



**PATIENT**

Minnie Todd

**SPECIES**

Feline

**BREED**

Domestic longhair

**SEX**

Female, spayed

**AGE**

11 Yrs. 5 months

**WEIGHT**

6.06 lbs..

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Amanda Lacey-Crook

**HOSPITAL NAME**

River's Edge Pet  
Medical Center

**REFERRING VET**

Dr. Gray

**INVOICE**

14385

**DATE**  
12/20/22

**PRESENTING CLINICAL SIGNS**

History: Weight loss and frequent urination Upon PE, BCS 2/6 and dehydrated 3-4%  
Abnormal PE/Chem/CBC/UA Results: UA performed - glucose noted in urine but on spot check blood glucose was 96 - USG 1.025, Glucose 300 Full labwork panel including T4 going to outside lab pending.

**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 normal in size (3.73 cm in length) with a slightly rounded shape. There is moderate loss of corticomedullary distinction. The cortex is hyperechoic. Several hyperechoic shadowing diverticular foci are observed. A few small, non-obstructive nephroliths are visualized. There was no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (2.81 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal in size (0.35 cm width) with a normal shape and smooth peripheral contours. Pinpoint hyperechoic foci are observed within the parenchyma. Glandular echogenicity and detail are otherwise normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.44 cm width) with a normal shape and smooth peripheral contours. Pinpoint hyperechoic foci are observed within the parenchyma. Glandular echogenicity and detail are otherwise normal. The phrenicoabdominal vein and surrounding vasculature are normal.

*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. A scant amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

*Gastrointestinal*



**PATIENT**

Minnie Todd

**SPECIES**

Feline

**BREED**

Domestic longhair

**SEX**

Female, spayed

**AGE**

11 Yrs. 5 months

**WEIGHT**

6.06 lbs..

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Amanda Lacey-Crook

**HOSPITAL NAME**

River's Edge Pet  
Medical Center

**REFERRING VET**

Dr. Gray

**INVOICE**

14385

**DATE**

12/20/22

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 proximal duodenum is slightly corrugated in appearance. Echogenic material is observed within the proximal duodenal lumen. The wall in this region exhibits slight mucosal fogging. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. The lumen is empty. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

**Pancreas**

The pancreas is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (up to 0.15 cm in diameter).

**Free Abdomen**

Scant free fluid is observed. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral chronic age-related renal changes with non-obstructive nephrocalcinosis.
- The pinpoint hyperechoic foci in both adrenal glands is consistent with a benign incidental age-related change.
- The mucosal fogging in the proximal duodenal wall is suggestive of an inflammatory process.

\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Regarding the weight loss, considerations include maldigestion/malabsorption, underlying metabolic issue, occult neoplasia, primary neurologic disease (i.e., brain tumor), other. Regarding the pollakiuria, considerations include urinary tract infection, underlying metabolic disease, behavioral issue, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Based on the patient's clinical signs, consider the following:

1. Urine culture and sensitivity
2. Malabsorption panel including serum cobalamin, folate, TLI and PLI
3. Fecal evaluation for and Giardia
4. Thoracic radiographs to assess for occult disease in the chest
5. Further recommendations should be based on the results of the above diagnostics and pending baseline labwork.



**PATIENT**

Minnie Todd

**SPECIES**

Feline

**BREED**

Domestic longhair

**SEX**

Female, spayed

**AGE**

11 Yrs. 5 months

**WEIGHT**

6.06 lbs..

