

**PATIENT PRESENTING CLINICAL SIGNS**

Coco Chanel History: BP 160- elevated kidney values- no growth on urine culture  
Abnormal PE/Chem/CBC/UA Results: Chemistry profile - BUN 64 Creat 6.2 else unremarkable; CBC - Unremarkable; Urinalysis - USG 1.042 trace protein occult blood 2+ RBC 2-3 else unremarkable; Heartworm test - Neg ASSESSMENTS Azotemia, Wellness Significant elevation BUN/Creat with borderline USG r/o most likely post-renal vs. prerenal/renal etiology, no clear urinary pathology.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Female, spayed

**AGE**

2 Years 7 months

**WEIGHT**

4.36 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

VCA Feline AH

**REFERRING VET**

Dr. Vincent Fleming

**INVOICE**

12733

**DATE**

12/21/21

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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 normal size (3.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is subjectively prominent in size (1.04 cm in width at the level of the hilus) with slightly swollen peripheral contours. The parenchyma is diffusely homogeneous. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

**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



**PATIENT**

moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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***Gastrointestinal***

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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.

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***Pancreas***

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The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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***Free Abdomen***

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

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***Other***

A brief echocardiogram reveals no evidence of pericardial effusion.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild splenomegaly. This may represent a normal variant for this patient. Alternatively, extramedullary hematopoiesis, lymphoid hyperplasia, splenitis or less likely, infiltrative neoplasia.
- An obvious cause for the patient's severe azotemia is not identified in this study. Considerations include infectious or toxic renal insult, hypotensive event, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- A UPC is recommended if proteinuria is present.
- Further history should be obtained from the owner as to the possibility of toxin ingestion (i.e., antifreeze, lilies).
- Although rare in cats, Leptospirosis is a consideration. Testing should be performed particularly if the patient spends time outdoors.

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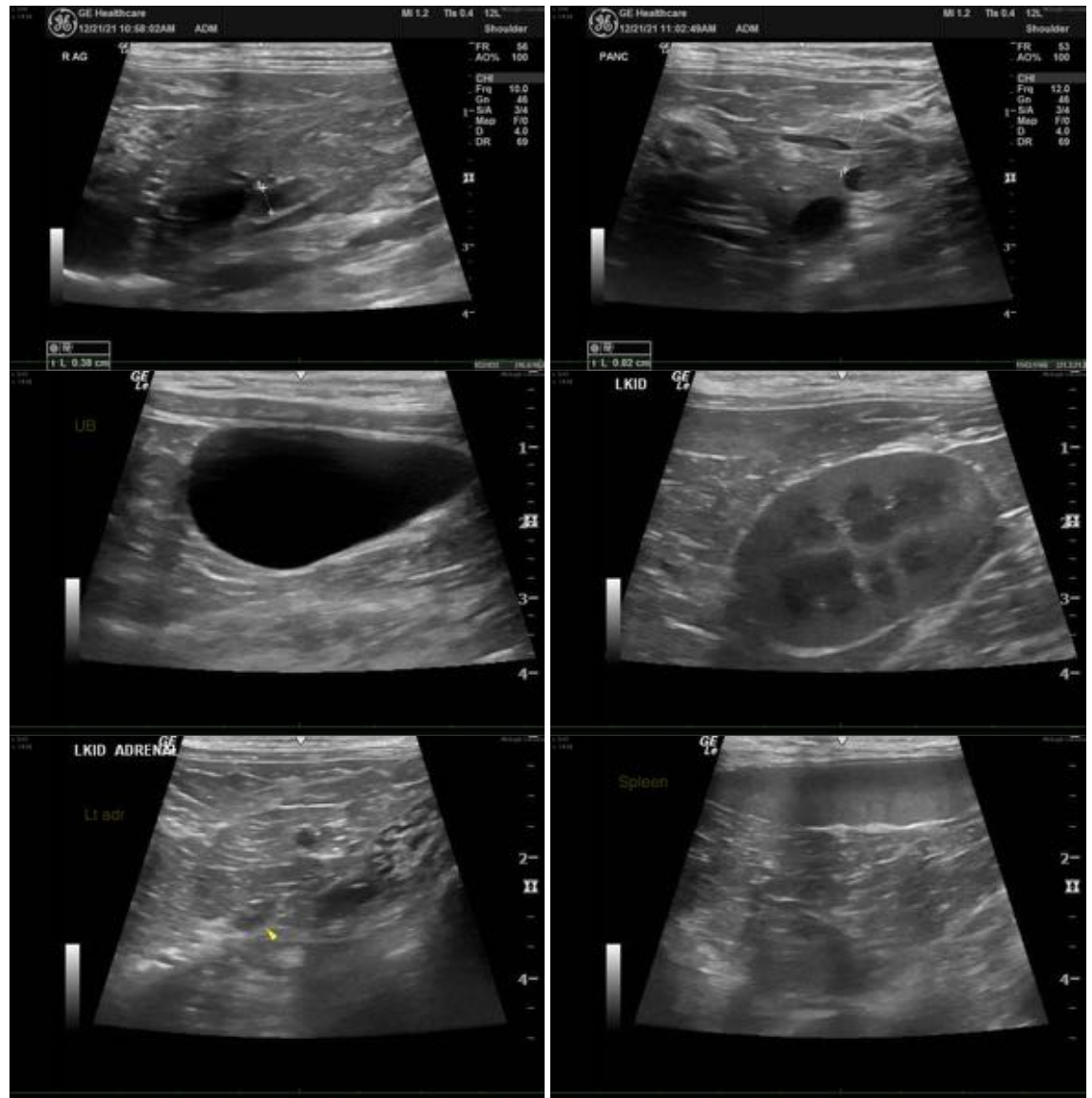
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- Also consider three-view thoracic radiographs to assess cardiopulmonary status, particularly if fluid therapy is to be initiated.
- Supportive care for acute renal failure is recommended including fluid therapy, gastric protectants and antiemetics, if needed.





