

**DATE PRESENTING CLINICAL SIGNS**

8/3/22 Hematuria. Responsive to Convenia and Depo Medrol but returns.

PATIENT

Kitty Merritt

Current Medications: Received Convenia and Depo Medrol injections 6/29/22 and 7/11/22. P did well following injections but hematuria recurred.

Lab Results: Mild azotemia: BUN 37.7, Creat 2.1.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Tealazole.

Stat Report: Not requested.

SPECIES

Feline

LIMITED ULTRASONOGRAPHIC EXAMINATION**BREED**

Siamese

The urinary bladder is mildly/moderately distended with mildly echogenic urine. The Bladder wall appears mildly diffusely irregular and thickened, measuring at 0.34 cm. The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi. Findings are most consistent with cystitis +/- lack of urine distention.

SEX

Spayed Female

The left kidney has a normal shape and size (3.47 cm). Overall echogenicity is slightly hyperechoic with poor 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

7/2/04

The right kidney has a normal shape and size (3.23 cm). Overall echogenicity is slightly hyperechoic with poor 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

7.14 Pounds

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Subjectively thickened/mildly irregular urinary bladder wall – most consistent with cystitis or lack of urine distention.
- Mildly reduced corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

IMAGING PERFORMED BY

Andi Parkinson RDMS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The wall thickening visualized is diffuse and most consistent with cystitis. No focal lesions were observed.

HOSPITAL NAME

Northwind AH

- Urinalysis and culture are recommended.

REFERRING VET

Dr. Russ

- Due to the diffuse nature of the lesion, interstitial cystitis is suspected (if culture is negative)

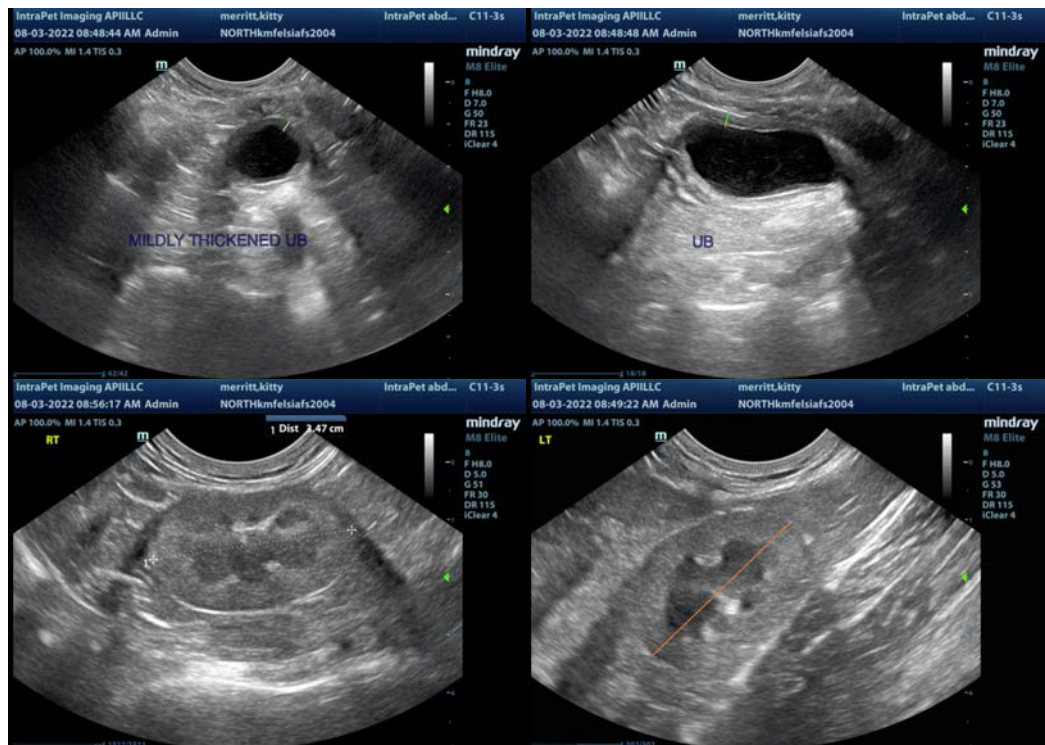
INVOICE

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- 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 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.



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.

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