



**PATIENT PRESENTING CLINICAL SIGNS**

Buddy Webster  
intermittent blood in stool for past 6-9 months meds: keppra, milbemax  
Abnormal PE/Chem/CBC/UA Results: BW-WNL

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED** The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

DLH

**SEX** The left kidney is mildly irregular (likely due to previous infarcts) and measures 4.42 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 or hydroureter. Renal vasculature is normal.

Neutered Male

**AGE** The right kidney is mildly irregular (likely due to previous infarcts) and measures 4.15 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 or hydroureter. Renal vasculature is normal.

9 Years

**WEIGHT Adrenal Glands**

6 kg  
The left adrenal gland is normal in size measuring 0.33 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.

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

The right adrenal gland is normal in size measuring 0.29 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.

**IMAGING PERFORMED BY** Kelly Reschny

**Spleen**  
The spleen is borderline large (1.2 cm in width 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.

**HOSPITAL NAME** East Credit VH

**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.

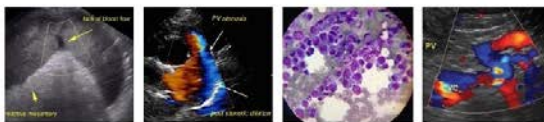
**REFERRING VET** Dr. Webster

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.

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**Gastrointestinal**  
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.

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**PATIENT**

Buddy Webster

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

**SPECIES**

Feline

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.

**BREED**

DLH

**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.

**SEX**

Neutered Male

**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.

**AGE**

9 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

6 kg

- Large amount of echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Mildly irregular kidneys – most consistent with previous infarcts. The renal lesion identified is ill defined and hyperechoic, this could be consistent with a previous renal infarct and can be an indicator of current or previous renal disease.
- Borderline large spleen – The spleen appears relatively normal, so this could be within normal limits for this larger cat. If there is concern for underlying round cell neoplasia, you could consider a fine needle aspirate.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Kelly Reschny

The lesions observed on today's scan are relatively mild. There is a large amount of debris visualized in the urinary bladder. Recommend urinalysis and culture to further evaluate this debris.

**HOSPITAL NAME**

East Credit VH

There are some mild changes to the kidneys. These could be consistent with previous infarcts. Consider a blood pressure evaluation.

**REFERRING VET**

Dr. Webster

No changes are visualized with the colon to explain the intermittent bloody stool reported. Unfortunately, there are many causes for blood in the stool that cannot be diagnosed by ultrasound alone. If this is solid stool with blood on it, then there is likely a distal rectal lesion, and colonoscopy would be recommended. If there is diarrhea, black stool, and occasionally some blood, this is likely large bowel +/- small bowel diarrhea, and you could consider the following.

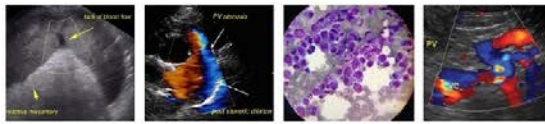
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- Consider diagnostics and treatment for large bowel parasites (if not already done)
- Consider fecal testing for viral , parasitic and bacterial causes of large bowel diarrhea
- Recommend chronic probiotic therapy
- Recommend a diet trial to a hydrolyzed/novel protein prescription diet +/- fiber supplementation (some pets do well with fiber others don't)

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**PATIENT**

Buddy Webster

- If symptoms persist beyond acute treatment for acute colitis, consider a colonoscopy to obtain biopsies of the colon wall.