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Amanda Lacey-Crook

**HOSPITAL NAME**

River's Edge Pet  
Medical Center

**REFERRING VET**

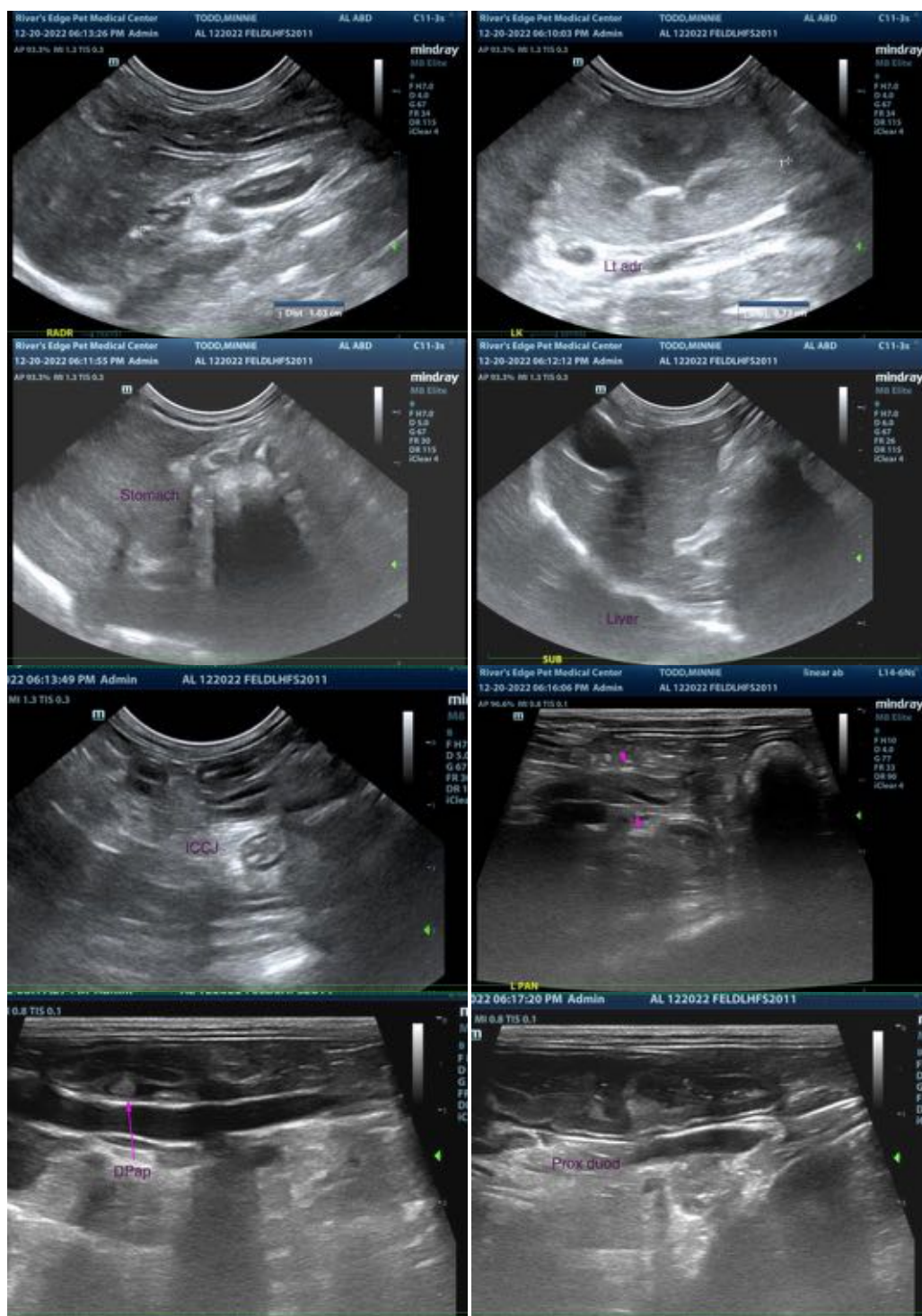
Dr. Gray

**INVOICE**

14385

**DATE**

12/20/22





**PATIENT**

Minnie Todd

**SPECIES**

Feline

**BREED**

Domestic longhair

**SEX**

Female, spayed

**AGE**

11 Yrs. 5 months

**WEIGHT**

6.06 lbs..

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Amanda Lacey-Crook

**HOSPITAL NAME**

River's Edge Pet  
Medical Center

**REFERRING VET**

Dr. Gray

**INVOICE**

14385

**DATE**

12/20/22



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](mailto:info@SonoPath.com)