



**PATIENT PRESENTING CLINICAL SIGNS**

Nimbus Dittman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

5 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Nelson Animal Hospital

**REFERRING VET**

Dr. Bondar

**INVOICE**

44759

**DATE**

8/17/23

Urinating inappropriately and growling when urinating. Bladder has always been empty or soft and mildly full Was put on clavaspetin 62.5mg BID at emerg for 7 days and improved but immediately after finished was uncomfortable Odd for a young male cat to have just a UTI. Concern re nidus of infection (ie. stone vs FIC) Current Medications gabapentin 100mg

Abnormal PE/Chem/CBC/UA Results: Urinalysis indicated a UTI - SG 10.45, ph 7, blood ++, protein 1+

**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, masses or cystic calculi.

The left kidney has a normal shape and size (3.79 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.04 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.27 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.

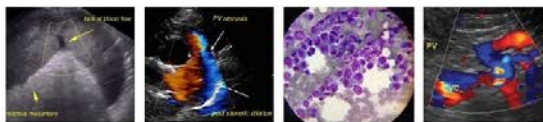
The right adrenal gland is normal in size measuring 0.18 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**Spleen**

The spleen is subjectively normal in size (0.92 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.

**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.



**PATIENT**

Nimbus Dittman

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

**SPECIES**

Feline

**Gastrointestinal**

The stomach contains moderate shadowing ingesta. 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.

**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. Duodenum wall measures 0.20 cm. Jejunum wall measures 0.16 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Neutered Male

**AGE**

2 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**

5 kg

**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.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Kelly Reschny

**ULTRASONOGRAPHIC FINDINGS**

- No significant ultrasonographic lesions observed

**HOSPITAL NAME**

Nelson Animal Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urinary bladder appears relatively normal today. There are no focal mass lesions, calculi, etc. to explain the difficulty urinating. Unfortunately, the distal urethra cannot be evaluated with ultrasound. If there is concern for a more distal lesion, a soft red rubber catheter can be passed to ensure no resistance consistent with a stricture, stone, etc. Additionally, a contrast cystourethrogram could be considered.

**REFERRING VET**

Dr. Bondar

If urine cultures are negative and anatomic abnormalities are ruled out, then consider the possibility of non-infectious cystitis despite the bladder wall appearing relatively normal.

**INVOICE**

44759

These are my recommendations if interstitial cystitis is suspected:

**DATE**

8/17/23

- Urinalysis and culture are recommended.
- Treatment of FIC can be frustrating as it is a waxing and waning disease. Treatment strategies vary and there is no "one fits all" approach. There is currently no cure for FIC. Goals of therapy include reduction of severity and duration of clinical signs during an acute episode; increasing



