



PATIENT

Frank McDivitt

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

12 Yrs.

WEIGHT

5.4 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Jolee Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Dawn Mehra

**INVOICE
12659**

DATE

PRESENTING CLINICAL SIGNS

History: Presented for evaluation of inappropriate urination. Has historical IRIS Stage 2 CKD. 1 month ago, presented for vocalizing while urinating and this problem was treated and resolved. For the last 2 weeks, has been urinating outside the litterbox and has gotten worse since owner has restricted access to the outdoors. Will urination in box, outside of box (around edge) and in other distant locations. Has 2 litter boxes and is the only cat in the home. Eats Royal Canin prescription renal diet and occasionally eats the dog's food.
Abnormal PE/Chem/CBC/UA Results: 10/25/21 - HCT 32.2%, Retic 1.5, SDMA 18, Cre 2.2, BUN 48, Amy 2262, USG 1.014, pH 5, quiet sediment. Negative urine culture. 12/6/21 - HCT 29.5%, Retic 2.7, SDMA 24, Cre 2.7, BUN 39, Amy 2217, USG 1.015, pH 5, quiet sediment.

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

The right kidney is normal size (3.66 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of 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 (0.40 cm cranial; 0.46 cm caudal; 1.46 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.37 cm cranial; 0.54 cm caudal; 1.09 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.87 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.



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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 diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (0.26 cm in diameter). There is no evidence of peripancreatic effusion.

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Free Abdomen

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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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- Bilateral non-specific age-related renal changes.
- The pancreatic changes are suggestive of chronic pancreatitis. Correlation with clinical findings is recommended.

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*An obvious cause for the patient's stranguria is not identified in this study. Considerations include occult urinary tract infection, idiopathic cystitis, behavioral issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture and sensitivity is recommended. If negative, consider empirical treatment for idiopathic cystitis.

