



PATIENT

Leo Ortega

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

3 years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beech Mobile Svc

REFERRING VET

Dr. Beech

INVOICE

11924

DATE

10.28.22

PRESENTING CLINICAL SIGNS

History: Was at emerg clinic straining to urinate,
Abnormal PE/Chem/CBC/UA Results: please see attached U?/A
USG 1.060. 2+ proteinuria. Inactive sediment. Possible bacteriuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is minimally to mildly distended. The wall is diffusely thickened (up to 0.92 cm), particularly at the region of the apex, and irregular. A scant amount of mineralized debris is observed within the lumen. There is questionable mineralization of the apical wall. The cystourethral junction and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (4.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (4.13 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. 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

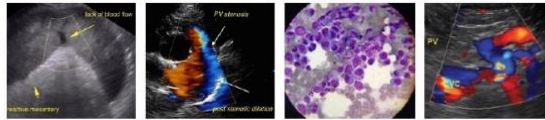
The **gastric lumen** is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with retention of the normal with a normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Free Abdomen

There is no evidence of free fluid. One to two prominent lymph nodes are observed at the aortic trifurcation, the largest measuring 1.12 cm in length.



PATIENT

ULTRASONOGRAPHIC FINDINGS

Leo Ortega

Primary Findings

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- The urinary bladder wall changes are suggestive of cystitis. Some of the wall thickening and irregularities may be artifactual due to lack of full repletion. There is suspected mineralization within the bladder wall as well as mineralized sand within the lumen. Emerging neoplasia is possible but considered unlikely given the patient's age.

BREED

DLH

Secondary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease. However, correlation with clinical history is recommended.
- The prominent caudal abdominal lymph node is most likely reactive with a lower possibility of emerging neoplasia.

AGE

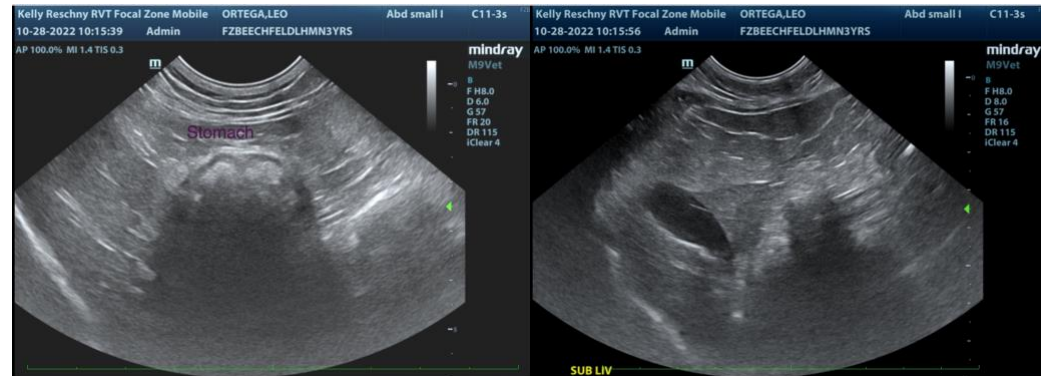
3 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture and sensitivity is recommended along with supportive care for feline idiopathic cystitis. A repeat ultrasound is recommended when the urinary bladder is full to better assess the wall and to evaluate for the presence of discreet cystic calculi.

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12 lbs

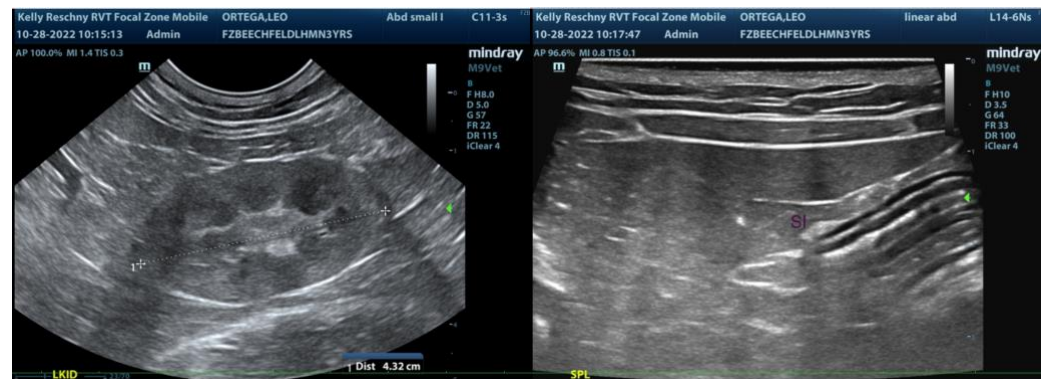


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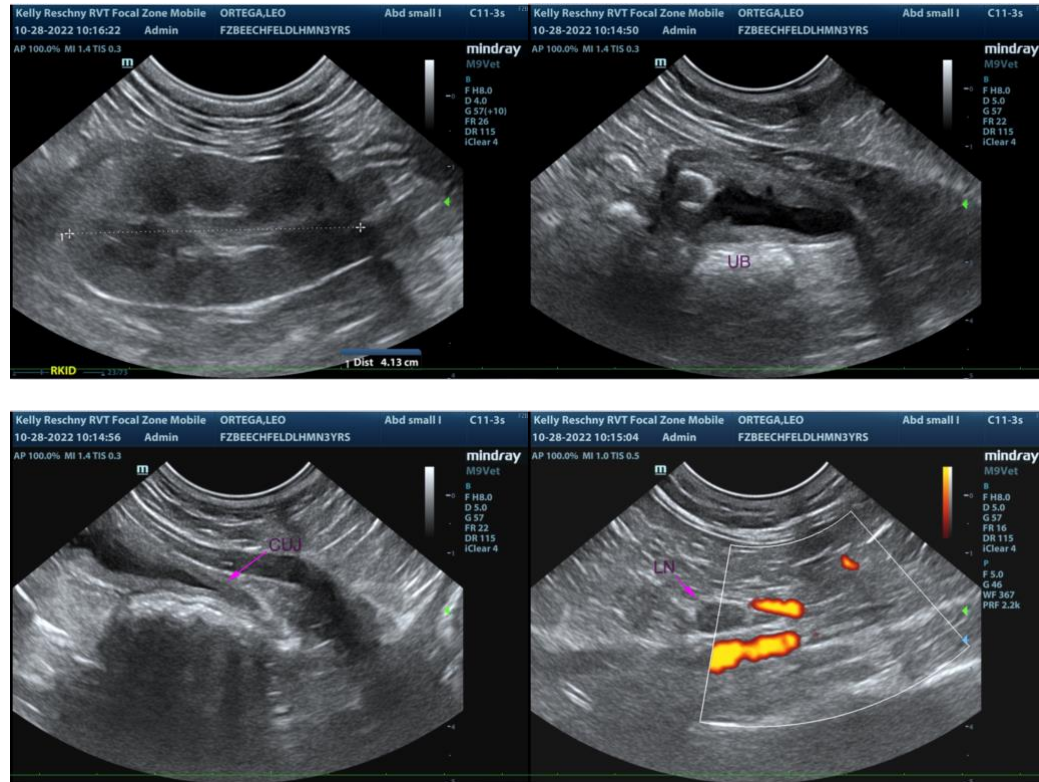
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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