



<b>DATE</b>	<b>PRESENTING CLINICAL SIGNS</b>
11/5/21	History: Owner adopted about 6 months ago. Since then, patient has been vomiting occasionally. Within the past few weeks, she is vomiting weekly. Owner was told patient is allergic to beef. Patient was given Cerenia previously with previous owner. Patient is fed Fancy Feast/Purina chicken. Also having intercat aggression with housemates daily. PE: Grade 2 dental disease; remaining exam unremarkable.
<b>PATIENT</b>	
Miss Crone Ondayko	
<b>SPECIES</b>	Current Medications: Gabapentin 50mg tablets: 1 tab PO q8-12 hours PRN since 10/21/21. Fluoxetine 10mg tablets: Give 1/4 tab PO SID x 7 days then 1/2 tab PO SID long-term. Started 10/21/21.
Feline	Lab Results: CBC: wnl, Chemistry: SDMA 16ug/dL, Creat 1.5mg/dL, BUN 28mg/dL, T4: 2.9ug/dL; UA (cysto): USG 1.040, pH 6.5, 1+ protein, 3+ blood, WBC 0-2/HPF, RBC 50-75/HPF, no bacteria, no casts, no crystals.
<b>BREED</b>	Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
DSH	Sedation: Sedation not required for scan.
<b>SEX</b>	Stat Report: STAT report not requested by the veterinarian.
	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Spayed Female	<b>Urinary System</b>
<b>AGE</b>	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 suspended echogenic 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.
5/25/2018	
<b>WEIGHT</b>	
11.3 Pounds	The left kidney is normal in size (3.30 cm in length); with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. at least 2 cortical infarcts are visualized. A small cortical cyst is observed at the cranio-lateral aspect. A few pinpoint hyperechoic foci are seen. There is no evidence of pyelectasia or hydroureter.
<b>INTERPRETED BY</b>	
Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)	The right kidney is normal size (3.57 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few tiny nephroliths are visualized. At least one infarct is observed at the caudal pole. There is no evidence of pyelectasia or hydroureter.
<b>HOSPITAL NAME</b>	
Timonium AH	<b>Adrenal Glands</b>
<b>REFERRING VET</b>	The left adrenal gland is normal size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
Dr. Falkowski	The region of the right adrenal gland is evaluated and no obvious pathology is seen.
<b>INVOICE</b>	<b>Spleen</b>
14181	The spleen is normal in size (0.85 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.
	<b>Liver</b>
	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 portal vein to caudal vena cava ratio is approximately 1:1.

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 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.

### ***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***

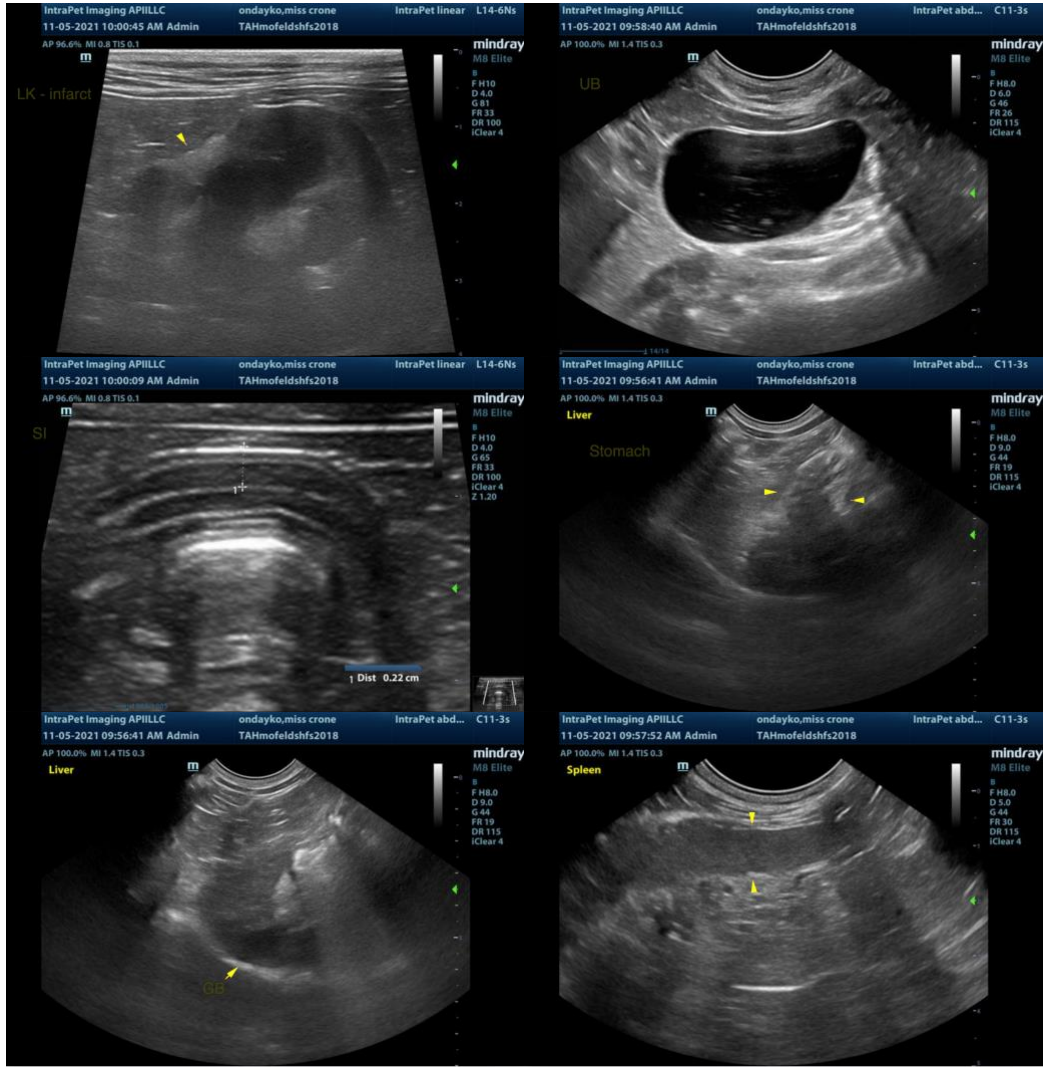
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

