



PATIENT

Savannah Bell

SPECIES

Feline

BREED

Domestic longhair

SEX

Female, spayed

AGE

15 Yrs.

WEIGHT

11.9 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Lynette Reyes

HOSPITAL NAME

Dr. Lynette Reyes

REFERRING VET

Dr. Lynette Reyes

INVOICE

12722

DATE

12/20/21

PRESENTING CLINICAL SIGNS

History: Pet presented in September for defecating outside of litterbox, also decrease appetite and weight loss. On PE she has some weakness on hind end. Pet was started on Methimazole and renal diet, urinalysis pending today.

Abnormal PE/Chem/CBC/UA Results: Alb: 4.2 BUN: 66 Creat: 3.5 Phosp: 8.7 T4: 6.4 UA pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. Overall, the wall is normal in thickness with a smooth mucosal surface. In one video clip, the region of the cystourethral junction there is questionable wall thickening and irregularity. A scant amount of suspended echogenic debris is observed within the lumen.

The left kidney is normal size (4.07 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Severe pyelectasia/hydronephrosis is present (1.34 cm in the longitudinal plane). The proximal ureter is visible/dilated (0.43 cm in diameter). There is no evidence of nephroliths. Renal vasculature is normal.

The right kidney is normal size (4.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex: medulla ratio with moderate loss of corticomedullary distinction. Severe pyelectasia/hydronephrosis is present (2.09 cm in the longitudinal plane). There is no evidence of nephroliths or infarcts.

Adrenal Glands

The left adrenal gland is normal in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is not definitively visualized in the available images.

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 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

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



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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.

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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

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

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ULTRASONOGRAPHIC FINDINGS

Female, spayed

- Bilateral severe pyelectasia/hydronephrosis with left proximal hydroureter. Differentials include bilateral ureteral obstructions (i.e., strictures), small ureteroliths, tumors vs obstruction at the level of the trigone vs pyelonephritis. Chronic age-related changes are also present.
- The questionable thickening at the cystourethral junction may be artifactual or may be secondary to inflammation or emerging neoplasia. Additional sonographic images of this region would be useful for further clarification.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Medicine)

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if fluid therapy is to be initiated. A urine culture and sensitivity +/- UPC (if proteinuria is present) should also be considered along with a baseline blood pressure measurement. Additional sonographic images of the urinary bladder with particular attention to the trigone region are recommended.
- Supportive care for acute on chronic renal failure is recommended including fluid therapy, gastric protectants, antiemetics (if needed) and broad spectrum antibiotic therapy while awaiting urine culture and sensitivity.

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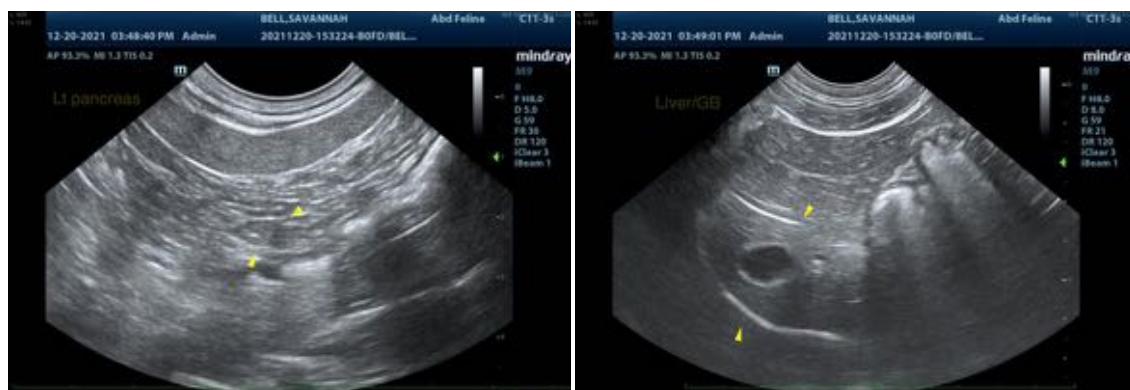
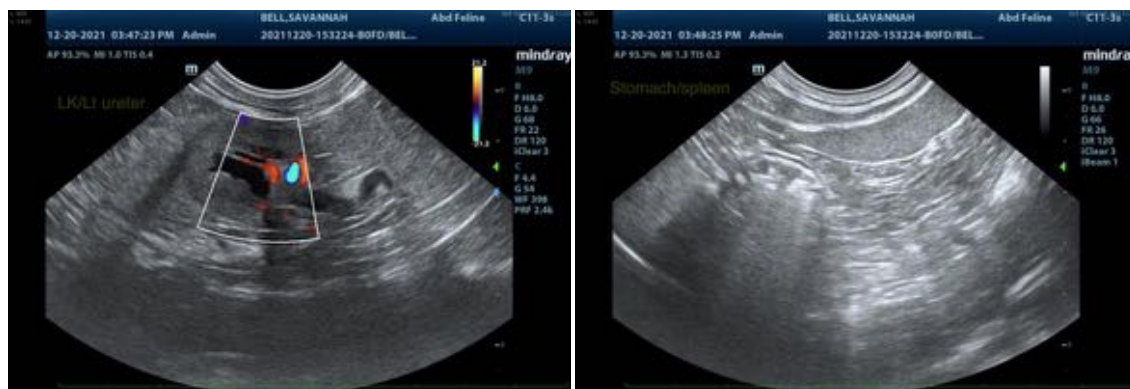
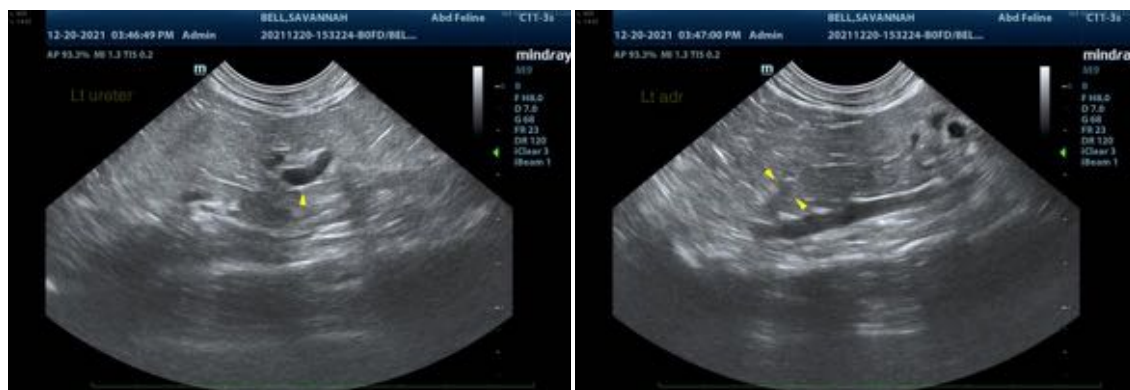
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The information and recommendations provided are based on the images presented by the referring



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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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Andrea.nicastro@sonopath.com

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