



PATIENT

Fitzy Rowny

PRESENTING CLINICAL SIGNS

Chronic hematuria. Current meds: PZI insulin 6U
Abnormal PE/Chem/CBC/UA Results: USG 1.021, 4+ bld, 4+ glucose

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder is moderately distended with anechoic urine. The majority of the bladder wall appears of normal thickness, but there is a focal area in the dorsal aspect of the urinary bladder near the trigone where there is irregular tissue. This area is irregular, but roughly covers approximately 1.4 cm x 0.37 cm with some subtle focal lesions visualized on the ventral wall as well. There is no evidence of any calculi. These findings are concerning for early mass lesions, but focal inflammation/polyps are possible.

SEX

Neutered Male

The left kidney has a normal shape and size (4.45 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.

AGE

13 Years

The right kidney has a normal shape and size (4.42 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.

WEIGHT

13.8 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 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.

INTERPRETED BY

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

The right adrenal gland is normal 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.

IMAGING PERFORMED BY

Shari Reffi, CVT

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.

HOSPITAL NAME

VCA Blaristown AH

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.

REFERRING VET

Dr. Clegg

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.

INVOICE

39014

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.

DATE

6/23/22



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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. Duodenum wall measured 0.32 cm. Jejunum wall measured 0.22 cm. Visualized peristalsis appears appropriate. While the bowel wall appears normal, the region of the duodenum adjacent to the right kidney appears somewhat corrugated and inflamed.

SPECIES

Feline

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.

BREED

DSH

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.

SEX

Neutered Male

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.

AGE

13 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

13.8 Pounds

- Focal irregularity of the urinary bladder wall in the region of the trigone - concerning for an early mass lesion or polyp. Recommend urinalysis and culture.
- Hypoechoic, prominent pancreas - The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Mildly corrugated duodenum - This could be consistent with mild enteritis.

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is irregular tissue visualized in the trigone area of the urinary bladder. This could be concerning for an early neoplastic lesion, but it could also represent polypoid lesions secondary to chronic cystitis, etc. Recommend urinalysis and culture, even if sedation is necessary. You could also consider passing a urinary catheter and getting a traumatic sample at the same time for cytology, if desired.

IMAGING PERFORMED BY

Shari Reffi, CVT

The pancreas is somewhat hypoechoic and prominent. This is common in diabetic cats and could represent previous episodes of inflammation or current mild inflammation. Correlate with a quantitative PLI level and clinical assessment.

HOSPITAL NAME

VCA Blaristown AH

The duodenum appears mildly corrugated. This can be seen with focal enteritis or could be an incidental finding. The pancreas is in this area as well, so this could be a reaction to pancreatic inflammation.

