



**PATIENT PRESENTING CLINICAL SIGNS**

**Lulu Curtis**  
**SPECIES**  
 Feline  
**BREED**  
 DSH  
**SEX**  
 Spayed Female

History: Recent history of lower urinary tract signs. Received Meloxicam for a few days and got a Convenia injection. Now, not eating and azotemic. Performed one view right lateral pelvic radiograph on 1/6/22 - showed that there is potentially some small granular mineralization in the bladder which could be very small stones but not concerned about size and will wait for UA to look for struvites and potentially change diet.

Abnormal Lab Values: 1/13/22 - BUN: 51 mg/dL, CREA: 7.4 mg/dL, GLU: 161 mg/dL, PLT: 109 K/uL. QAR, pale pink MM, 6/9 BCS, remainder WNL.

Current Medications: Gabapentin PRN, Metacam (finished on 1/11/22)

Abnormal PE/Chem/CBC/UA Results: 1/13/22 - BUN: 51 mg/dL, CREA: 7.4 mg/dL, GLU: 161 mg/dL, PLT: 109 K/uL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.30 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.41 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.93 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**INTERPRETED BY**

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Diplomate ACVIM (Small  
Animal Internal Medicine)

**IMAGING PERFORMED BY**

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Animal Internal Medicine)

**HOSPITAL NAME**

Flowertown Animal  
Hospital

**REFERRING VET**

Dr. Matthew Nathan

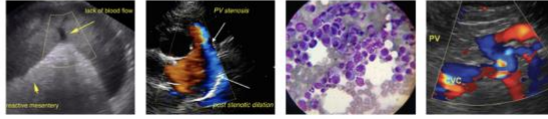
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10138

**DATE**

1/13/20

**Liver**



**PATIENT**

Lulu Curtis

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**BREED**

DSH

**SEX**

Spayed Female

**AGE**

7/15/2010

**WEIGHT**

12.48 lbs

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The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is moderately distended with ingesta, consistent with a post-prandial presentation. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**Pancreas**

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

**Free Abdomen**

The mesentery in the cranial abdomen, adjacent to the stomach, is hyperechoic/reactive. No free fluid is observed. The abdominal lymph nodes are normal/not visible.

**Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Given the clinical history and sonographic changes, acute renal failure (i.e., secondary to non-steroidal inflammatory medication or infection) is considered likely.
- The significance of the reactive mesentery/focal peritonitis in the cranial abdomen is unclear. Possible differentials include low-grade pancreatitis, secondary to gastrointestinal disease, other

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Supportive care of acute renal failure is recommended, including IV fluid diuresis, gastric protectants, antiemetics (if needed) and broad-spectrum antibiotic therapy.
- A urine culture and sensitivity, preferably on a pre-antibiotic sample, is recommended.



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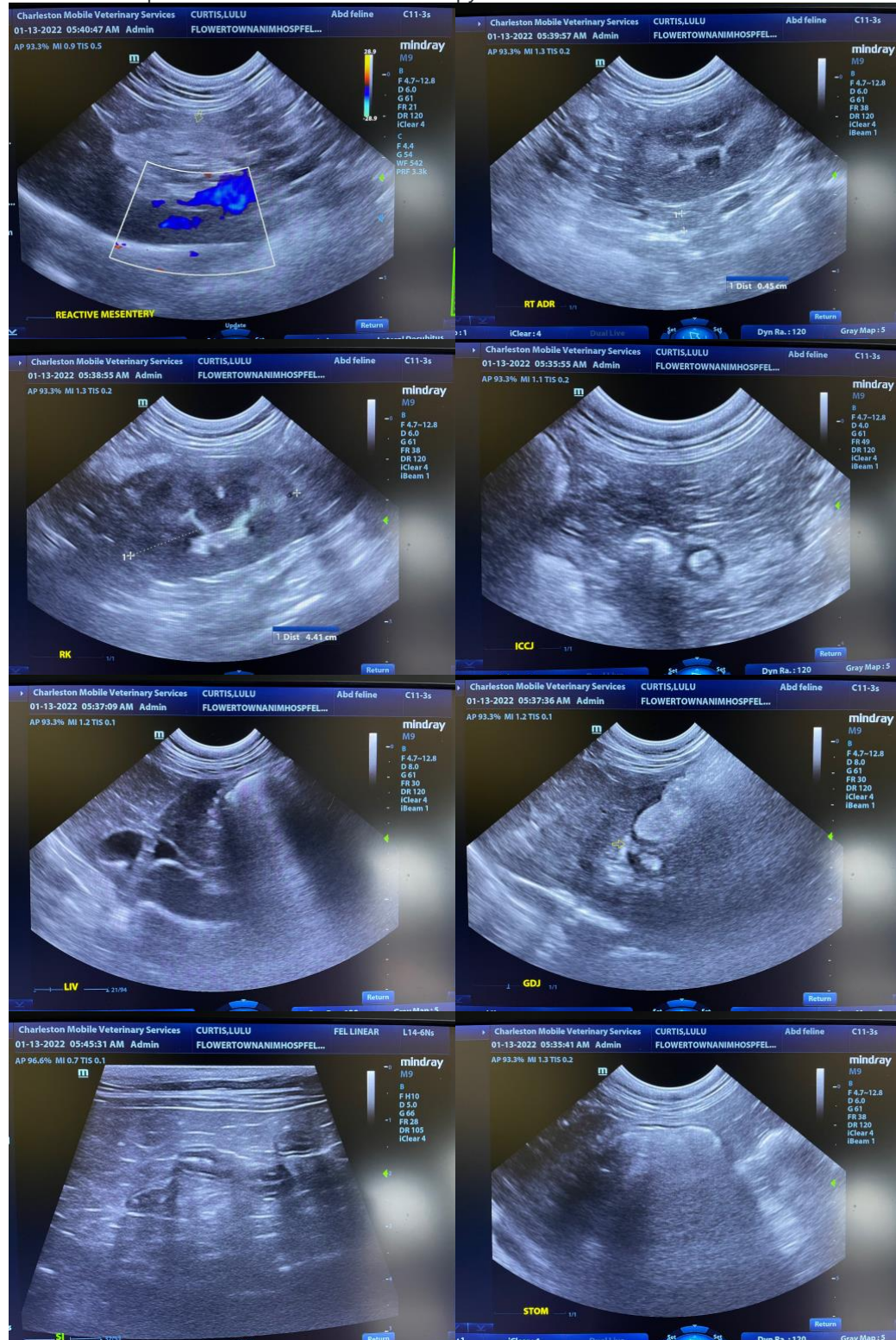
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- Also, consider three-view thoracic radiographs to assess cardiopulmonary status, particularly if the patient is to continue fluid therapy.





