



**PATIENT**

Grayson Liebel

**SPECIES**

Feline

**BREED**

Siamese Mix

**SEX**

Male, neutered

**AGE**

10 years

**WEIGHT**

9 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Potomac Mobile  
Veterinary Ultrasound

**HOSPITAL NAME**

Silver Spring AH

**REFERRING VET**

Dr. Jarrett

**INVOICE  
12737**

**DATE**

**PRESENTING CLINICAL SIGNS**

History: Persistent hematuria since August. Previous ultrasound scan read 08/2021. Getting prednisolone and amitriptyline.  
Abnormal PE/Chem/CBC/UA Results: U/A: USG 1.05, pH 6.5, and blood 2+.

**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. A moderate amount of aggregated echogenic suspended 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 1 cm, are normal.

The left kidney is normal in size (3.62 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is borderline small in size (3.18 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is mild loss of corticomedullary distinction. Hyperechoic to mineralized shadowing diverticular foci are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.52 cm length; 0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**Spleen**

The spleen is normal in size (0.69 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 small amount of aggregated echogenic suspended debris is observed within the lumen. The cystic and common bile ducts are normal.

**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. A line of mucosal fibrosis is observed in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**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.

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Bilateral chronic age-related renal changes with dystrophic mineralization.
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material. The previously observed focal thickening at the urinary bladder apex is not seen on today's scan.

**Secondary Findings:**

- The line of mucosal fibrosis seen in some small intestinal segments is suggestive of chronic inflammatory process. Correlation with clinical findings is recommended.

\*An obvious cause for the patient's persistent hematuria is not identified in this study. Considerations include urinary tract infection, feline idiopathic cystitis, benign essential renal hematuria, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If the patient's urine culture and sensitivity was negative, continue treatment for feline idiopathic cystitis is recommended.
- If hematuria is excessive, the patient's PCV should be monitored for evidence of anemia.



