

PATIENT

Millie Quintero

PRESENTING CLINICAL SIGNS

SPECIES

Feline

No sedation- owner reports always going to litter box. blood in urine but no increase in wbc and no bacteria seen on UA. Straining to urinate- happening for a month-Temporary resolve with Convenia injection but now frequents litter box again-
Abnormal PE/Chem/CBC/UA Results: USG 1050, pH 8, Blood 50, protein 30-

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. 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. In the dependent portion of the urinary bladder, there is a string of hyperechoic, small calculi/sandy debris visualized. Additionally, in the proximal urethra there is a small, hyperechoic mineralization measuring approximately 0.24 cm x 0.10 cm. The urethra itself and the urinary bladder are only moderately distended, so an obstruction is thought unlikely. This urethral mineralization could be intraluminal or mucosal.

SEX

Spayed Female

AGE

9 Years

The left kidney has a normal shape and size (3.54 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

12.4 Pounds

The right kidney has a normal shape and size (4.2 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.

INTERPRETED BY

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

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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The right adrenal gland is normal in size measuring 0.41 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.

HOSPITAL NAME

North Hills VC

Spleen

The spleen is subjectively normal in size (0.82 cm 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. No focal parenchymal abnormalities are visualized.

REFERRING VET

Dr. David Bagget

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.

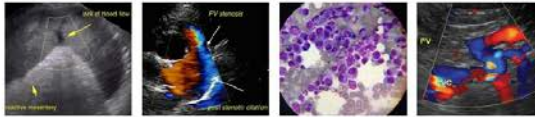
INVOICE

39848

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.

DATE

7/26/22



PATIENT

Millie Quintero

SPECIES

Gastrointestinal
The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Feline

BREED

DSH

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.

SEX

Spayed Female

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.

AGE

9 Years

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.

WEIGHT

12.4 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is an occasional visible mesenteric lymph node, one of which measures at 0.38 cm. The omentum is of normal echogenicity.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Small, dependent shadowing calculi within the urinary bladder and a small calculus visualized within the urethra – most consistent with very small stones. Recommend urinalysis and culture.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Moderate ingesta and fluid visualized within the gastric lumen – correlate with feeding history. If the patient was adequately fasted, consider delayed gastric emptying or a partial outflow tract obstruction (none observed).

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

North Hills VC

REFERRING VET

Dr. David Bagget

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

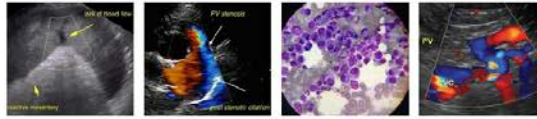
There is a small accumulation of sandy debris/small calculi in the dependent portion of the urinary bladder. This could be a cause for inflammation/irritation, and could also be a result of chronic infections (if struvite). Additionally, there is a small mineralization within the urethra. There is no evidence of an obstruction at this time, but this could develop if it were to get larger, or it could possibly pass. Recommend urinalysis and culture and a dissolution diet if an infection is present. If

INVOICE

39848

DATE

7/26/22



PATIENT

Millie Quintero

SPECIES

Feline

not, options would include diuresis to see if the stones could be flushed, possible urethral catheterization(?), or even cystoscopy if a small enough scope is in your area. Recommend radiographs to see if these mineralizations can be visualized. These are so small that at surgery they may not be readily apparent and difficult to identify.

