



PATIENT

Luna Kearns

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

2 Yrs.

WEIGHT

3.9 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Calihan

HOSPITAL NAME

Pacific Crest Mobile VS

REFERRING VET

Dr. Harvey

INVOICE

14463

DATE

1/17/23

PRESENTING CLINICAL SIGNS

History: Presented to primary care on 1/10 for vomiting daily starting 5 days prior, pt not acting normal She is generally a little apprehensive Note she had slight elev in renal values last year so is on Renal Support SP

Abnormal PE/Chem/CBC/UA Results: **UA is pending (does look very dilute, a little cloudy)
Diagnostics: HCT 25% Gluc 222 Crea 2.2 BUN 44 TP 5.7 From 1 year ago: mild elev SDMA, BUN 46, Cr 2.4

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 moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is small in size (1.56 cm in length) with an irregular shape. The cortex is variably thickened and hyperechoic and there is poor corticomedullary distinction. There is minimal normal renal architecture. Trace pyelectasia is present. There is questionable proximal hydroureter. There is no evidence of nephroliths. Renal vasculature is normal.

The right kidney is normal size (3.87 cm in length) with a slightly irregular shape. The cortex is diffusely thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter.

Adrenal Glands

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

The right adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.60 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. The portal vein: caudal vena cava ratio is approximately 1:1. 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 to moderately distended with ingesta and focal soft shadowing structures. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering



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pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

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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.

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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

AGE

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- Bilateral, chronic renal changes, more severe on the left side. The left renal changes could be consistent with renal dysplasia or prior insult (i.e., infection, toxin exposure). The right renal changes are suggestive of compensatory hypertrophy but could also be consistent with chronic interstitial nephrosis/nephritis.
- The gastric luminal contents may represent normal ingesta and/or foreign material. There is no obvious evidence of an outflow tract obstruction at the time of the study. If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the renal changes, consider the following:
 - Urine culture and sensitivity
 - UPC if proteinuria is present in the absence of infection
 - Baseline blood pressure measurement
- Regarding the vomiting, consider a 12-hour fast with a repeat ultrasound to determine if the gastric contents have moved into the small intestine. In the meantime, symptomatic care is recommended. If the patient's vomiting does not improve with medical management, a more advanced GI workup (i.e., fecal evaluation for ova and Giardia, malabsorption panel, +/- GI biopsies) may be warranted.

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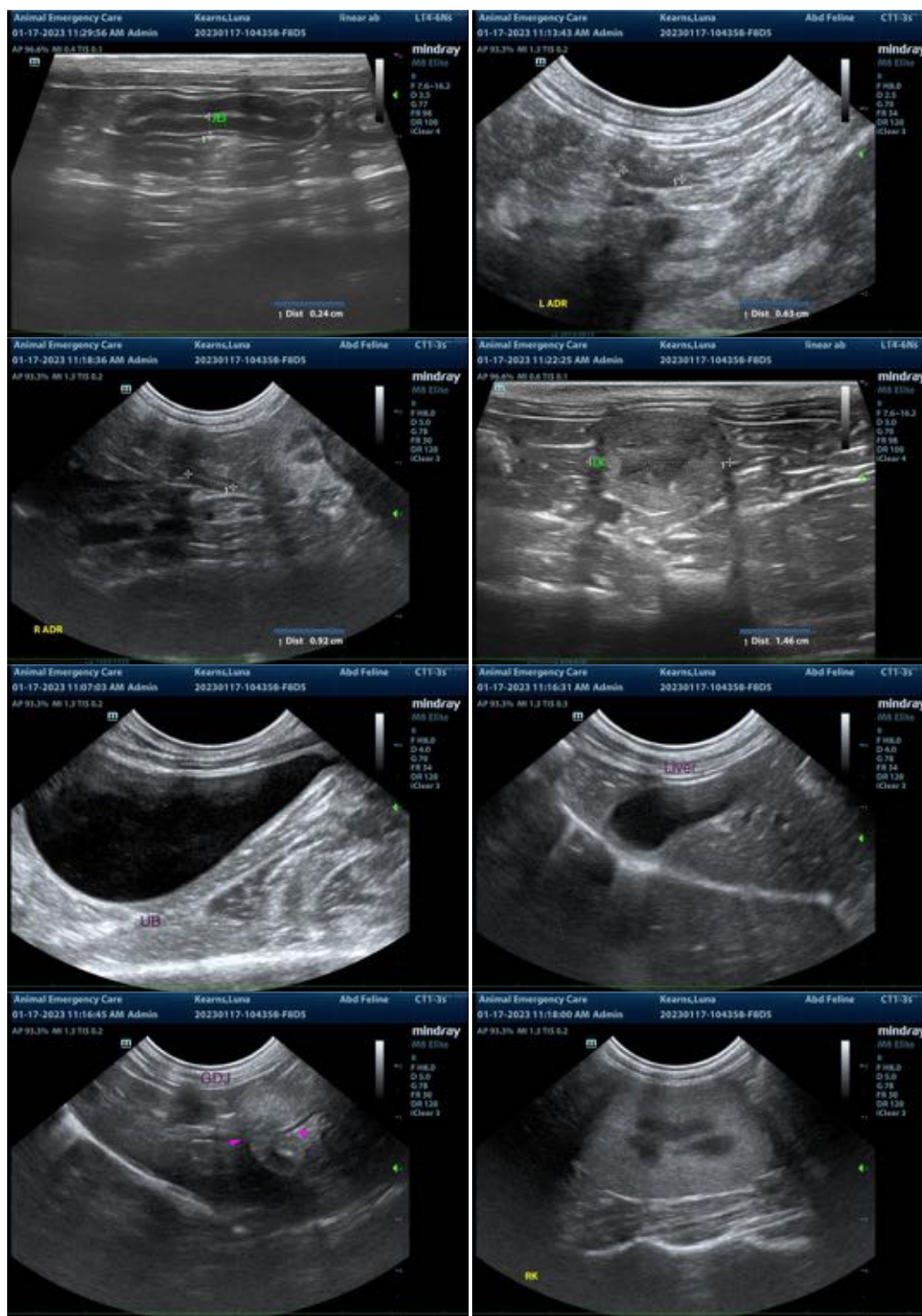
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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