



PATIENT

Mitty Brown

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

7 Yrs.

WEIGHT

5.5 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Peterson

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Peterson

INVOICE

14362

DATE

12/19/22

PRESENTING CLINICAL SIGNS

O went to Hawaii for a week and came back Friday. P has stopped eating and has been leaking urine all over the house. P had V twice today which is abnormal but O says she finds V+ around the house from time to time as she has many other cats in the house. O says P was not showing any of these symptoms before she left for Hawaii. P is indoor only

Chem - Hyperglycemia 228, Elevated total protein 9.0, elevated globulins 5.9, Azotemia BUN 85, CREA:6.2;;Phos:9.3

USG 1.040, protein+, few blood

AFAST - small amount of free fluid

FeLV/FIV - FIV +

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder lumen is mildly to moderately distended. A small to moderate 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.

The left kidney is enlarged (4.9 cm in length) with a normal shape and smooth peripheral contours. The cortex is thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is mildly enlarged (4.64 cm in length) with a normal shape and smooth peripheral contours. The cortex is thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.83 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 gallbladder 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.



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Gastrointestinal

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The gastric lumen is mildly fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. Some of the small intestinal segments are fluid distended. 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.

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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

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A small to moderate amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

- The bilateral renal changes could be consistent with inflammatory disease (i.e., chronic interstitial nephritis) or infiltrative neoplasia (i.e., lymphoma).
- Gastrointestinal ileus is suspected.
- The ascites may be secondary to increased vascular permeability, low oncotic pressure (if applicable) or increased hydrostatic pressure.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the patient's clinical history and sonographic renal changes, consider the following:
 1. Urine culture and sensitivity
 2. UPC (if proteinuria is present in the absence of infection)
 3. Baseline blood pressure measurement
 4. IV fluid diuresis, broad spectrum antibiotics (while awaiting urine culture and sensitivity results) and symptomatic care
 5. Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Regarding the hyperglobulinemia, a serum protein electrophoresis can also be considered.

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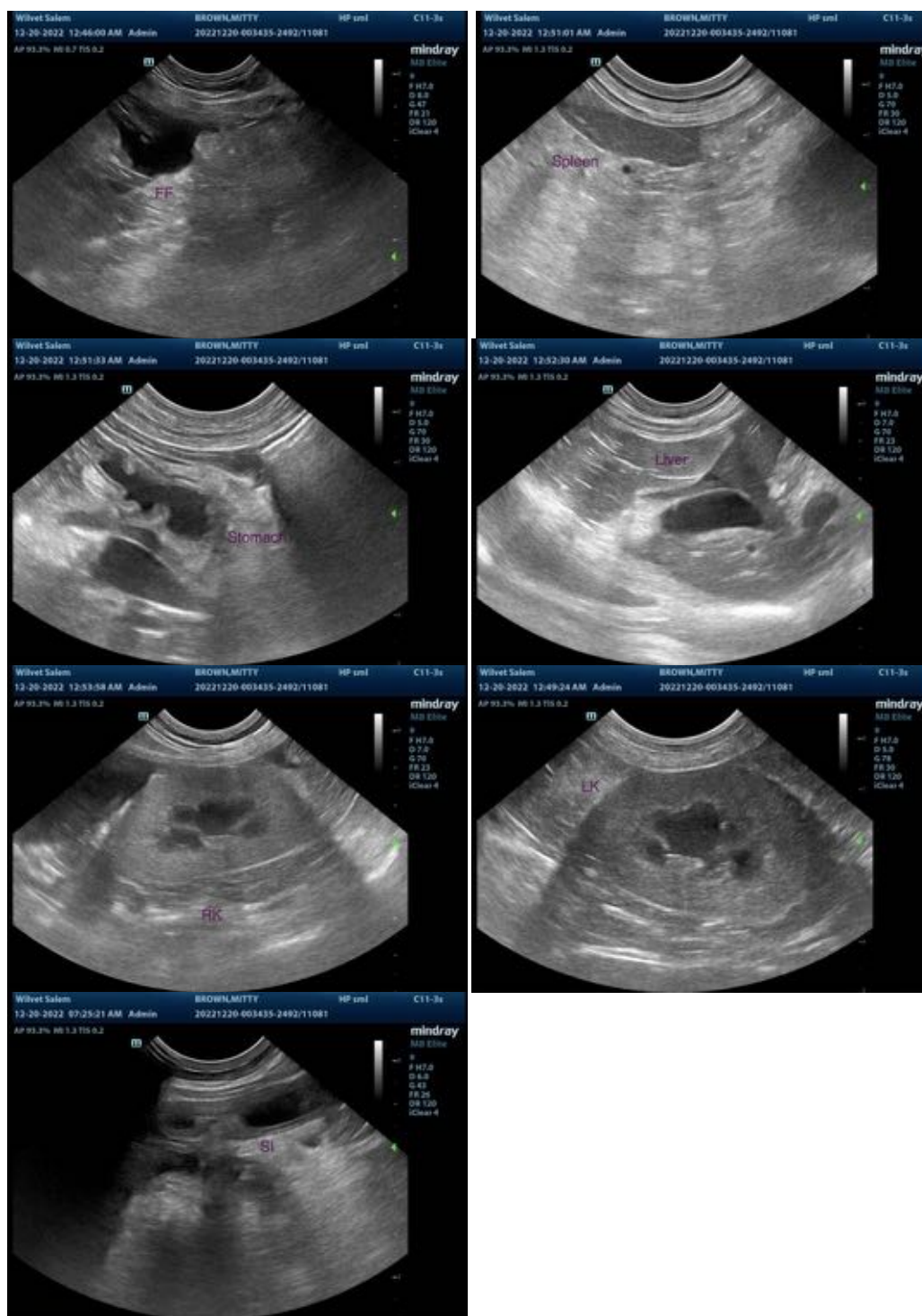
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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