



**PATIENT**

Serenity-Now! Holt

**PRESENTING CLINICAL SIGNS**

History: Azotemia Anorexia Abnormal labs Hx facial abscess drainage

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: WBC: 21.7 BUN: 357 Creat: 20.8 HCT: 39% Glu: 141 Phos: 27.5 Na: 145 K: 7.0 TP: 9.4 Glob: 6.2

**BREED**

Domestic shorthair

**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 aggregated, echogenic, suspended 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.

**SEX**

Female spayed

The left kidney is mildly enlarged (4.90 cm in length) with a normal shape and smooth peripheral contours. The cortex is thickened and hyperechoic to slightly heterogeneous in appearance with moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.18 cm in the transverse plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

**AGE**

12 Years

The right kidney is borderline small (3.19 cm in length) with a normal shape and smooth peripheral contours. The cortex is thickened and hyperechoic to heterogeneous in appearance. There is moderate loss of corticomedullary distinction. A small nephrolith is seen. Mild pyelectasia is present (0.18 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

**WEIGHT**

2.87 kgs.

*Adrenal Glands*

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

**INTERPRETED BY**

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

*Spleen*

The spleen is normal in size (0.66 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

**IMAGING PERFORMED BY**

Focused Ultrasound  
Resources

*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/not seen.

**HOSPITAL NAME**

Wheat Ridge Animal  
Hospital

**REFERRING VET**

Dr. Long

*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.

**INVOICE**

11991kk

**DATE**

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***Pancreas***

The left and right limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

***Free Abdomen***

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with mild pyelectasia. The renal pathology is more severe on the right side with suspected left-sided compensatory hypertrophy. A non-obstructive nephrolith is present in the right kidney.

**Secondary Findings:**

- Urinary bladder debris.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Given the clinical history, the following diagnostics/therapeutics are recommended:
  - a. Urine culture and sensitivity.
  - b. UPC if proteinuria is present.
  - c. Baseline blood pressure measurement.
  - d. Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if fluid therapy is to be initiated.
  - e. Empirical broad spectrum antibiotic therapy (i.e., fluoroquinolone) while awaiting urine culture and sensitivity results. IV fluid diuresis and supportive care should be initiated. In addition, nutritional support (i.e., via temporary feeding tube) is strongly recommended to help prevent hepatic lipidosis.

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Medicine*)

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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.



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

Andrea.nicastro@sonopath.com

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