

PATIENT PRESENTING CLINICAL SIGNS

Sophie Ness
History: S: No concerns per O. kkc WT: 8.8 lb PE: BAR-H MM=PINK Thorax: NSF on auscultation
Abdomen: NSF on palpation EENT: PLR=sl. slow and incomplete w/ mydriasis MS: NSF; ambulatory x 4;
BCS=4.5/9 Derm: NSF LN: NSF Neuro: Appropriate mentation; full neuro exam not performed
Assessment: Apparently healthy other thn sl. slow PLR Owner requests AUS since Willow is Sophie's
daughter- Both scanned today

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Domestic Shorthair

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. 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.

SEX

Female, spayed

AGE

12 Years

The left kidney is small in size (2.73 cm in length) and misshapen. The cortex is variably thickened and there is poor corticomedullary distinction. Cortical infarcts are suspected at the lateral +/- medial aspect. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

WEIGHT

8.8 Pounds

The right kidney is small in size (2.79 cm in length) and misshapen. The cortex is variably thickened and there is poor corticomedullary distinction. Cortical infarcts are suspected at the cranial and caudal poles. A small non-obstructive nephrolith is visualized. There is no evidence of pyelectasia or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

The spleen is normal in size (0.74 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.

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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. 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.

REFERRING VET

Dr. Cortright

INVOICE

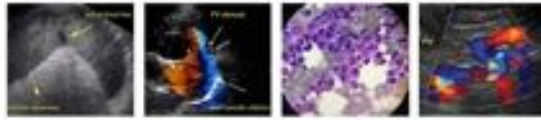
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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 not dilated. The small intestinal wall

DATE

1/10/2022



PATIENT

Sophie Ness

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. No obstructive disease is noted.

Pancreas

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The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.15 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

BREED

Domestic Shorthair

Free Abdomen

SEX

Female, spayed

There is no evidence of free fluid. 2 prominent colic lymph nodes are visualized, the largest measuring 0.58 cm in length. Surrounding mesentery is slightly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

AGE

12 Years

- Bilateral, age-related renal changes with cortical infarcts.
- Age-related pancreatic remodeling +/- fibrosis.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

WEIGHT

8.8 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Regarding the slow PLRs, consider evaluation by a board certified ophthalmologist.

IMAGING PERFORMED BY

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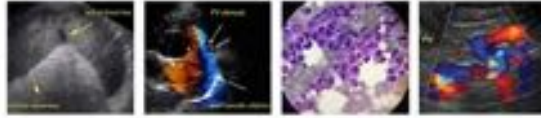
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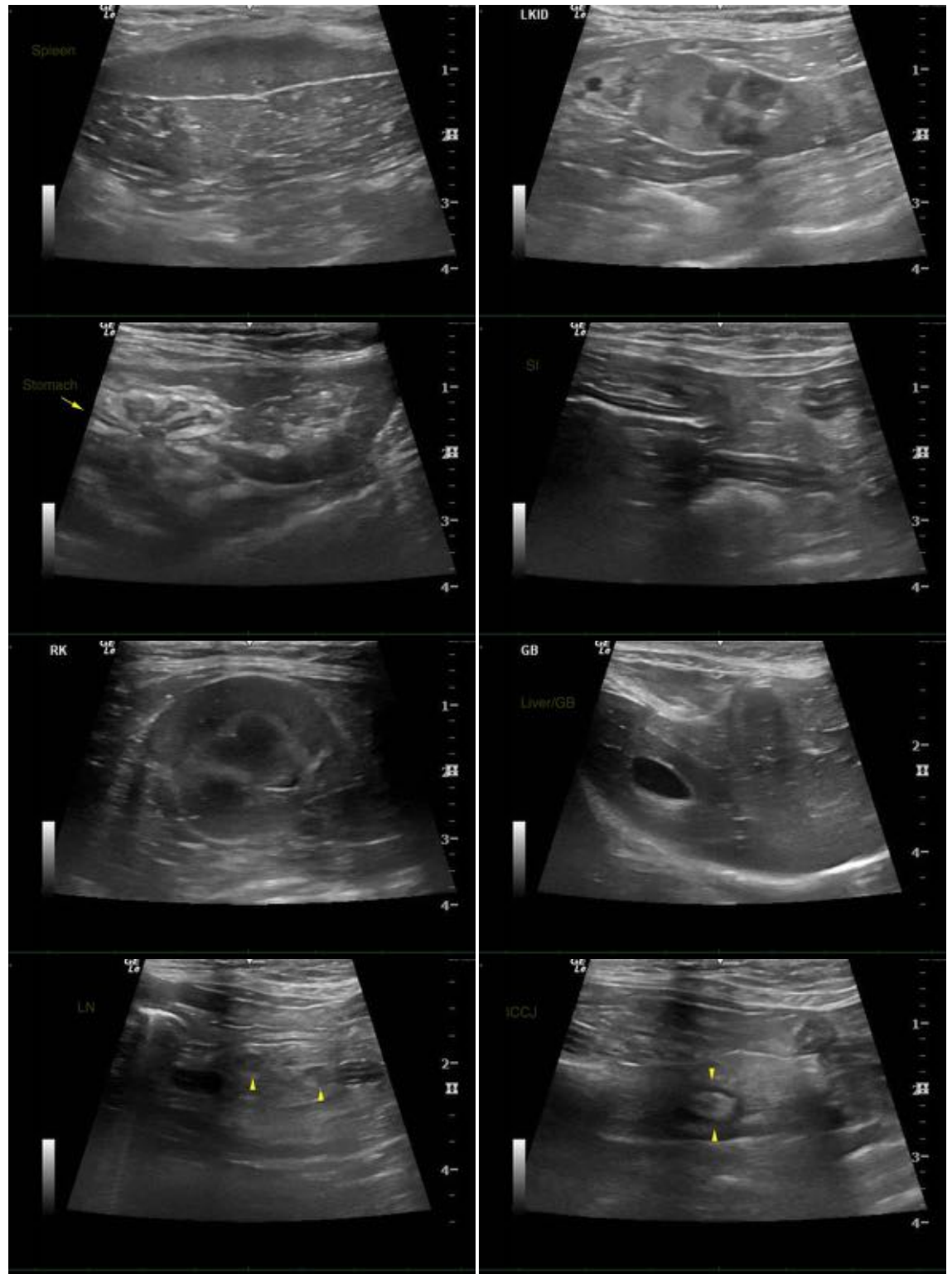
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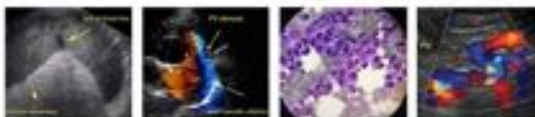
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



PATIENT image/video clips provided.

Sophie Ness 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.

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

Feline andrea.nicastro@sonopath.com

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