



PATIENT PRESENTING CLINICAL SIGNS

Kia Budnik
History: persistent vomiting, several times/day currently on metronidazole, cerenia, famotidine, ampicillin, vetergesic
Abnormal PE/Chem/CBC/UA Results: low UREA, otherwise NAF

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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.

DSH

SEX

Spayed Female

The left kidney is normal size (3.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present (0.14 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

10 years

The right kidney is normal size (3.48 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

8 kg

Adrenal Glands

The left adrenal gland is normal size (0.33 cm length; 0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

The right adrenal gland is normal size (0.44 cm length; 0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.67 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.

IMAGING PERFORMED BY

Kelly Reschny

Liver

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.

HOSPITAL NAME

Dog and Cat Clinic of
Niagara

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Haidy

Gastrointestinal

The gastric lumen is minimally fluid distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally dilated with gas. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

DATE

2/2/22



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The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes are observed in the left cranial to mid-abdomen, the largest measuring 0.67 cm in length.

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Feline

ULTRASONOGRAPHIC FINDINGS

BREED

DSH

Primary Findings

- Mild degenerative renal changes
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

SEX

Spayed Female

*An obvious cause for the patient's clinical signs is not identified in this study. Differentials include microscopic gastrointestinal disease, underlying metabolic issue, low-grade pancreatitis, other.

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- Other considerations include the following:
 1. GI Panel (Send to Texas A&M)
 2. Fecal evaluation for ova and Giardia
 3. If the above diagnostics are inconclusive and the patient does not respond to supportive care, gastrointestinal biopsies (i.e., endoscopic or surgical), may be warranted.
 4. A limited antigen diet can also be considered when the patient is more stable.

WEIGHT

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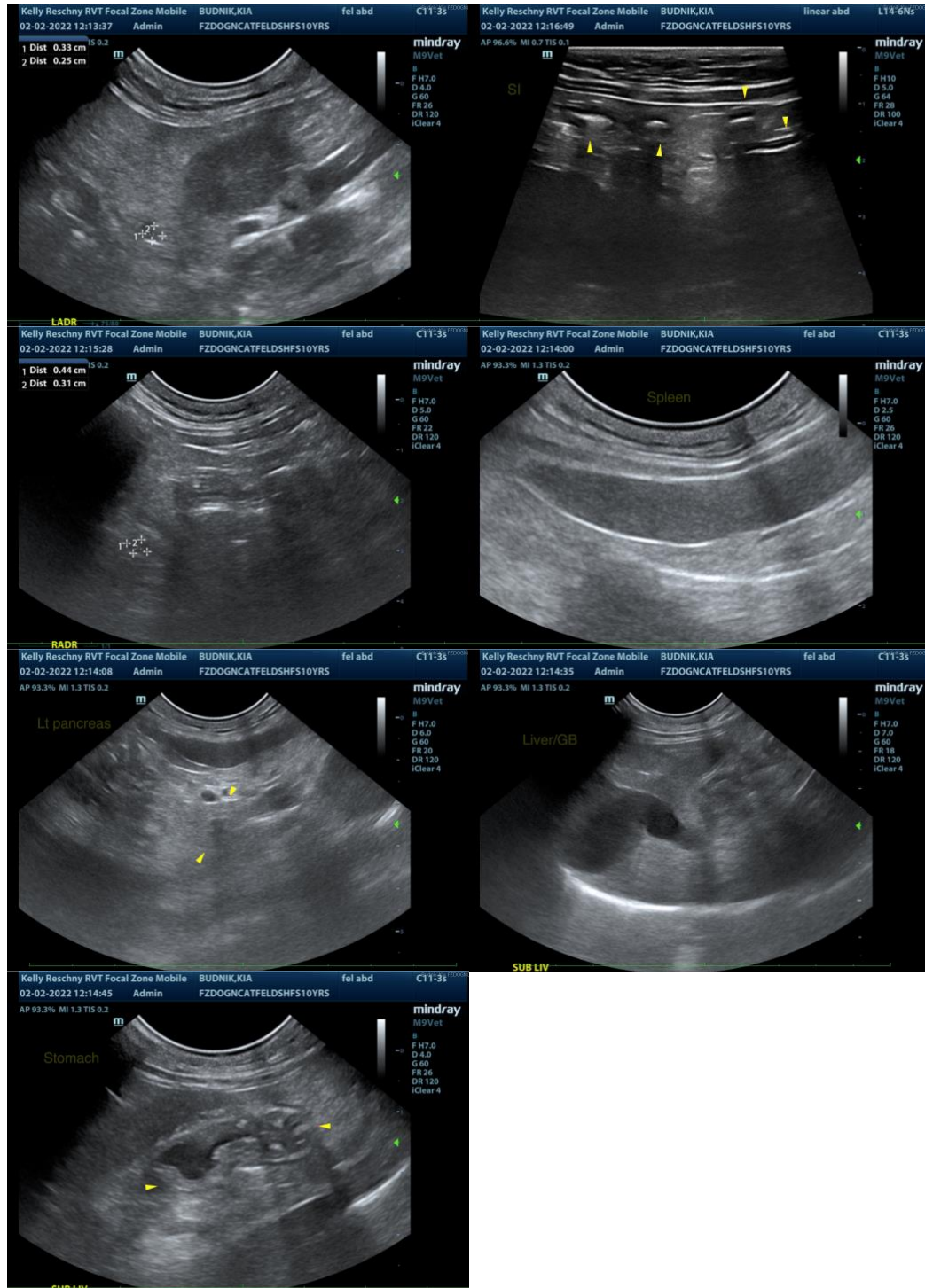
Dr. Haidy

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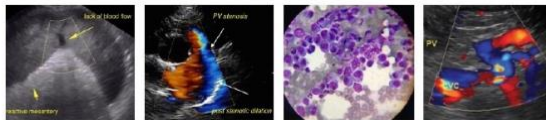
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Kia Budnik

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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info@SonoPath.com

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