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HOSPITAL NAME

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REFERRING VET

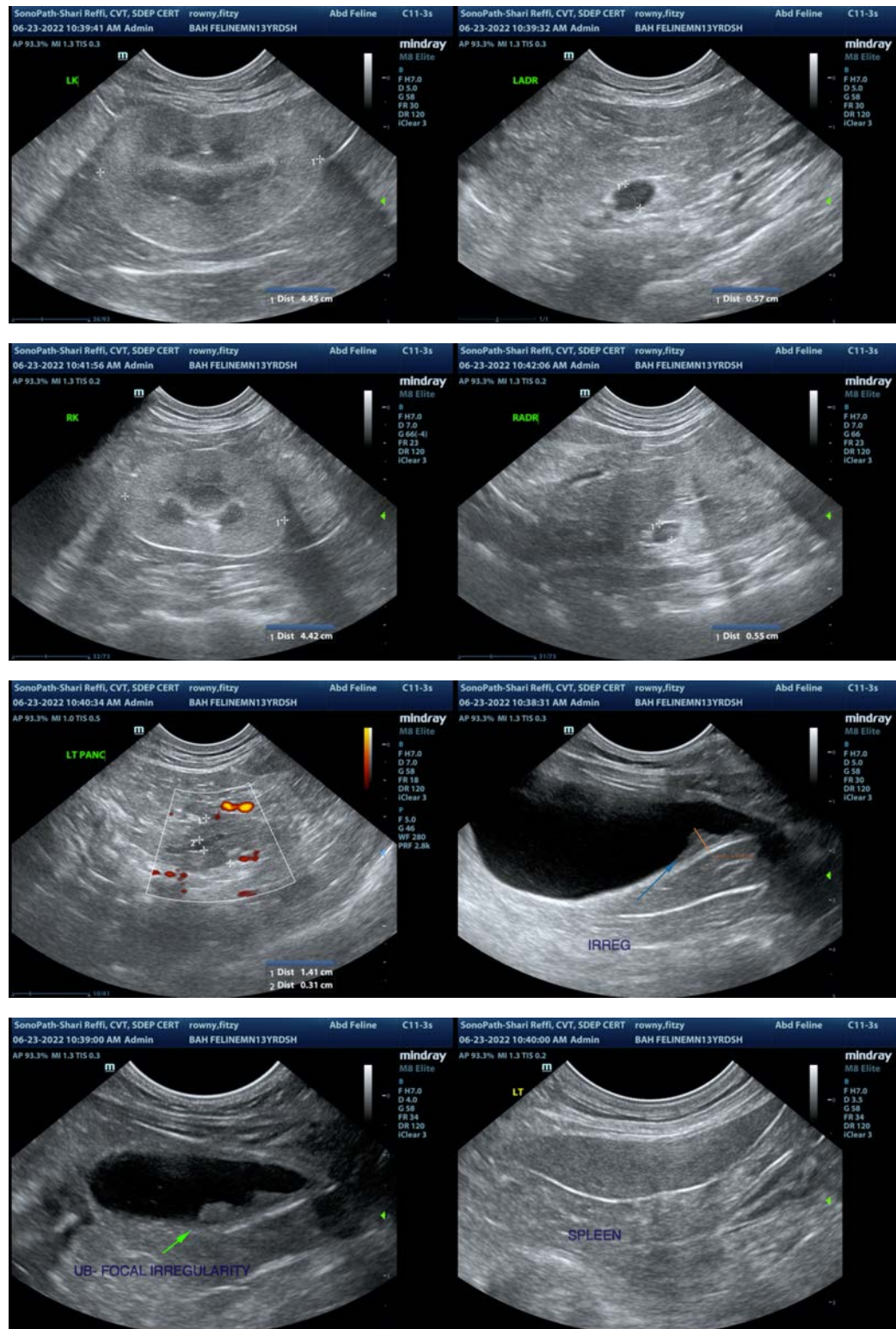
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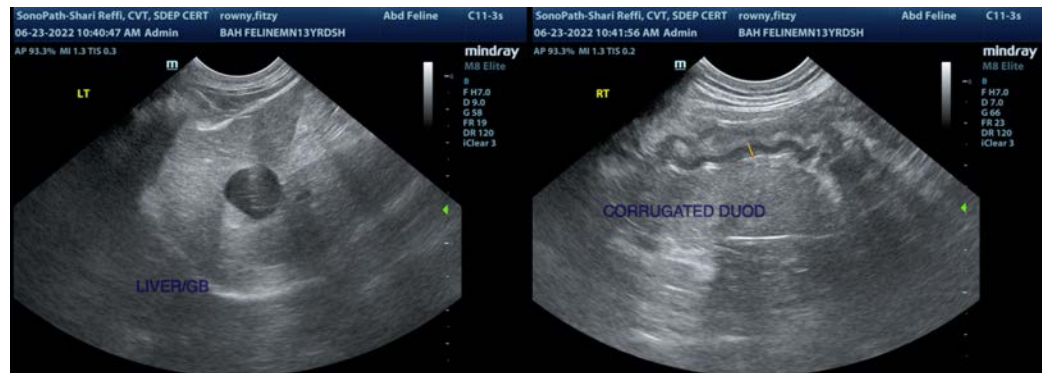
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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