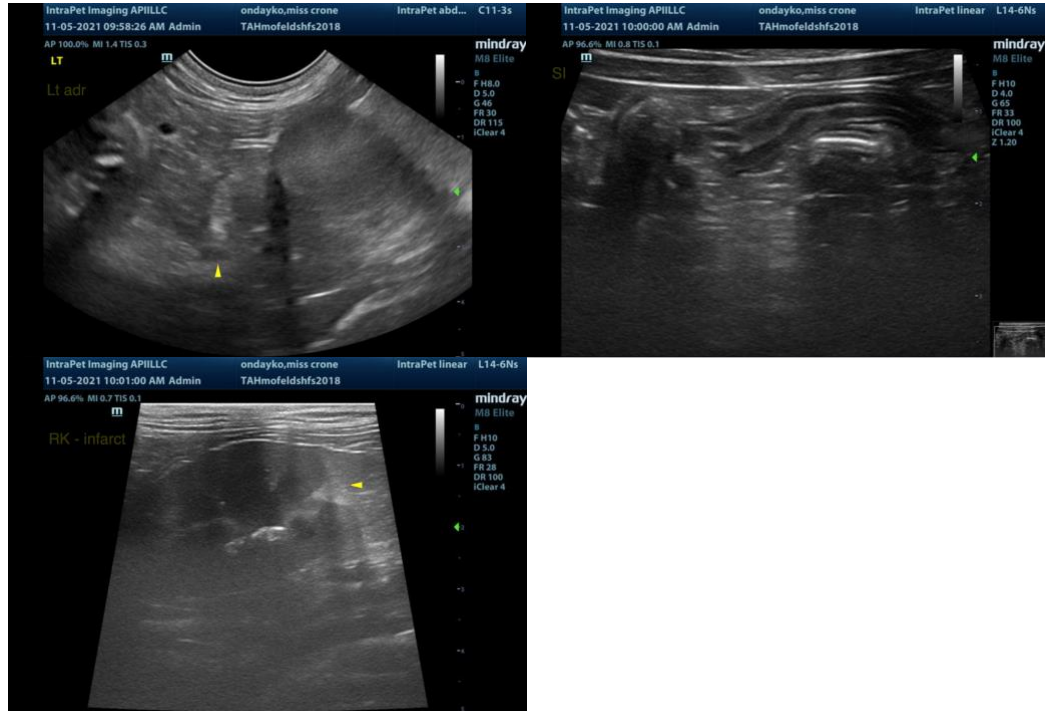
## **ULTRASONOGRAPHIC FINDINGS**

- Bilateral chronic nephropathy with cortical infarcts and right non-obstructive nephrolithiasis  
\*An obvious cause for the patients vomiting is not identified in the study. Considerations include primary gastrointestinal disease (i.e., food allergy, inflammatory bowel disease, intestinal dysbiosis), low-grade pancreatitis, underlying metabolic issue, other.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the renal changes, a urine culture and sensitivity and UPC are recommended. A baseline blood pressure measurement should also be considered. Consider transitioning to a prescription renal diet.
- Regarding the vomiting, the following diagnostics/therapeutics can be considered.
  1. Three-view thoracic radiographs to assess for occult esophageal disease.
  2. GI panel, including serum cobalamin, folate, TLI and PLI
  3. Fecal evaluation for ova and Giardia
  4. 6-week limited antigen diet trial
  5. +/- endoscopic or surgical gastrointestinal biopsies





**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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