



PATIENT

Lola Williams

SPECIES

Feline

BREED

Persian

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

5.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Fowler

HOSPITAL NAME

Portland Veterinary
Wellness Center

REFERRING VET

Dr. Melissa Wood

INVOICE 14425

DATE
1/10/23

PRESENTING CLINICAL SIGNS

History: P presented 11/29 with increased trips of frequency to litter box. Very little to no production of urine - normal in color. Licking genitals. Patient still eating and drinking. Defecated normally. T 104F. UA P is not currently symptomatic.

Abnormal PE/Chem/CBC/UA Results: Initial UA `043, 3+ blood, >100 rbc/hpf and 3+ AMMONIUM MG PHOSPHATE (21-50)/HPF (suspect ran in house as this was at ER clinic). Given fluids and Clavamox. Started on urinary diet and non-urinary food given intermittently 12/4. Recheck UA 1/6 shows USG 1.064, RBC >100, 4+ urine protein, WBC 10-15 /hpf. 1+ Ammonium phosphate crystals (sent out).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A scant 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.

The left kidney is normal size (3.21 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 subjectively normal size; 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 region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal in size (0.26 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.55 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.

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/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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



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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 colonic wall is normal. No obstructive disease is noted.

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Pancreas

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.

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Persian

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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Unremarkable abdomen. An obvious cause for the patient's clinical signs is not identified in this study. Considerations include feline idiopathic cystitis, occult urinary tract infection, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity should be considered, preferably 5-7 days after the last dose of antibiotics. If the culture is negative, empirical treatment for feline idiopathic cystitis is recommended.
- Also consider baseline labwork including CBC and chemistry panel, to assess overall metabolic function.

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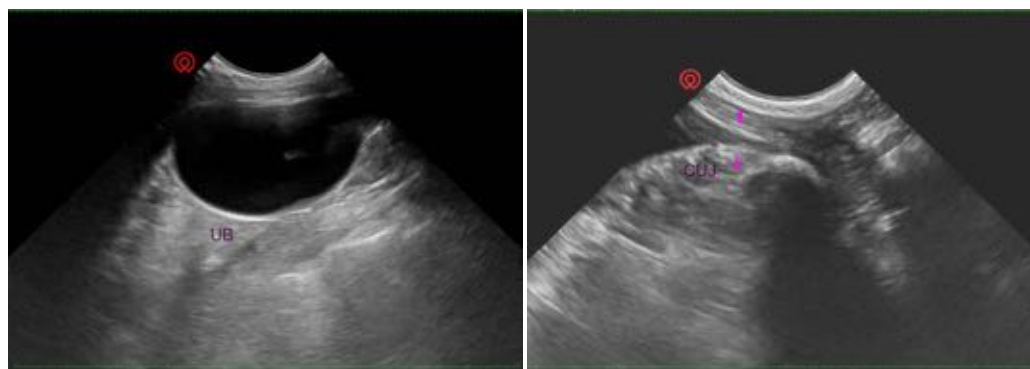
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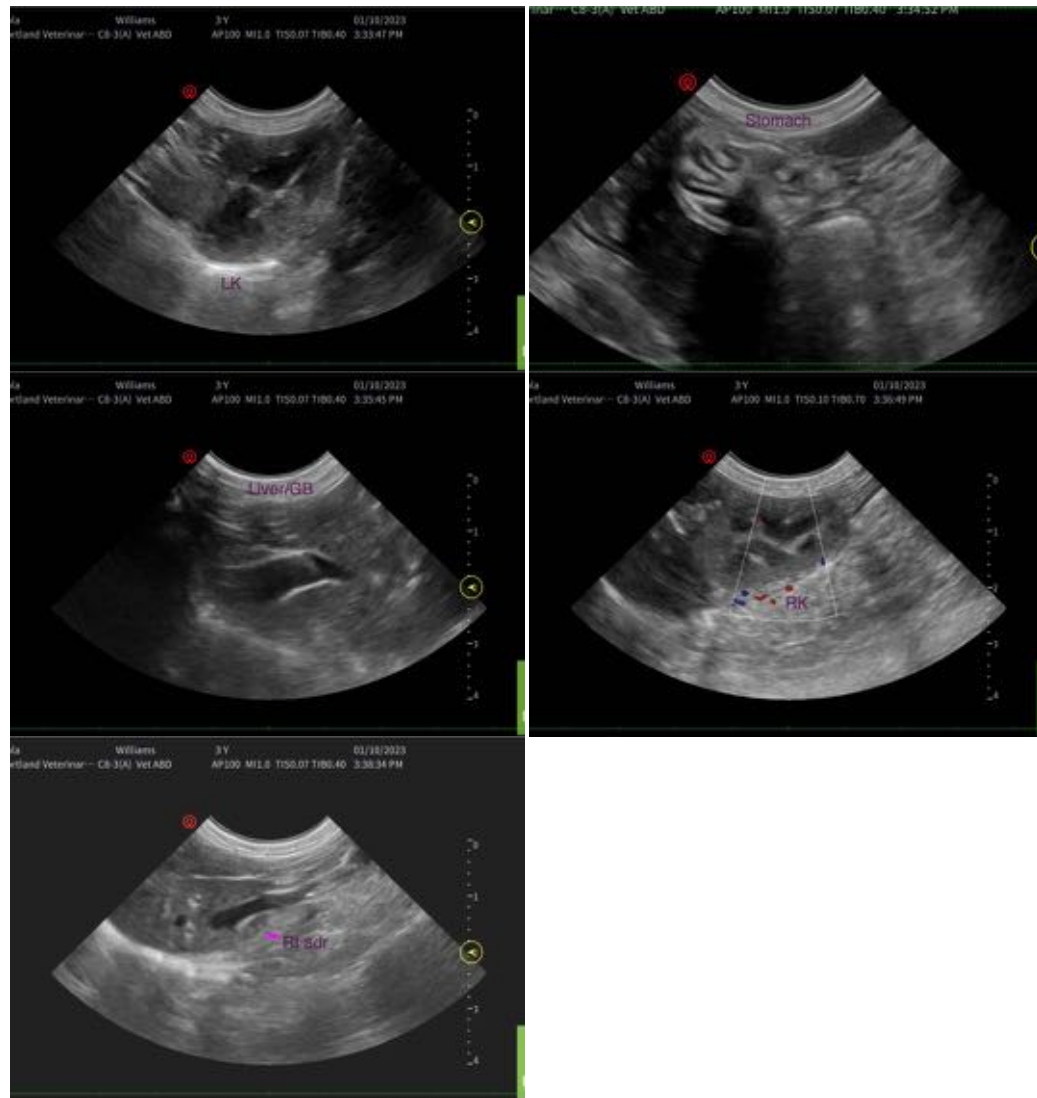
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com