



PATIENT

Herman Laurenz

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

8 Yrs.

WEIGHT

12.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

14219

DATE

11/15/22

PRESENTING CLINICAL SIGNS

History: Here for a dental but new heart murmur noted on pre-anesthetic exam. He was also slightly anemic and was slightly decreased in his weight. We opted to post pone dental and run some further testing.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/t4: HCT was 29 %

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is small in size (2.03 cm in length) with a slightly irregular shape. The cortex is variably thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter.

The right kidney is mildly enlarged (4.59 cm in length) with a slightly irregular shape. The cortex is diffusely thickened and hyperechoic and there is poor corticomedullary distinction. Severe pyelectasia is present (1.28 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or obvious hydroureter.

Adrenal Glands

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

The right adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.67 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.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. A moderately to severely fluid distended bowel loop is observed in the cranial to mid-abdomen. It is unclear what this bowel loop represents but is thought to be cecum or colon. The small intestinal wall is normal to mildly thickened (up to 0.29 cm) with retention of the normal layering pattern There is



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disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal.

Pancreas

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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

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis. The left kidney is atrophied. The mild right renomegaly may be secondary to compensatory hypertrophy or less likely, infiltrative neoplasia.
- The significance of the focal fluid distended bowel loop is unclear. If the bowel loop is cecum, typhlitis may be present. If it is small intestine, obstruction or focal ileus is possible. If it is colon, diarrhetic stool is likely present.

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Secondary Findings:

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider additional sonographic images of the fluid distended bowel loop to better determine its origin.
- Regarding the anemia, consider the following:
 1. Reticulocyte count to determine if the anemia is regenerative.
 2. Feline leukemia and FIV testing.
 3. +/- Mycoplasma PCR panel.
 4. Three-view thoracic radiographs to assess for occult disease in the chest.
 5. Comprehensive tick panel (particularly if the patient goes outdoors).
 6. +/- bone marrow aspirate. If pursued, a feline leukemia immunofluorescents assay should be performed on the marrow sample.
- Regarding the renal changes, consider a urinalysis +/- urine culture and sensitivity is recommended.

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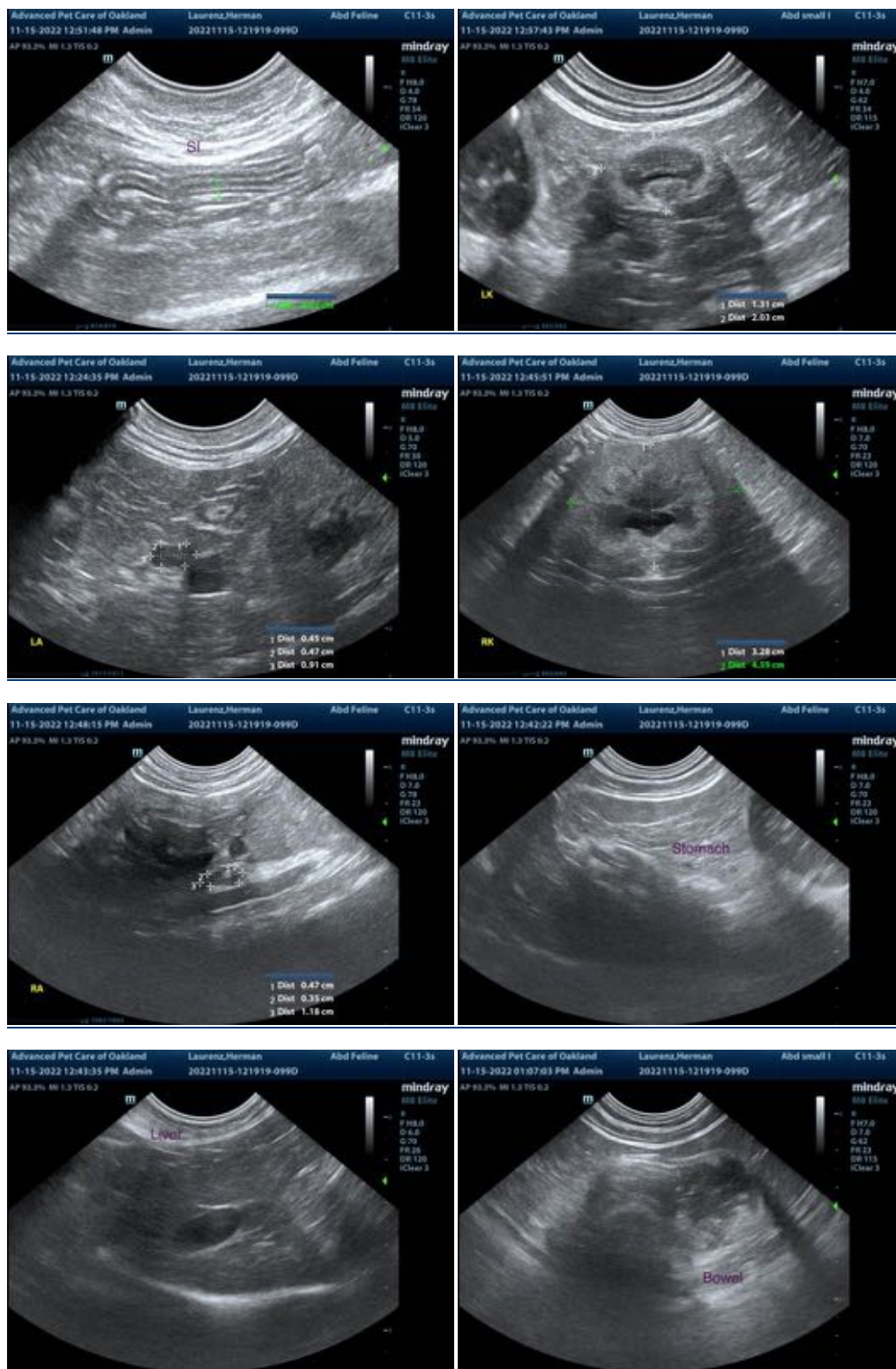
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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