

PATIENT

Tony Crawford

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

10 Yrs

WEIGHT

18.3 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Surdam

HOSPITAL NAME

Companion AH

REFERRING VET

Dr. Surdam

INVOICE

12914

DATE

1/25/22

PRESENTING CLINICAL SIGNS

History: History of renal disease, eating renal diet. Recent decrease appetite and intermittent vomit.

Abnormal PE/Chem/CBC/UA Results: Weight gain/overweight, moderate calculus/gingivitis 108, 208

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal size (4.62 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and there is moderate to severe loss of corticomedullary distinction. There is a normal 1:3 cortex to medullar ratio. Moderate pyelectasia is present (0.55 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.47 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and there is moderate to severe loss of corticomedullary distinction. There is a normal 1:3 cortex to medullar ratio. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

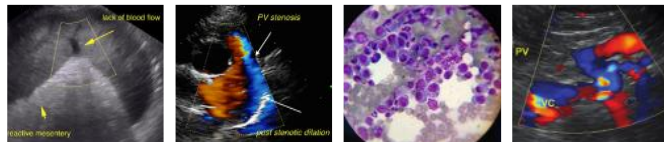
The spleen is normal in size (0.77 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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 portal vein: caudal vena cava ratio is approximately 1:1. The gallbladder 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



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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.

Pancreas

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The right limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.14 cm in diameter). There is no evidence of peripancreatic effusion.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

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- Moderate to severe degenerative renal changes. The pyelectasia could be consistent with age-related remodeling, pyelonephritis, or PU/PD, if applicable.
- Age-related pancreatic remodeling +/- fibrosis. Concurrent low-grade pancreatitis may also be present, particularly if the patient exhibits discomfort on cranial abdominal palpation.

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*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy, inflammatory bowel disease), low-grade pancreatitis, underlying metabolic issue, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Baseline labwork including a CBC chemistry panel, urinalysis and T4 are recommended to assess overall metabolic function, if not already performed. If renal values have worsened, a urine culture and sensitivity, UPC (if proteinuria is present in the face of a negative urine culture) and blood pressure measurement should be considered.
- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- Other diagnostic considerations include the following:
 1. A fecal evaluation for ova/Giardia
 2. Malabsorption panel including serum cobalamin, folate, PLI and TLI
 3. +/- endoscopic or surgical gastrointestinal biopsies

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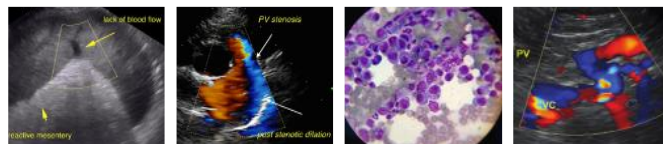
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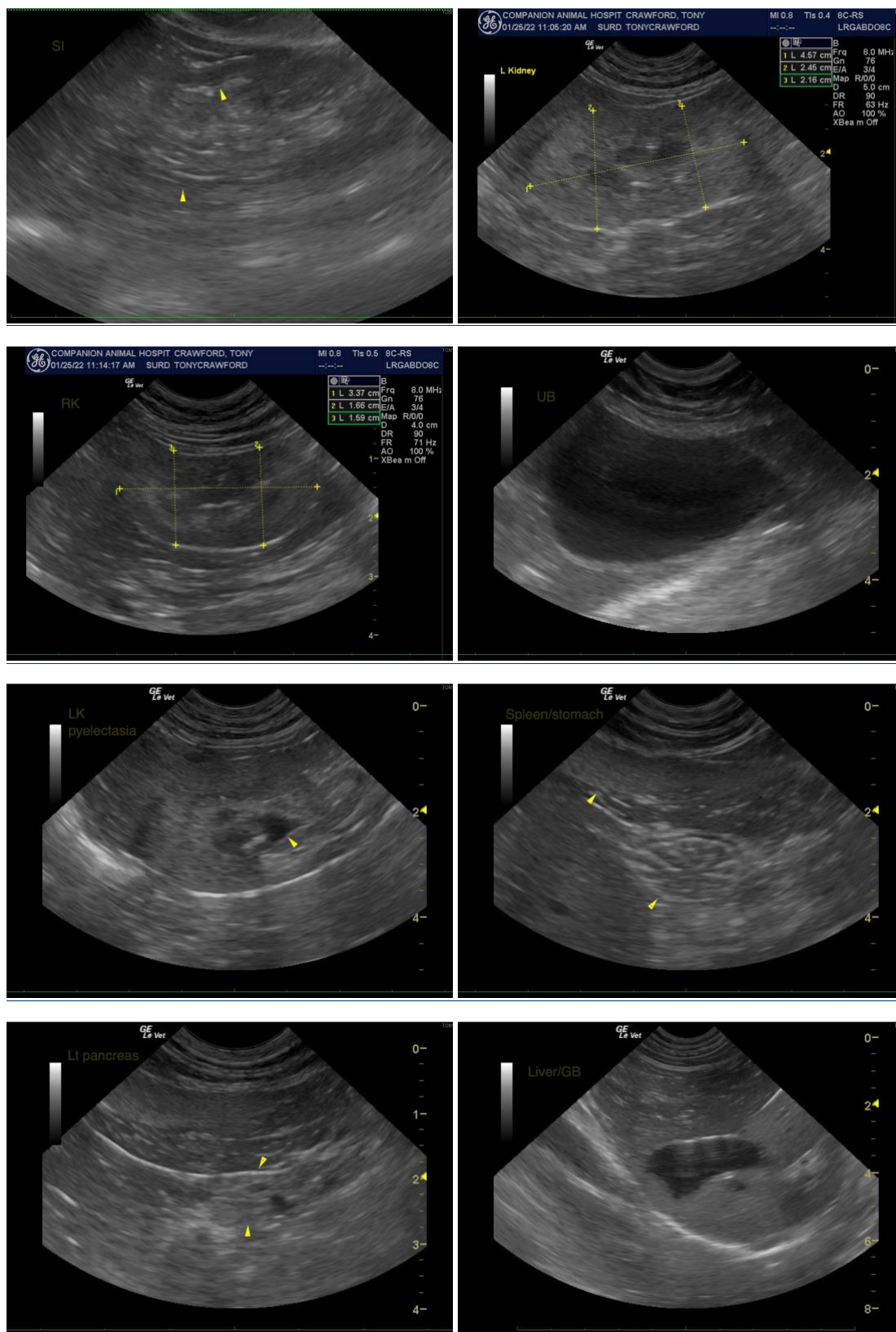
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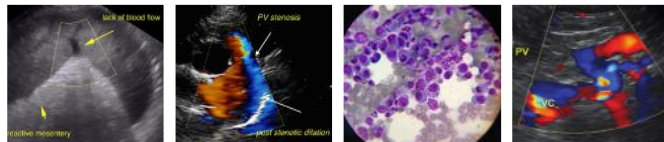
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The information and recommendations provided are based on the images presented by the referring



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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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Andrea.nicastro@sonopath.com

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