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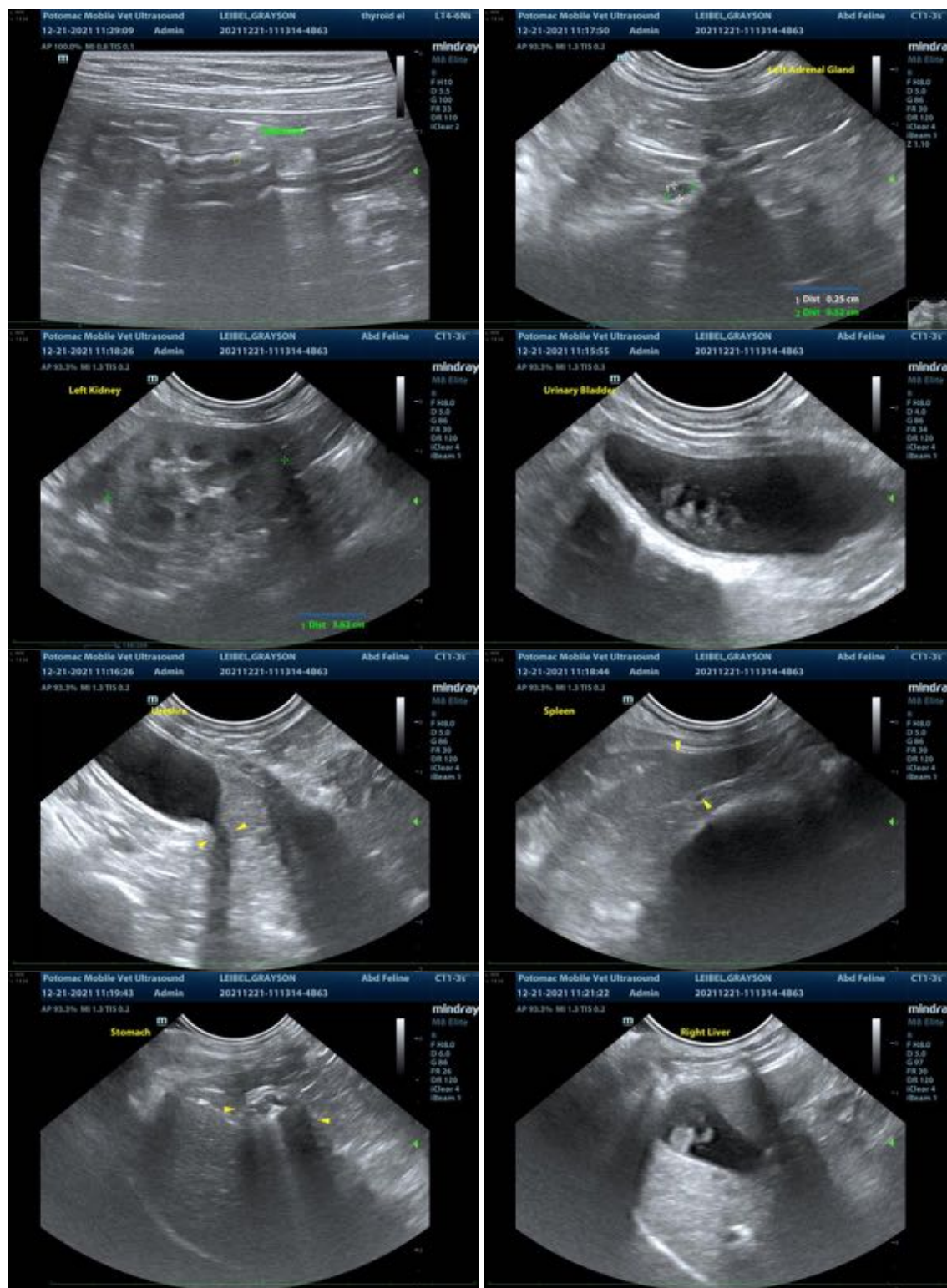
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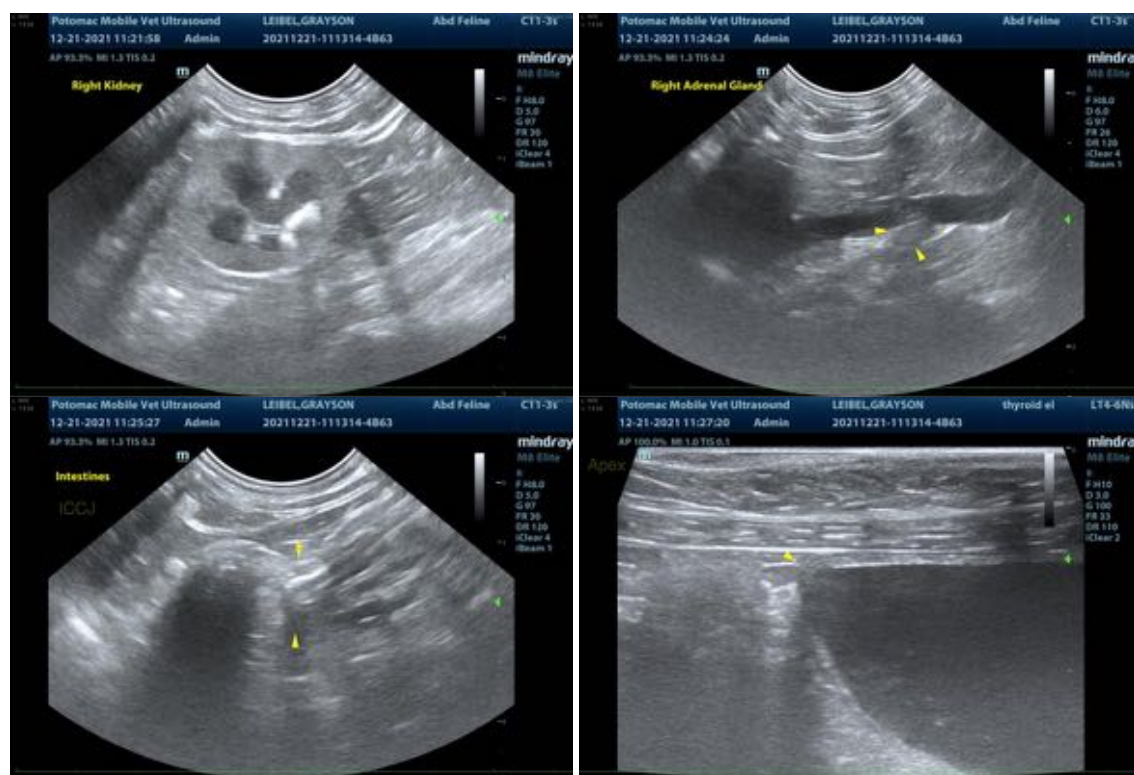
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

Andrea.nicastro@sonopath.com