



PATIENT

Gidget Stevenson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

9.6 lbs

INTERPRETED BY

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

IMAGING

PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Hillview VC

REFERRING VET

Dr. Elena

INVOICE

14278

DATE

11/12/21

PRESENTING CLINICAL SIGNS

History: Few weeks ago - dehydrated, vomiting, inappetent, lethargic Clinically normal now despite BW renal values NOT improving

Abnormal PE/Chem/CBC/UA Results: MCV 36.3 39.0 - 56.0 fL MCHC 379.3 285.0 - 378.0 g/L Reticulocytes 0.0 3.0 - 50.0 K/ μ L IDEXX SDMA 60 0 - 14 μ g/dL Creatinine 458 80 - 203 μ mol/L Urea (BUN) 21.9 5.7 - 13.2 mmol/L Calcium 2.8 2.2 - 2.7 mmol/L Total Protein 59 63 - 88 g/L ALP 75 12 - 59 U/L please see attached rads

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 2.0 cm, are normal.

The left kidney is small in size (2.88 cm in length); with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. There appears to be reduced renal vascular uptake.

The right kidney is small in size (3.13 cm in length); with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm length; 0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.62 cm length; 0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.64 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.



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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

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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 is normal to borderline thickened (up to 0.26 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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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.

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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

Primary Findings

- Bilateral non-specific chronic nephropathy

Secondary Findings

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patients' renal disease, consider the following:
 - Urine culture and sensitivity
 - UPC (if proteinuria is present)
 - Baseline blood pressure measurement
 - Ionized calcium level
 - Transitioned to a prescription renal diet (if the patient will tolerate it)
 - Serial monitoring of the patient's renal values to assess for progression of disease

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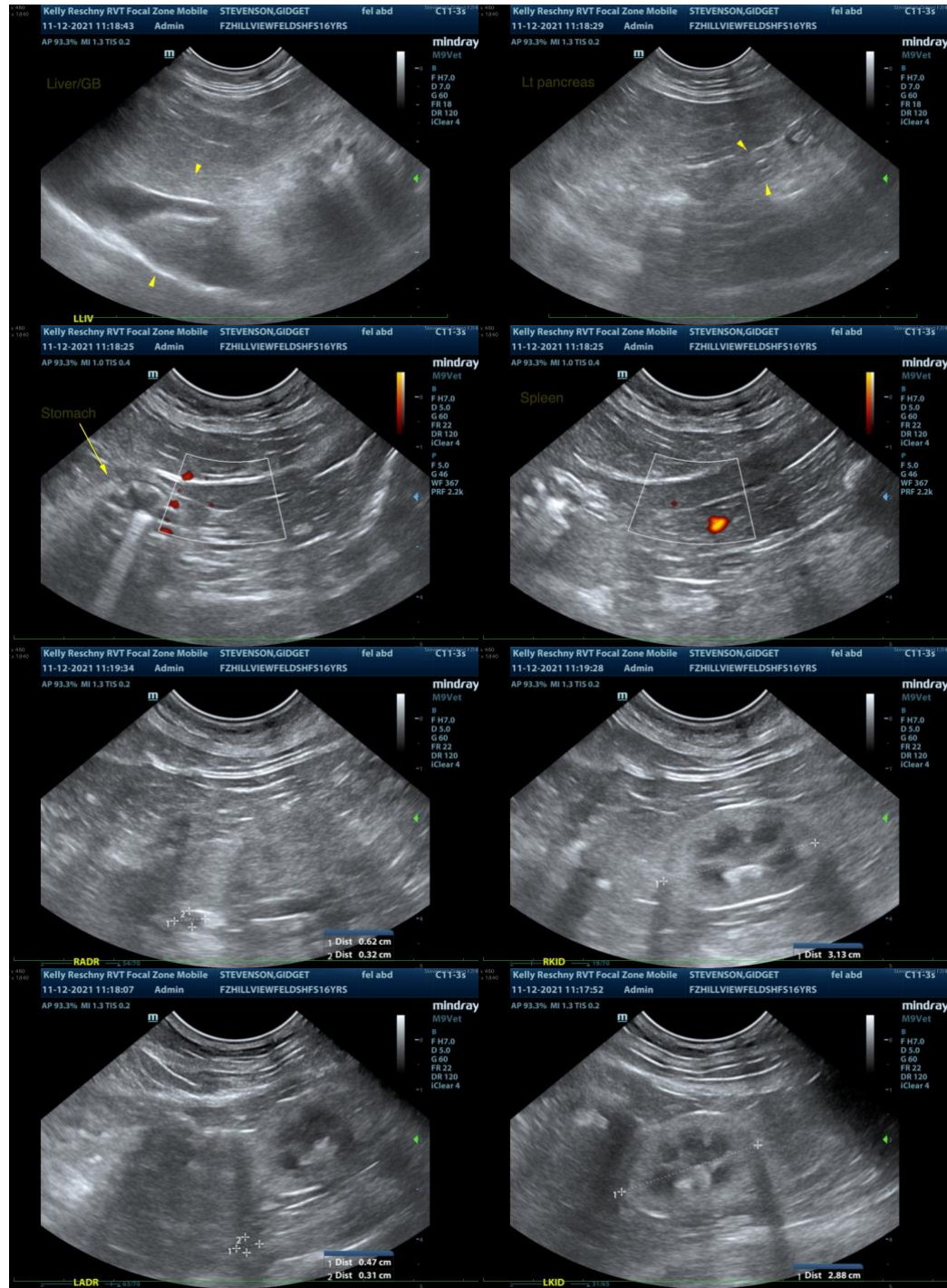
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (Small Animal Internal Medicine)

andrea_nicastro2@hotmail.com