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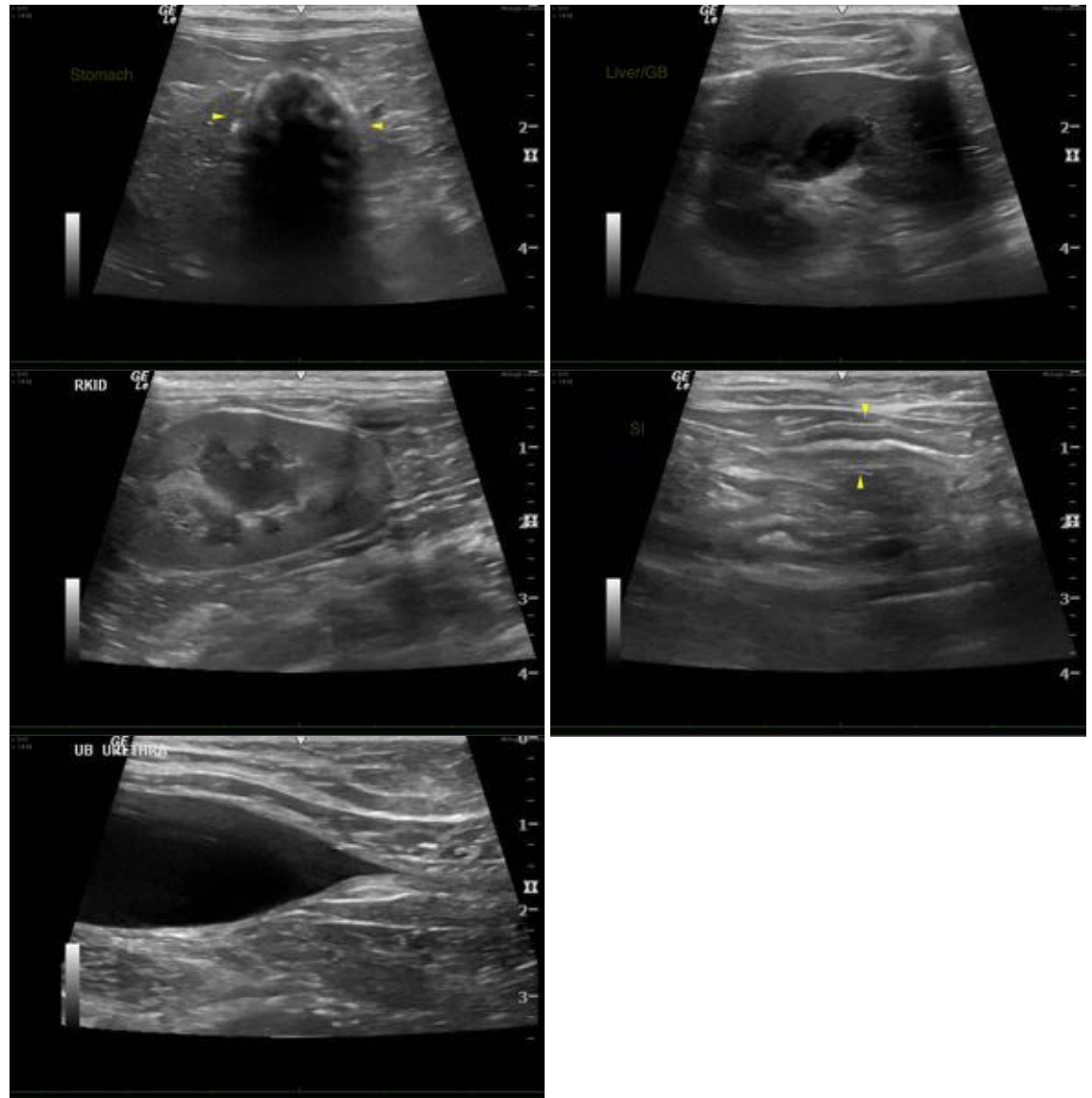
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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