



**PATIENT PRESENTING CLINICAL SIGNS**

Luna Ramos  
**SPECIES** History: CBC: Slight increase hemogram values Chemistry screen: Slight increase albumin and amylase likely mild dehydration Urinalysis: Increased specific gravity and pH likely causing falsely increase protein. Struvite crystals. Urine culture first tract: No growth. A: Mild dehydration and struvite crystals pointing towards possible bladder stones but none seen on xrays.

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Ragdoll

The urinary bladder is moderately distended with a significant amount of primarily suspended echogenic debris present. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with evidence of significant wall thickening, mild mucosal irregularities, but there is no evidence of masses observed. There is a small line of shadowing debris in the dependent portion of the urinary bladder. This is consistent with sand debris. Echogenic debris of this type can be associated with small crystals, cellular debris, proteinaceous debris and small stones.

**SEX**

Spayed Female

**AGE**

5 years

The left kidney has a normal shape and size (3.89 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**

14.12 Pounds

The right kidney has a normal shape and size (3.4 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.

**INTERPRETED BY**

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

**Adrenal Glands**

**IMAGING PERFORMED BY**

The left adrenal gland is normal in size measuring 0.44 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.

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

South Reno VH

The right adrenal gland is normal in size measuring 0.44 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.

**REFERRING VET**

**Spleen**

Dr. Schmidt

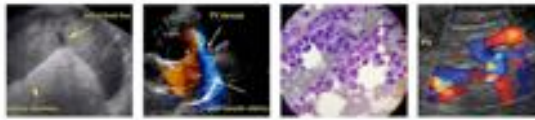
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**INVOICE**

91316

**DATE**

8/17/21



**PATIENT** *Liver*

Luna Ramos 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

**SPECIES**

Feline

**BREED**

*Gastrointestinal*

Ragdoll

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.

**SEX**

Spayed Female

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 and the jejunum measured as normal (0.24 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**AGE**

5 years

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.

**WEIGHT**

14.12 Pounds

*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.

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Medicine)

*Free Abdomen*

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is mild lymphadenomegaly present (one cranial mesenteric lymph node was measured 0.4 cm and the omentum is generally of normal echogenicity).

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**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

**REFERRING VET**

Dr. Schmidt

- Echogenic sandy debris in the urinary bladder.
- Prominent, cranial mesenteric lymph node. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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**PATIENT**

Luna Ramos

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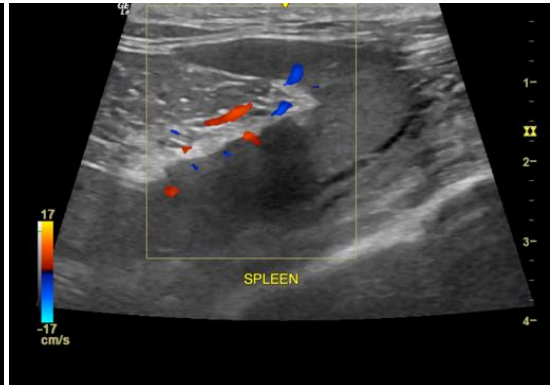
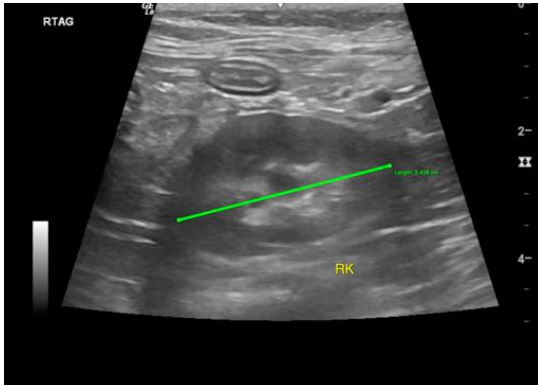
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**REFERRING VET**

Dr. Schmidt

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A moderate amount of echogenic, sandy debris is visualized in the bladder. This could be an incidental finding or associated with urinary tract infection (urine culture reported negative in history) or stone formation. Correlate with current symptoms. These findings can be exacerbated by dehydration and frequent urination, etc. The sand debris visualized is likely small enough to easily pass.

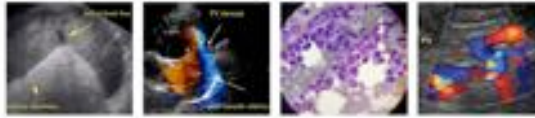


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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