**PATIENT**

Nimbus Dittman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

5 kg

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Nelson Animal Hospital

**REFERRING VET**

Dr. Bondar

**INVOICE**

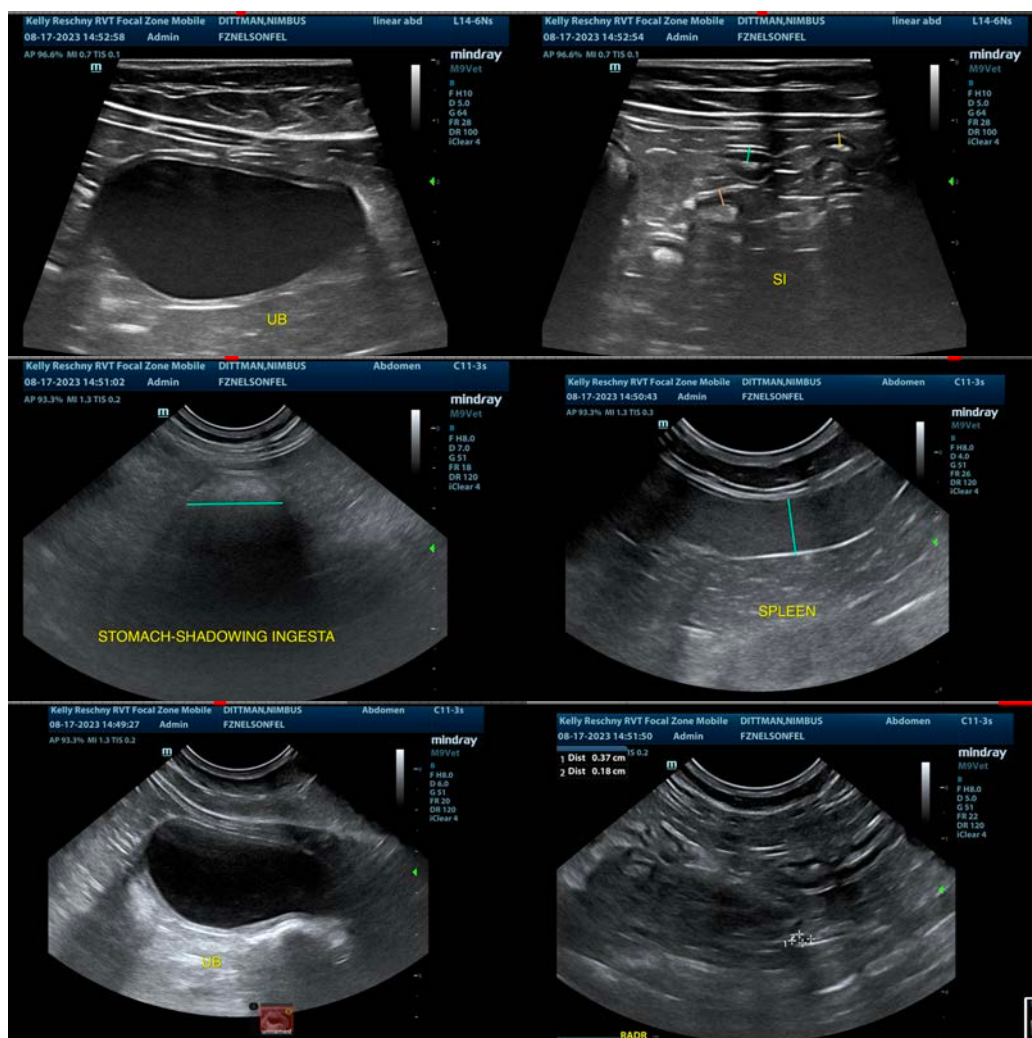
44759

**DATE**

8/17/23

the interval between episodes; and decreasing severity of signs in cats with persistent FIC. Approximately 85% of cats will experience clinical improvement with or without therapy.

- Numerous therapies can be considered including: diet, multimodal environmental modification, analgesics, anti-inflammatories, anti-anxiety medications etc..
- Close observation is warranted as some cats do experience life-threatening urinary obstruction.
- If symptoms are worsening re-evaluation with ultrasound should be considered.





**PATIENT**

Nimbus Dittman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

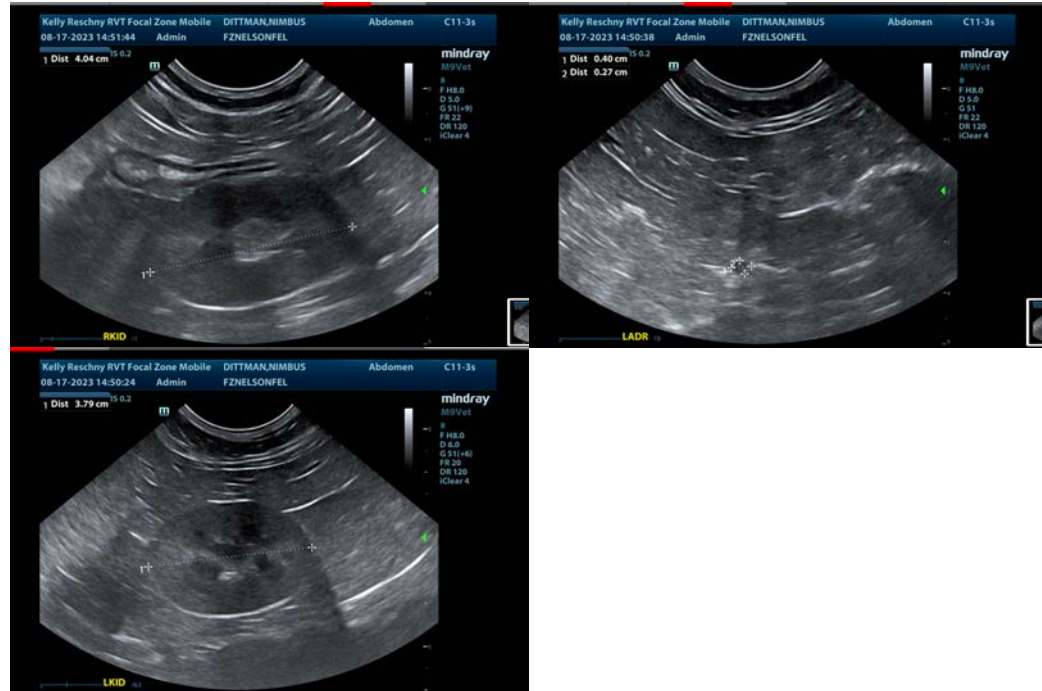
Neutered Male

**AGE**

2 Years

**WEIGHT**

5 kg



**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Nelson Animal Hospital

**REFERRING VET**

Dr. Bondar

**INVOICE**

44759

**DATE**

8/17/23

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)

info@sonopath.com