
PATIENT

Ember Arias

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 years

WEIGHT

17.8 lbs

INTERPRETED BY

 Andrea Nicastro,
 DMV, Diplomate
 DACVIM (Small Animal
 Internal Medicine)

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

 Bethany Family Pet
 Clinic

REFERRING VET

Charlie Rodriguez

INVOICE

10334

DATE

2/12/22

PRESENTING CLINICAL SIGNS

History: Ember presented for vomiting 4 times yesterday evening and 5 times today. Supposedly still eating food. There were lilies in the house the past 3 days and o did not know this was toxic.

Abnormal PE/Chem/CBC/UA Results: ALT 269, creatinine 1.9, obese, mild periodontal disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of echogenic debris is suspended within the lumen. The region of the trigone and the visualized portion of the proximal urethra are normal. (See "Other" category).

The left kidney is normal size (3.94 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. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.73 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. At least one nonobstructive nephrolith is visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.75 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.

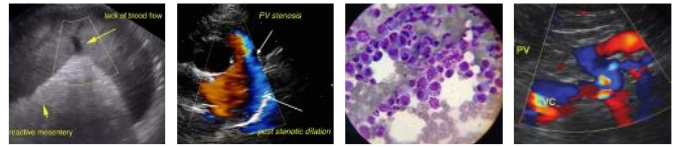
Liver

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 is moderately distended. A bi-lobed conformation is suspected. The wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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. A few segments of small intestinal are minimally fluid distended. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



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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.

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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 0.40 cm focus of mineralization is observed in the caudal abdomen in the region of the urinary bladder.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.

Secondary Findings

- Bilateral degenerative renal changes with nonobstructive nephrolithiasis. The mineralization in the caudal abdomen could be consistent with a cystic calculus, mineralization within the mesentery (i.e, Bates body), other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Abdominal radiographs are recommended to further evaluate the mineralization in the caudal abdomen. If radiographs are inconclusive, consider a repeat ultrasound in 3-4 weeks to reassess the region.
- Given the history of possible ingestion of a lily, serial monitoring of the patient's renal values is recommended along with fluid therapy as needed, and supportive care.
- Regarding the elevated ALT, a fine-needle aspirate of the liver can be considered. Alternatively, if a more conservative approach is desired at this time, consider empirical treatment for bacterial cholangiohepatitis/hepatic lipidosis (i.e, broad-spectrum antibiotic therapy, nutritional support, +/- antioxidants). If no improvement in the ALT is observed within 3-5 days of initiating therapy, hepatic tissue sampling (i.e, fine-needle aspirate or surgical biopsy), can be considered, depending on the patient's overall clinical status.
- Given the history of vomiting, also consider three-view thoracic radiographs to assess for occult aspiration pneumonia.



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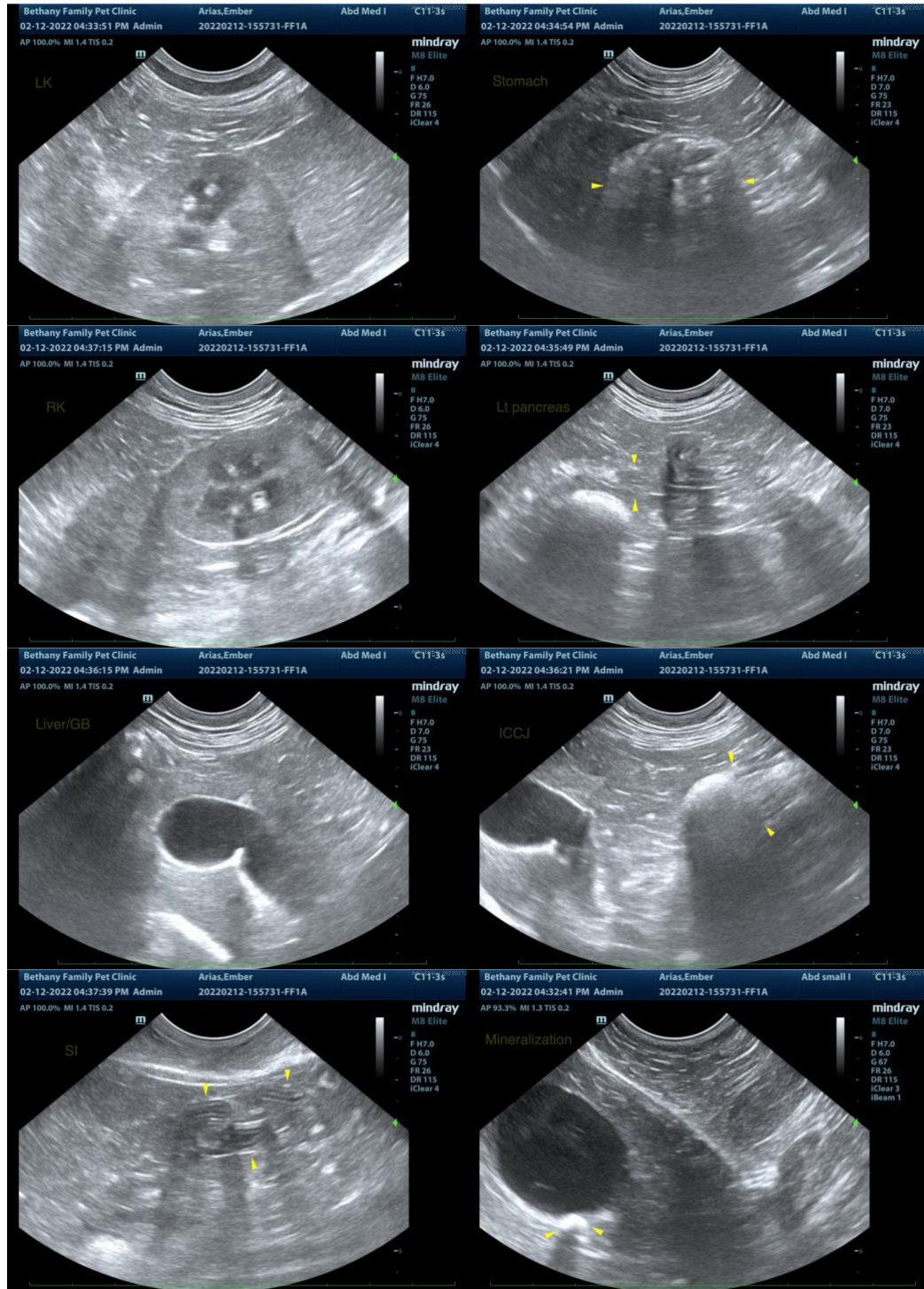
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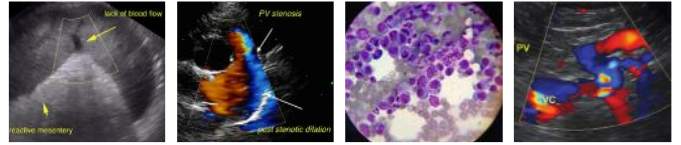
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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