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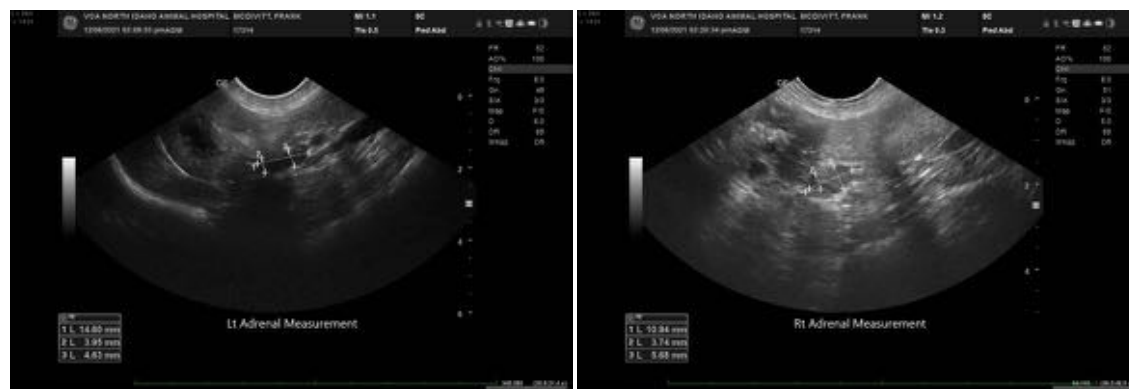
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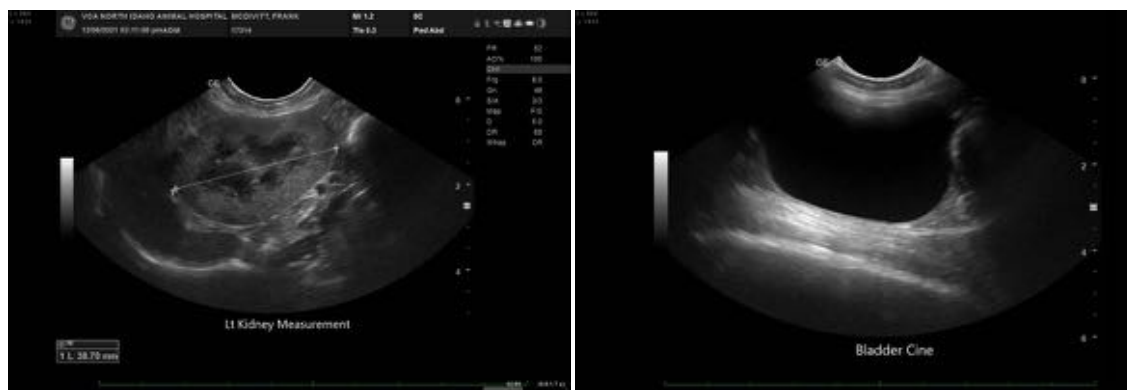
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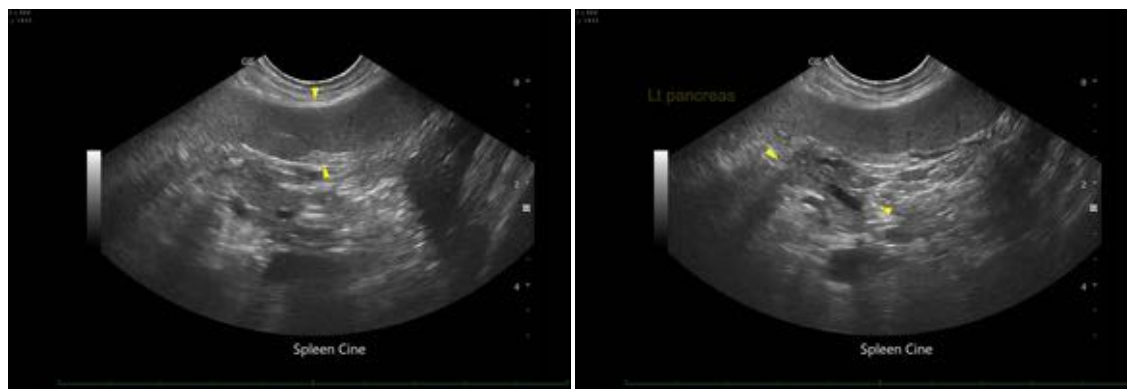
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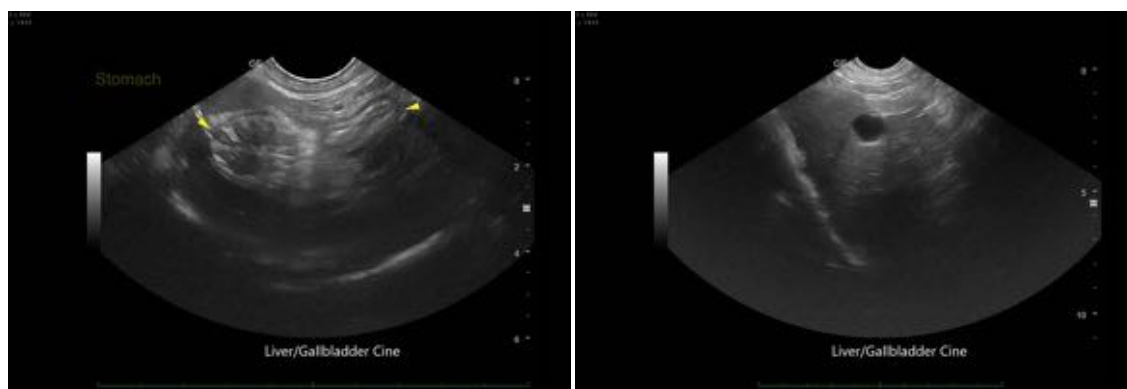


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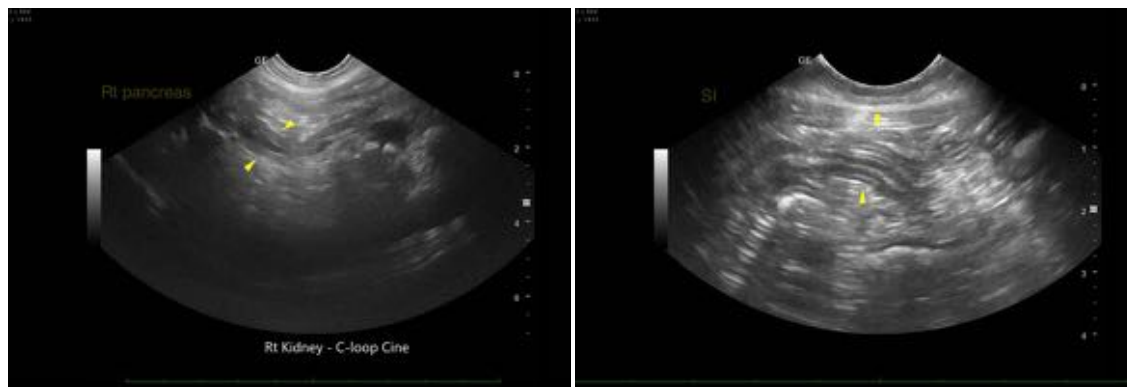


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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