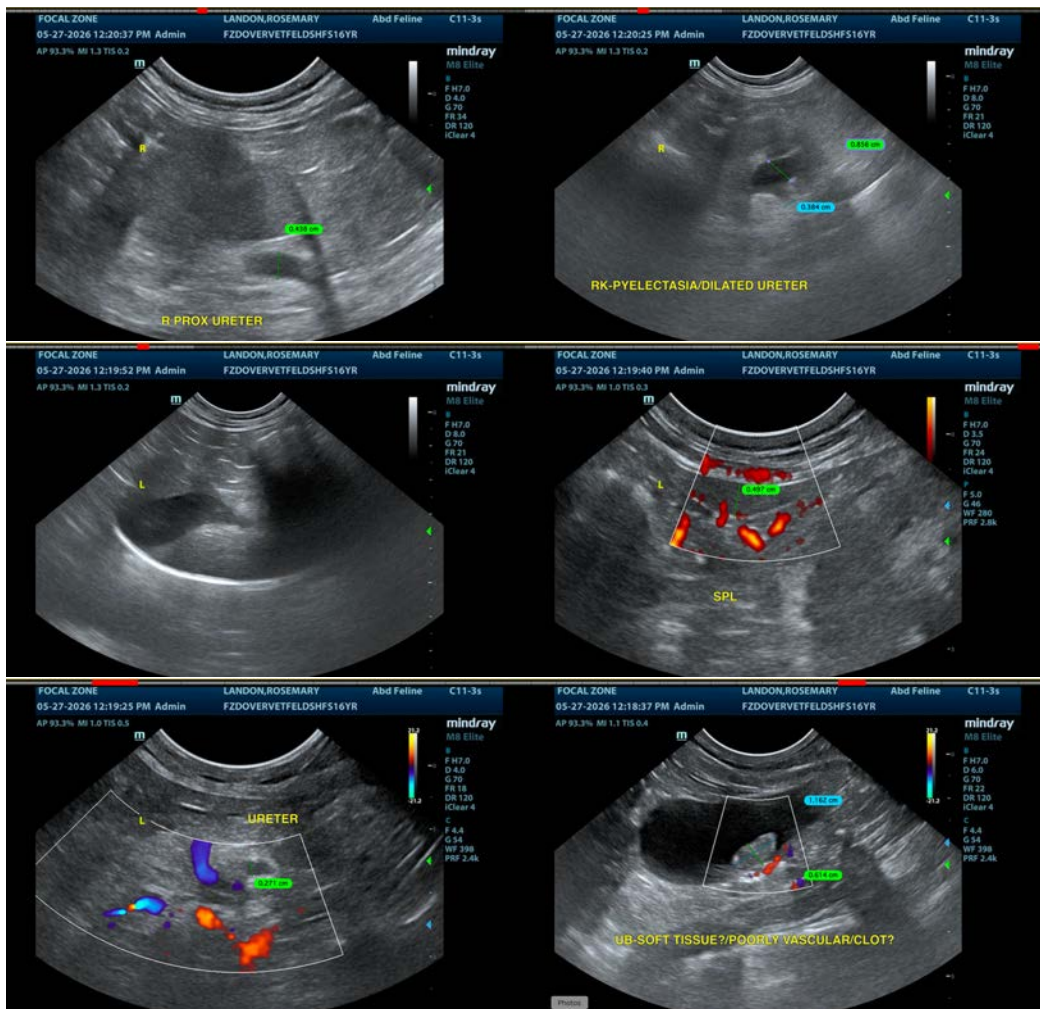
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visualized, but strictures, mucus plugs, small stones, etc. are not always evident. Additionally, there is a focal slightly hyperechoic structure visualized in the urinary bladder. There is no evidence of twinkle artifact or a significant shadow, and vascularity appears low based on power doppler evaluation. This could be consistent with a clot, a polypoid-like lesion, or a poorly vascular transitional cell carcinoma. If a urine culture has not been performed, recommend doing this when off antibiotics. Additionally recommend more aggressive diuresis, pain management, treatment for uremia, etc., and empirical treatment for pyelonephritis, as pyelonephritis does not always culture positive on a urine sample. Recommend follow up evaluation of the urinary bladder to reassess the intraluminal lesion in 6-8 weeks (sooner if not doing well).

A contrast study (contrast CT scan or excretory urogram) could be considered to further evaluate ureteral patency, looking for an obstruction lesion or similar.

Evaluation of the history for any potential renal injury could be considered, and infiltrative neoplasia cannot be definitively ruled out. If progressive renal enlargement occurs, a fine needle aspirate of the kidneys could be considered.





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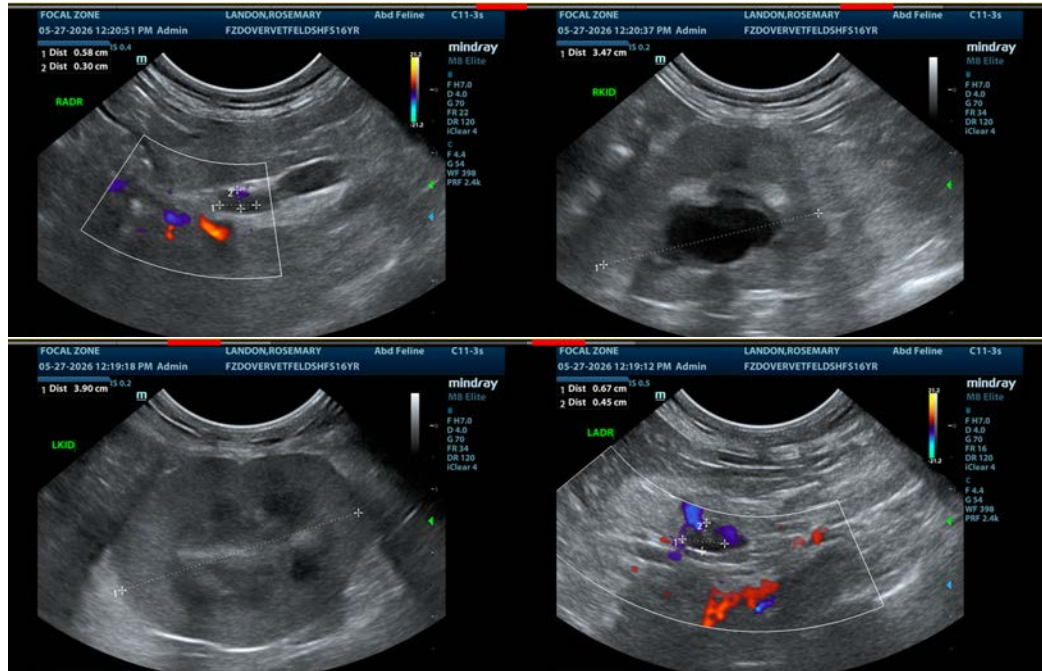
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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