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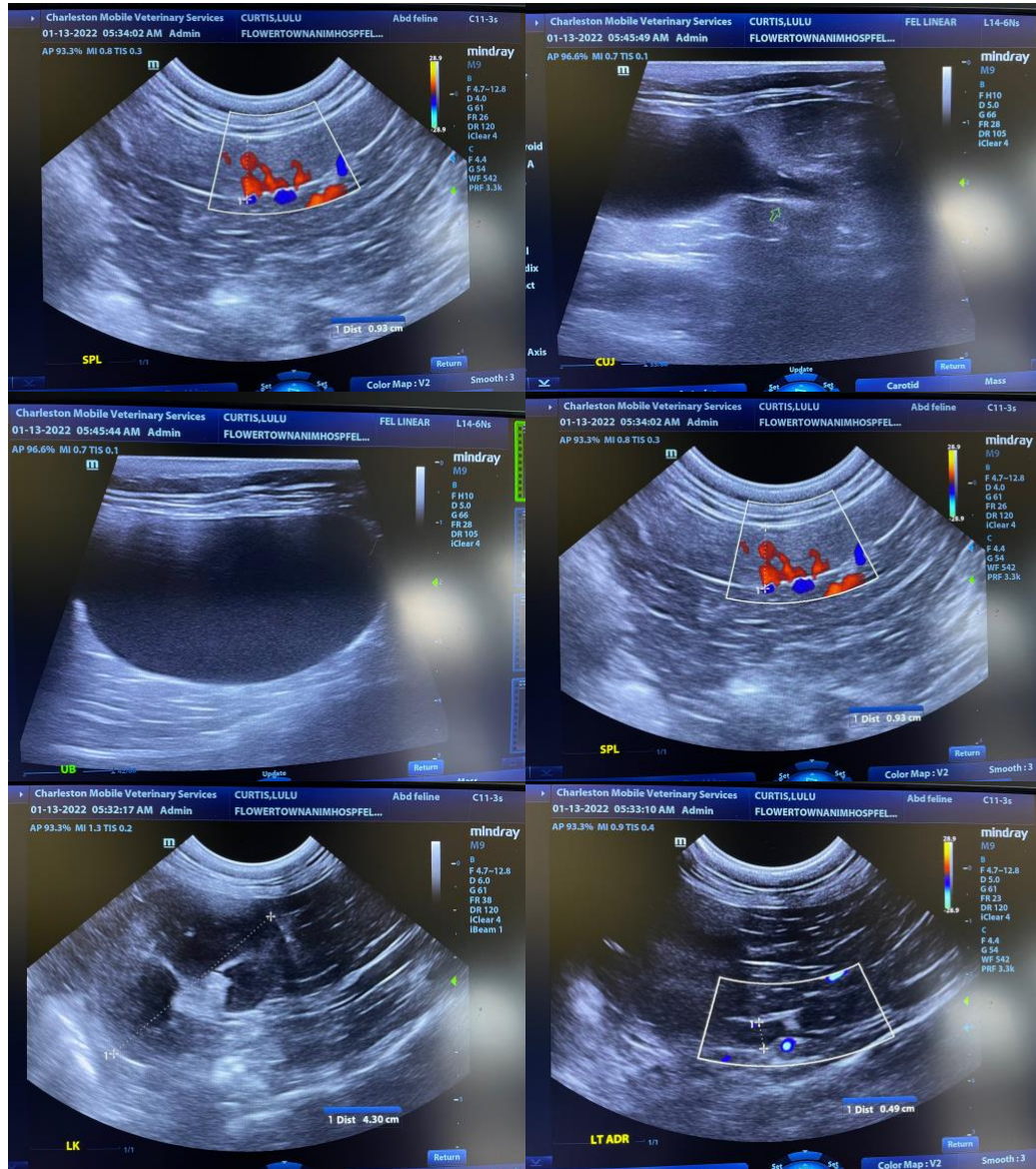
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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