



PATIENT

Jerry Mormando

PRESENTING CLINICAL SIGNS

The patient presented with a history of renal disease.

SPECIES

Feline

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 mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

BREED

Domestic shorthair

The left kidney is subjectively borderline small in size with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

SEX

Male, neutered

The right kidney is normal size (3.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

17 Yrs.

Adrenal Glands

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

WEIGHT

12 lbs.

Spleen

The spleen is normal in size (0.72 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. See also *Other*.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenn

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

HOSPITAL NAME

Rockaway

Pancreas

See *Other*.

REFERRING VET

Dr. Maniar

INVOICE

14358

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph

DATE

12/14/22



PATIENT nodes are normal/not visible.

Jerry Mormando

Other

SPECIES

Feline

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

BREED

Domestic shorthair

A 1.46 cm irregular hypoechoic lesion is observed in the left mid-abdomen. Adjacent +/- arising from the caudomedial aspect of the spleen.

SEX

Male, neutered

- The origin of the hypoechoic lesion in the left mid-abdomen is unclear. It may be arising from spleen, pancreas, other. Differentials include splenic mass or similar, pancreatic inflammation, other.
- Bilateral chronic non-specific age-related renal changes.

AGE

17 Yrs.

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

12 lbs.

- Regarding the kidney disease, consider the following:
 - Urinalysis (if not already performed)
 - Urine culture and sensitivity
 - UPC (if proteinuria is present in the absence of infection)
 - Baseline blood pressure measurement
 - Transition to a prescription renal diet.
 - Symptomatic care as needed
- Regarding the hypoechoic lesion in the left mid-abdomen, consider a repeat ultrasound in 1-2 weeks to reevaluate the lesion. Consider using a linear probe to further identify the origin. Alternatively, an abdominal CT scan can be considered.

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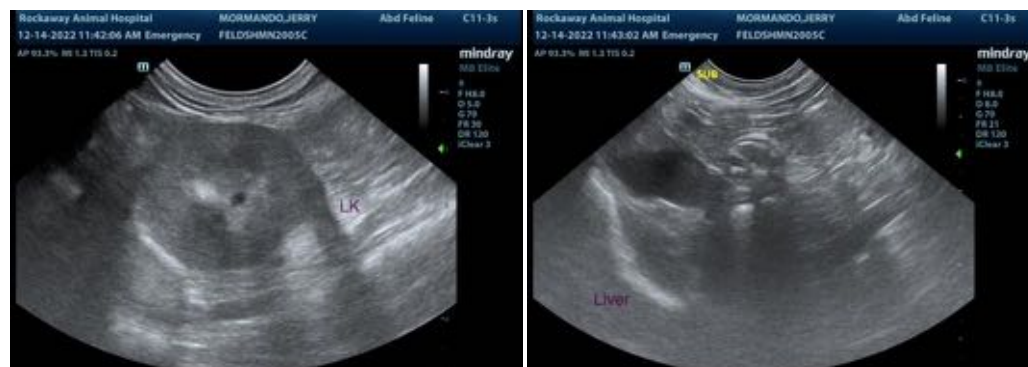
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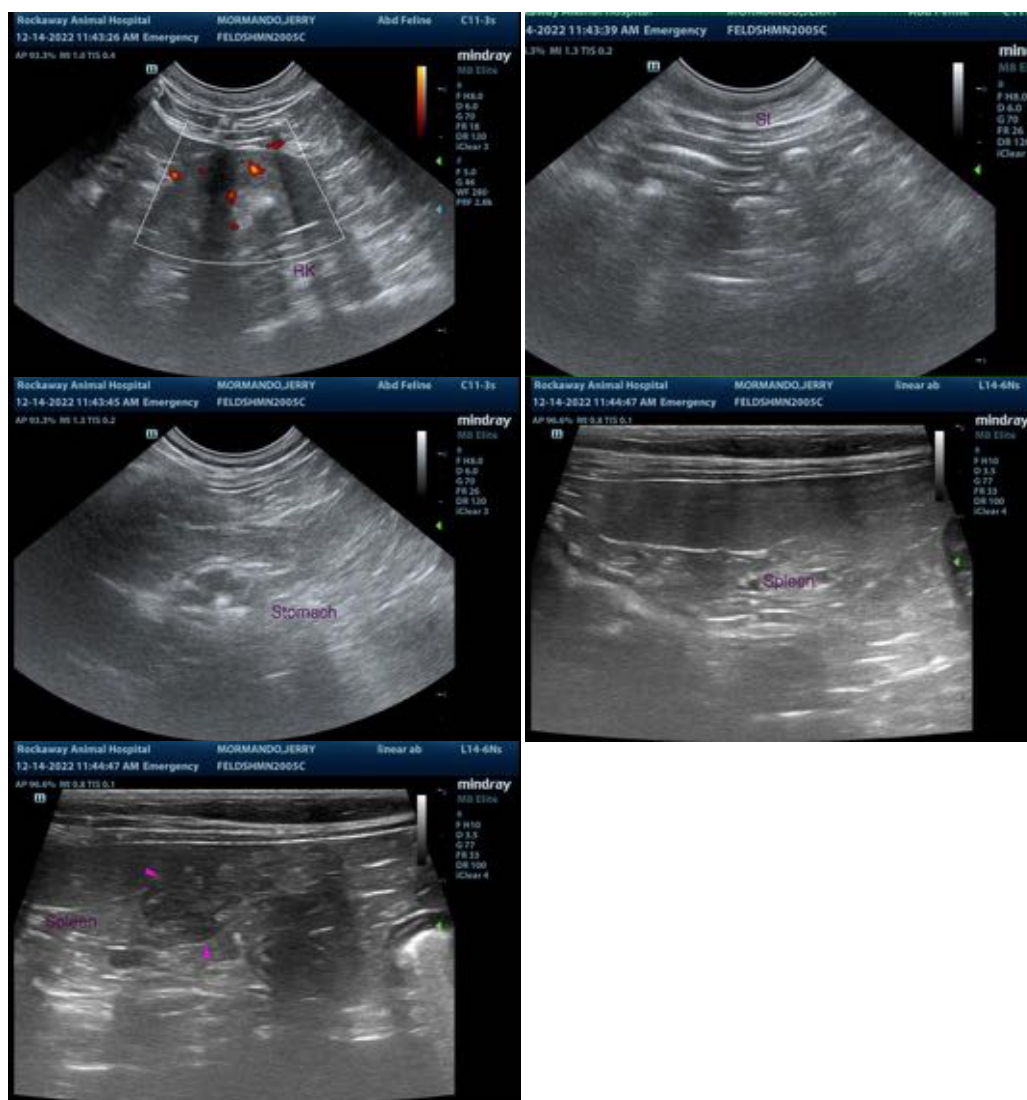
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com