



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Cupid Stover  
History: Presented at our hospital for inappropriate urinating out of litter box last night. Been very lethargic not eating or drinking. Weight loss pass few days.

**SPECIES** Previous Health Concerns: none  
Current Medications: none

Feline  
Abnormal PE/Chem/CBC/UA Results:  
Abdominal: doughy abd

**BREED** Genitourinary: kidneys palp small and sl irregular  
Blood work – BUN >120, Creat 10.66, iCa 0.92, Glu 182, HCT 25, K 3.2, Na 143, pH 7.461, BUN >140, Creat 11.8, Glob 5.9, Phos 12.2, TP 8.8; U/A - blood+++/250; Pro trace; PH 6.5; SG 1.010; Leuk ++/250; WBC 1-2/hpf; RBC 10-15/hpf; bac +++  
**DSH**

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Neutered Male  
**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

**AGE** 3 years

The left kidney is normal in size (4.27 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. A small amount of retroperitoneal fluid is visualized.

**WEIGHT** 3.7 kg

The right kidney is normal in size (4.47 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores Vet Emerg Ctr

**REFERRING VET**

Dr Miller

**INVOICE**

12081

**DATE**

1.23.23

**Adrenal Glands**

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

**Spleen**

The spleen is normal in size (0.61 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

**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 thickness is normal with a normal layering pattern and appropriate mural



**PATIENT**

Cupid Stover

detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**SPECIES**

Feline

**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.

**BREED**

DSH

**Free Abdomen**

A small amount of retroperitoneal fluid is seen. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**SEX**

Neutered Male

- Bilateral nonspecific chronic renal changes. Acute-on-chronic renal failure is suspected. Differentials include prior toxin or infection, infiltrative neoplasia, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

3 years

- Urine culture and sensitivity
- UPC (if proteinuria is present in the absence of infection)
- Baseline blood pressure measurement
- Consider a fine-needle aspirate of the kidneys (to assess for infiltrative neoplasia (i.e., lymphoma)), if clotting status and blood pressure are appropriate.
- Thoracic radiographs are recommended to assess cardiopulmonary status (particularly if the patient is to undergo fluid diuresis).
- IV fluid diuresis, symptomatic care and broad-spectrum antibiotics (while awaiting urine culture and sensitivity results) are recommended.
- Serial monitoring of the patient's renal values is recommended to assess for progression of disease.

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**SPECIES**

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**SEX**

Neutered Male

**AGE**

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**WEIGHT**

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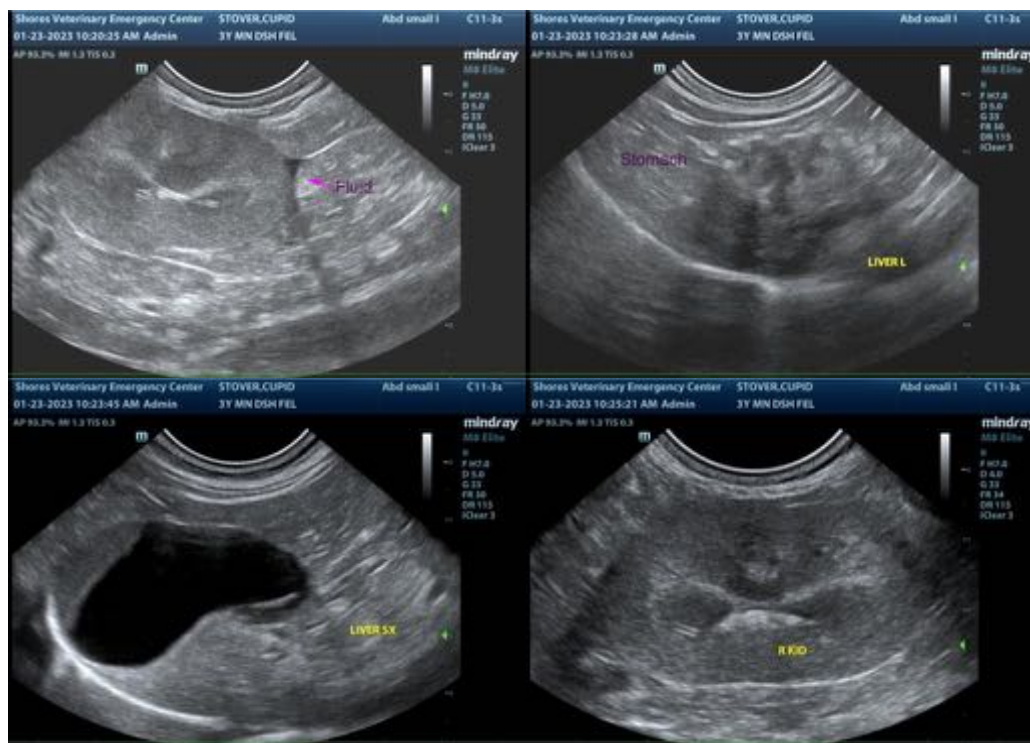
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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