



PATIENT

Freya Cox

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

7.72 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Charlie Rodriguez

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Tiffany Pow

INVOICE

13354

DATE

1/7/22

PRESENTING CLINICAL SIGNS

History: Inappropriate urination and pollakiuria in beginning of December. Found uti cultured to be staphylococcus, creat 2.1, treated with zenequin for 2 weeks and recheck showed moderate cocci, culture currently pending, creat increased at time to 2.7. Starting another 4-week course of zenequin.

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 is moderately distended. A small 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 (3.56 cm in length); with a relatively normal shape. The cortex is hyperechoic and there is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is trace pyelectasia. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.52 cm in length); with a relatively normal shape. The cortex is hyperechoic and there is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is trace pyelectasia. There is no evidence of nephroliths 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 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 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 detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas



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The left limb/body of the pancreas is visible/prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.27 cm in diameter). There is no evidence of peripancreatic 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

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- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- Bilateral nonspecific age-related renal changes
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the recurring UTI, a prolonged antibiotic course (i.e., 3-4 weeks) may be warranted. A recheck urine culture and sensitivity is recommended halfway through the antibiotic course and again 5-7 days after the last dose.
- Given the azotemia, a baseline blood pressure measurement is recommended.
- A UPC should also be performed if proteinuria is present when the infection has cleared.
- Serial monitoring (i.e., every 1-2 months) of the patients renal values is recommended to assess for progression.

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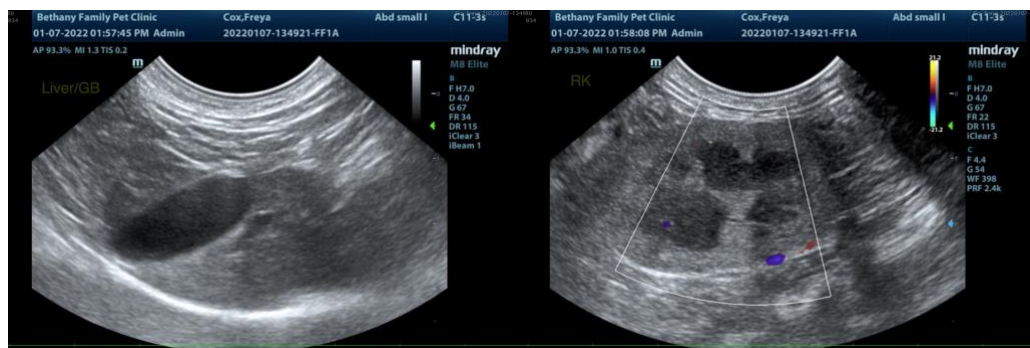
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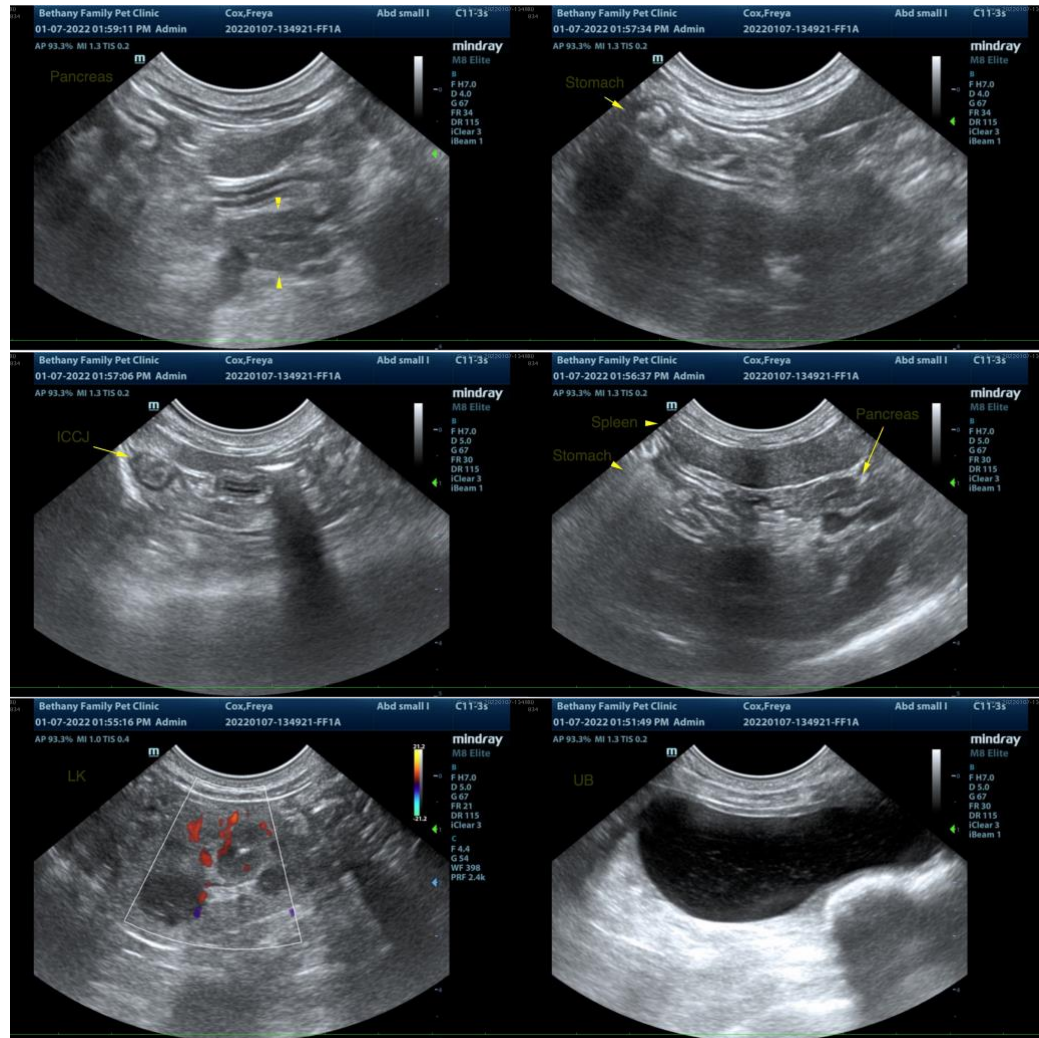
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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