



**PATIENT PRESENTING CLINICAL SIGNS**

**Nala Soto** History: Presented for evaluation of hematuria that has been present for 1 and 1/2 months. Pt was treated with Amoxicillin and Clavulanic acid, but no improvement was seen. Also, was treated with Onsior for 3 days and the hematuria persisted. Pt has history of idiopathic seizures and it is controlled with phenobarbital.

**SPECIES**

**Feline** Abnormal PE/Chem/CBC/UA Results: Blood work was done and showed that pt has moderate Leukocytosis of 26k ( 9k-17k) with neutrophilia, basophilia and eosinophilia. Urine was collected for urinalysis and for urine culture and it is pending.

**BREED**

**DSH**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary system**

**SEX**

**Intact Female**

The urinary bladder presents marked thickening of the ventral and cranial wall with transverse diameter up to 0.59 cm. Wall layering in this area is indicated but not well defined. The dorsal wall, trigone und pelvic urethra present normal findings without evidence of uroliths or sediment. Small amounts of hyperechoic debris are recognized.

**AGE**

**6 Years**

The uterus shows moderate and even thickening with diameters of 0.53 cm. Subtle free peritoneal fluid is noted in the uterine periphery.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

Left kidney measures 3.61 cm length, right kidney 3.75 cm. There is a clear corticomedullary definition. Renal pelvis and exit to the ureters are unremarkable.

**Adrenal glands**

Both adrenal glands are considered as normal.

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**Spleen**

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 0.9 cm. There are no signs of nodular/focal changes are noted.

**Liver/Gallbladder**

**REFERRING VET**

Dr. Javier Rodriguez

Liver images are inconspicuous. Deviation of vasculature is not noticed. Evidence of nodular or focal changes is not visible. Gallbladder is unremarkable with a small amount of sludge, a florid process or cholestasis is not recognized.

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**Gastrointestinal**

Stomach, small and large intestine present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. No overt evidence of ileus or a

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**PATIENT** florid/neoplastic process. Mesenteric lymph nodes are prominent with an inconspicuous shape and periphery.

Nala Soto

**Pancreas**

Pancreas is considered as normal.

**SPECIES**

Feline

**Free Abdomen**

Abdominal fat and great vessels show no pathological findings.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DSH

**Primary**

**SEX**

- Significant thickening of the cranial/ventral urinary bladder wall with questionable intact layering

Intact Female

**Secondary**

**AGE**

- Thickening of the uterus with a subtle amount of peripheral free fluid

6 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Ultrasonographic findings of the bladder do reflect the reported hematuria. Focal severe and chronic cystitis is possible as well as early-stage neoplasia such as transitional cell carcinoma. With chronic inflammatory issues usually diffuse thickening of the wall with intact wall layers is expected. This can occur locally with deep infection of the wall layers and local mechanical stimulus due to cystic calculi which are not detected. The local appearance and the ill-defined layering could represent neoplasia which needs to be ruled out (urine culture/cytology, please no cystocentesis).

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Thickening of the uterus is commonly seen with chronic (endo-) metritis. Once neoplasia is ruled out OHE is recommended.

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Dr. Javier Rodriguez

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**PATIENT**

Nala Soto

**SPECIES**

Feline

**BREED**

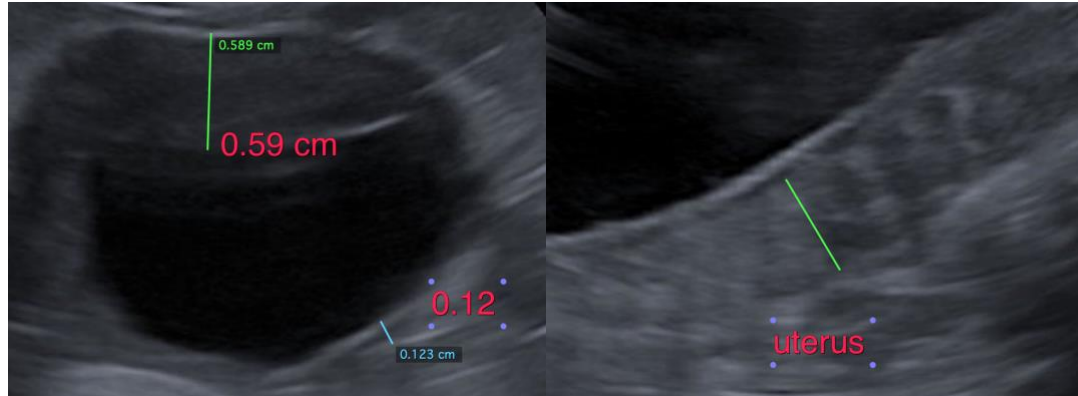
DSH

**SEX**

Intact Female

**AGE**

6 Years



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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