



**PATIENT**

Molly Evans

**PRESENTING CLINICAL SIGNS**

P having a history of hematuria and urinating outside litter box.  
Abnormal PE/Chem/CBC/UA Results: Results are pending.

**SPECIES**

Feline

**LIMITED ULTRASONOGRAPHIC EXAMINATION**

**BREED**

DSH

The urinary bladder is mildly distended with mildly echogenic urine. The bladder wall appears diffusely mildly thickened, particularly in the dependent portion, where the wall thickness approaches 0.52 cm. Additionally, in the dependent portion of the urinary bladder, there is hyperechoic dependent shadowing material, most consistent with small mineralizations. This material is visualized in both the dependent portion of the urinary bladder in some views, and in the trigone region in others, indicating it is mobile. The proximal urethra appears within normal limits. No mass lesions are observed. Findings are consistent with small bladder calculi and urinary bladder wall thickening.

**SEX**

Spayed Female

The left kidney has a normal shape and size (3.97 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**

8 Years

The right kidney has a normal shape and size (4.4 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**

16.4 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Echogenic mineralized dependent debris in the urinary bladder – most consistent with small calculi – correlate with abdominal radiographs. Recommend urinalysis and culture.
- Urinary bladder wall thickening, particularly in the dependent portion of the urinary bladder – findings are likely associated with cystitis (sterile or bacterial), and the small stones observed. Recommend urinalysis and culture. Underlying neoplasia cannot be excluded as a possibility (seems unlikely).

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urinary bladder wall is mildly diffusely thickened. This is exacerbated by the lack of urine distention visualized. This thickening is exaggerated in the dependent portion of the urinary bladder, and there is shadowing mineralized debris visualized, which is most consistent with a grouping of small stones. Correlate these findings with abdominal radiographs, urinalysis and culture. If the debris is too small to be passed, and there is no evidence of infection to indicate struvite stones, you could consider a cystotomy (as long as stones are confirmed on radiographs).

**IMAGING PERFORMED BY**

Marco Lichfield

**HOSPITAL NAME**

Sova Animal Hospital

**REFERRING VET**

Dr. Robert Sova

**INVOICE**

39733

**DATE**

7/21/22



**PATIENT**

Molly Evans

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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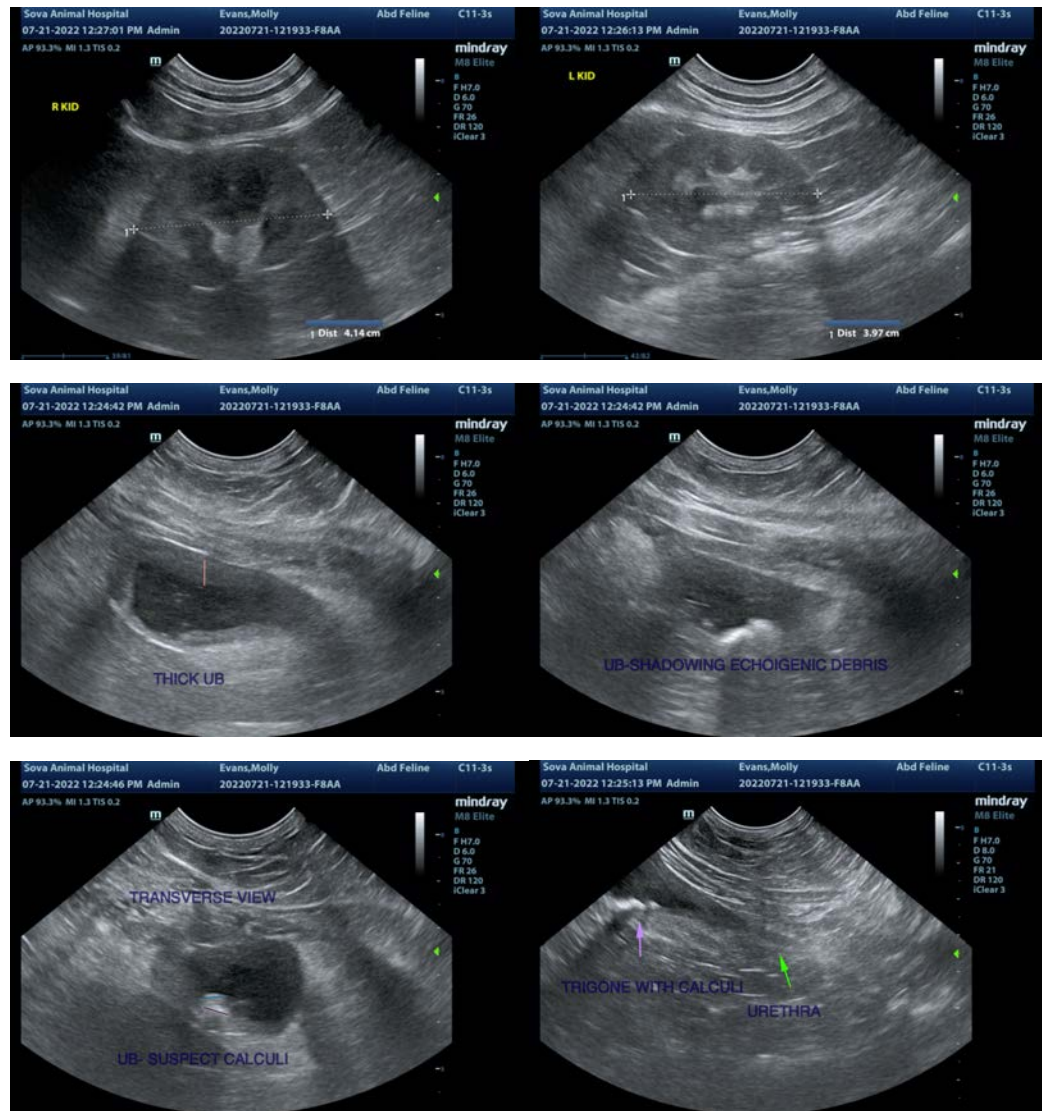
Dr. Robert Sova

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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)

kathleen.sennello@sonopath.com