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

12.4 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

North Hills VC

REFERRING VET

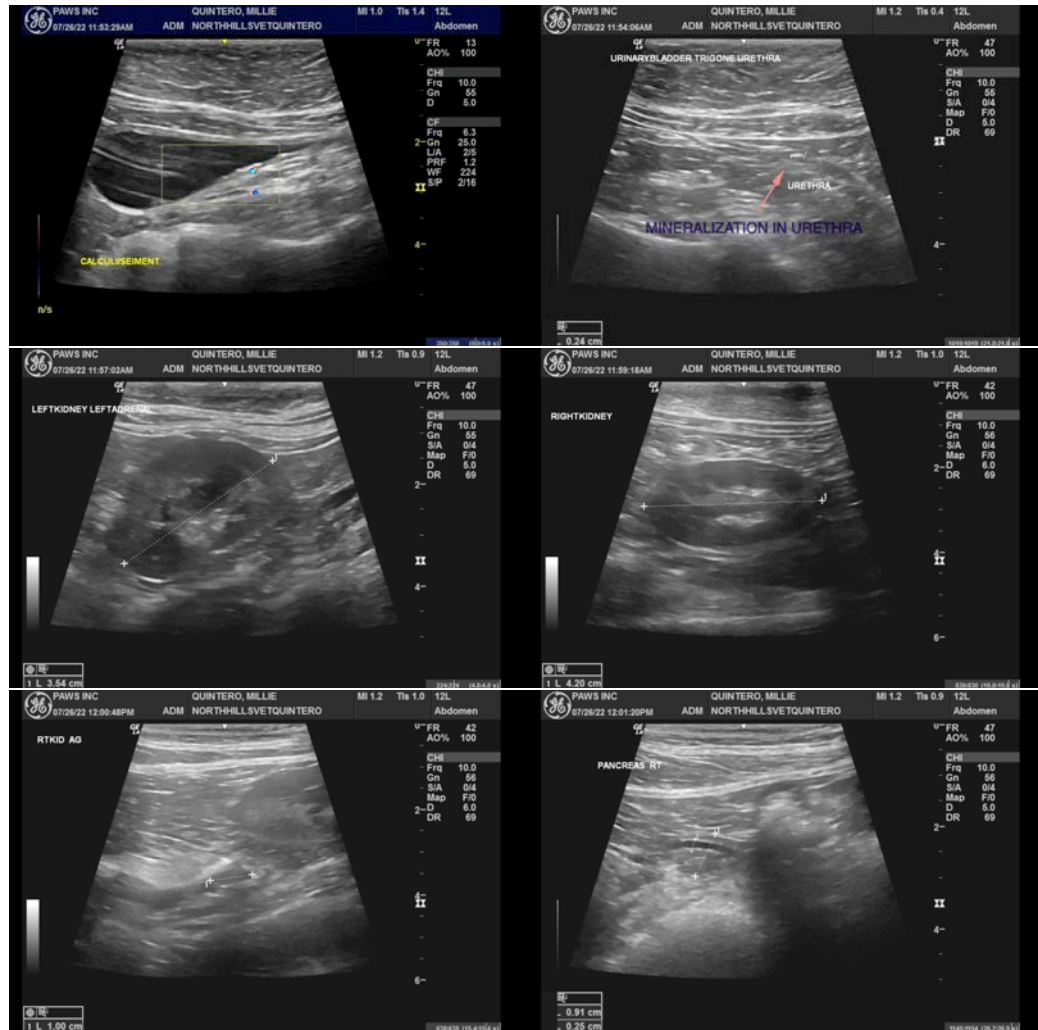
Dr. David Bagget

INVOICE

39848

DATE

7/26/22





PATIENT

Millie Quintero

SPECIES

Feline

BREED

DSH

SEX

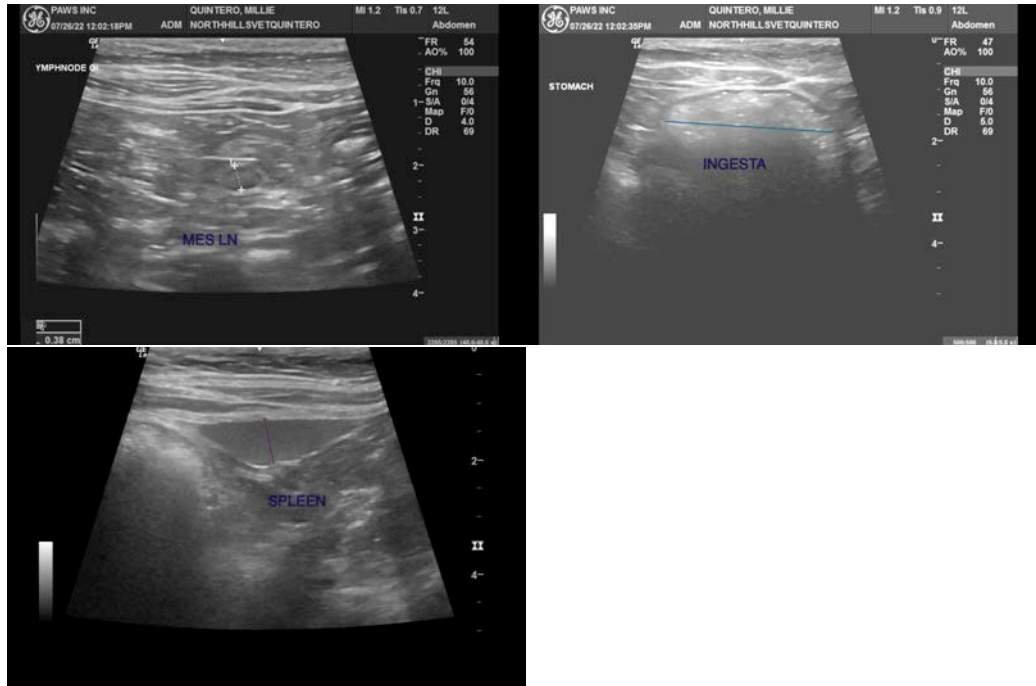
Spayed Female

AGE

9 Years

WEIGHT

12.4 Pounds



INTERPRETED BY

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

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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com

HOSPITAL NAME

North Hills VC

REFERRING VET

Dr. David Bagget

INVOICE

39848

DATE

7/26/22