

PATIENT PRESENTING CLINICAL SIGNS

Luna Gaditano

History: On routine lab work, a moderate azotemia with a concentrated USG was seen. P doing well at home. Weight stable. BC 6/9.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Chem 27, CBC, UA, T4, FeLV/FIV, Urine culture was performed. Creatinine: 3.0 mg/dL, BUN: 42 mg/dL, Urine culture: no growth, UA: USG: 1.043, 1+ glucosuria, Trace ketones, 3+ protein. No bacteria/casts/crystals seen. pH 6.5. Color: yellow, Appearance: clear

BREED

Domestic shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Female, spayed

Urinary System

The urinary bladder wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

7 Yrs.

The left kidney is normal to slightly small in size with normal curvilinear peripheral contours. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Pinpoint mineralized foci are observed within the cortex. Hyperechoic shadowing diverticular foci are visualized. A few non-obstructive nephroliths are seen. Trace pyelectasia is present (0.17 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

12.5 lbs.

The right kidney is normal size (3.89 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic with pinpoint mineralized foci. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A small cortical cyst (0.50 cm) is seen at the caudal pole. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

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

IMAGING PERFORMED BY

Dr. Saum Hadi

Spleen

The spleen is normal to slightly prominent in size (0.96 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.

HOSPITAL NAME

Bethany Family Pet
Clinic

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. A 0.99 cm cystic lesion is observed on the right side. The remaining parenchyma is homogeneous. 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.

REFERRING VET

Dr. Saum Hadi

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Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a

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normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The lumen of the descending colon contains shadowing fecal material. No obstructive disease is noted.

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Pancreas

The right limb is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter).

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Free Abdomen

There is no evidenced of free fluid. A 0.71 cm mesenteric lymph node is visualized.

SEX

Female, spayed

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral degenerative renal changes with non-obstructive nephrocalcinosis. The right pyelectasia could be consistent with age-related remodeling, pyelonephritis or some combination thereof. Given the presence of glucosuria in the face of euglycemia, renal tubular disease is of concern.

AGE

7 Yrs.

Secondary Findings:

- Right hepatic cyst, likely incidental.
- 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.
- The prominent mesenteric lymph node is likely reactive with a lower possibility of emerging neoplasia.
- The prominent spleen may be a normal variant for this large breed cat. Alternatively, lymphoid hyperplasia, extramedullary hematopoiesis or similar may be present. Emerging neoplasia is possible but considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- UPC
- Baseline blood pressure measurement
- Transition to a prescription renal diet.
- Serial monitoring (i.e., every 3-4 months) of the patient's renal values is recommended to assess for progressive disease.

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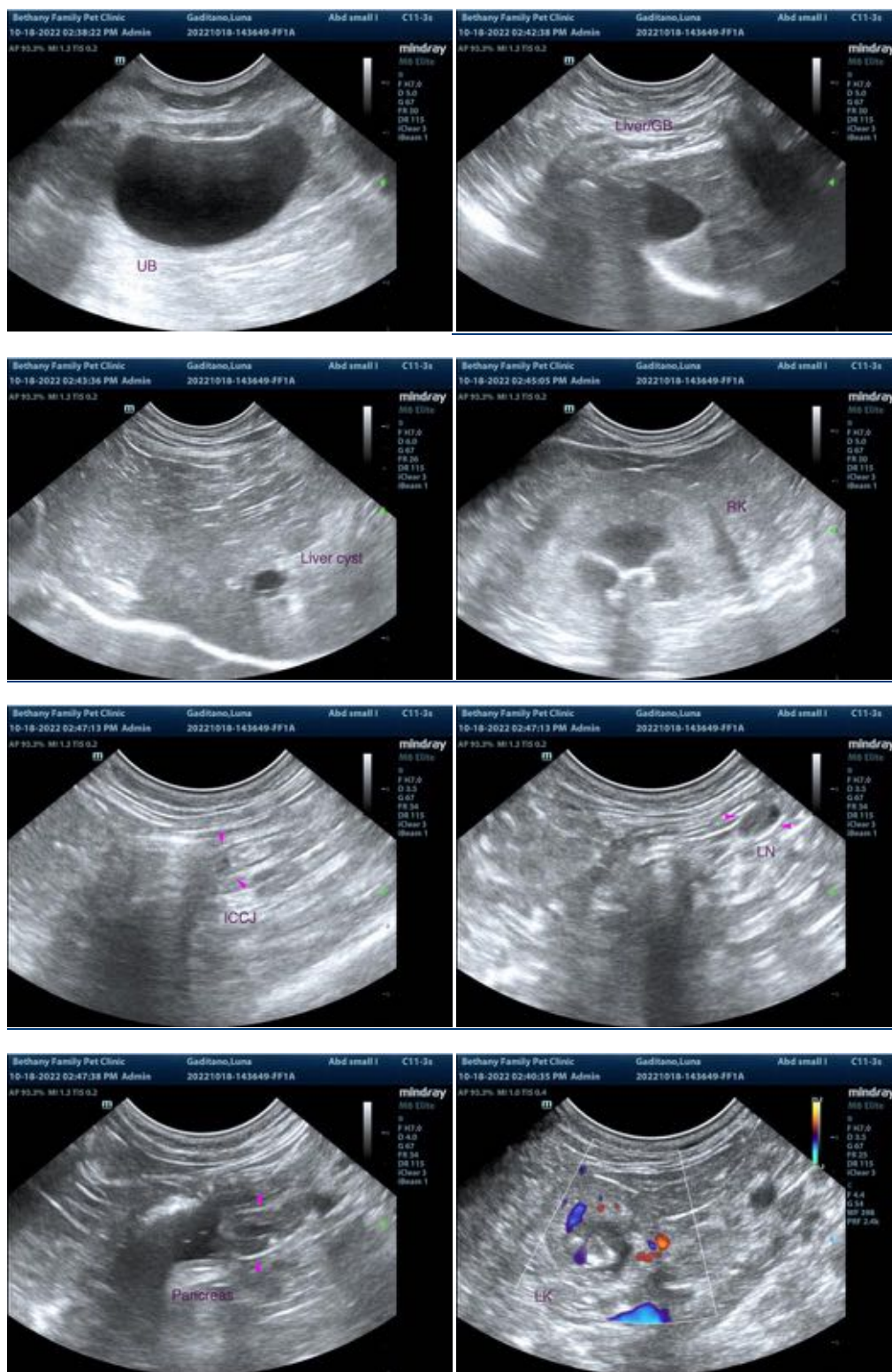
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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