**SPECIES**

Feline

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

**BREED**

DLH

**SEX**

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**AGE**

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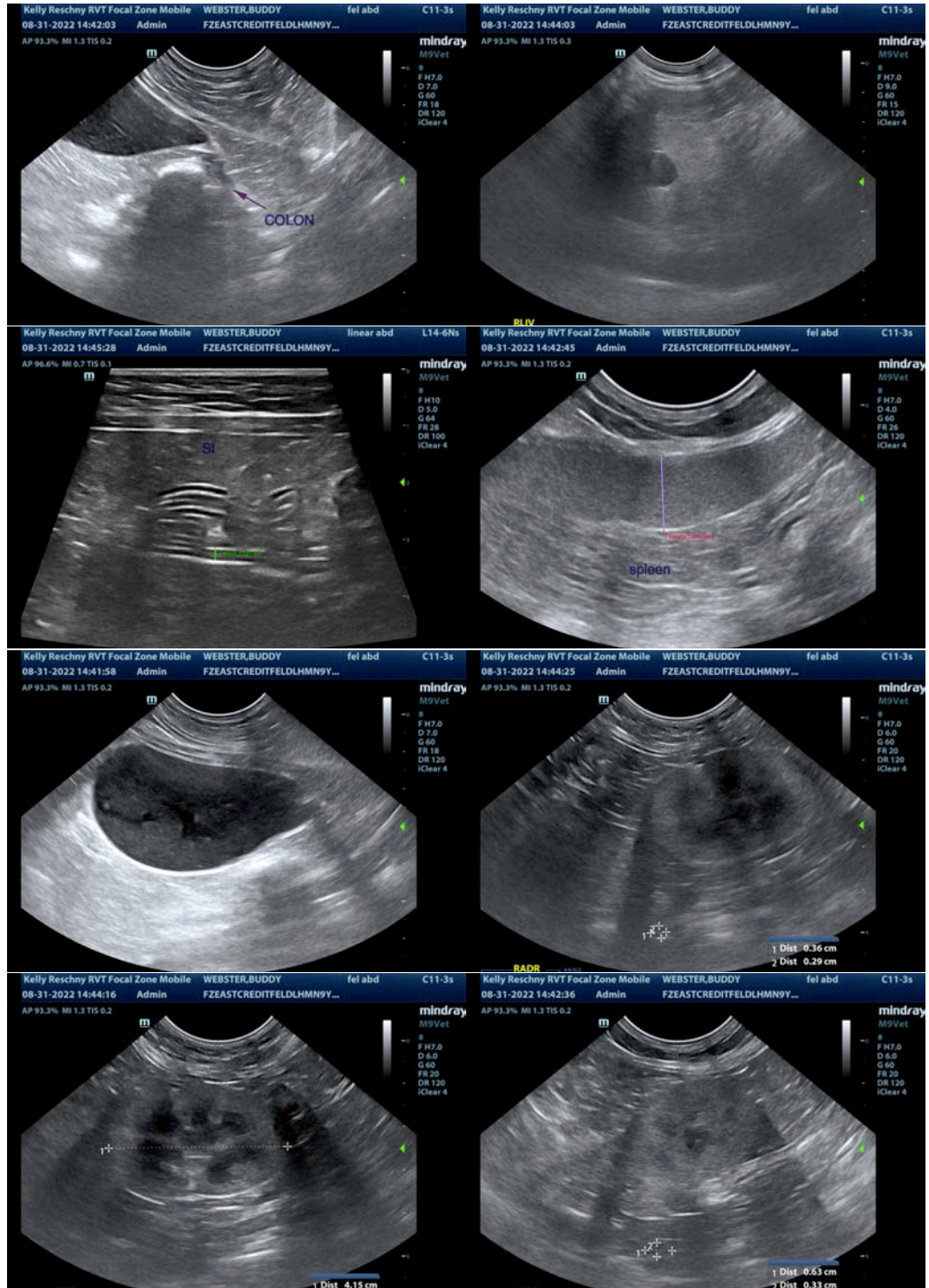
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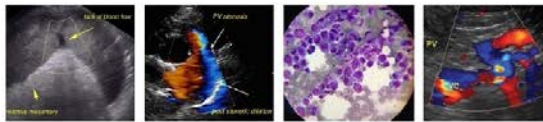
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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