



**PATIENT PRESENTING CLINICAL SIGNS**

**Dexter Zenus** History: urinating outside the box. Mobility worsened: cannot jump as much and struggles to clean himself.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Obese SDMA 15 mcg/dl Cre 2.4 mg/dl (0.9-2.3) BUN 44 mg/dl (16-37) Urine sg: 1.027, urine protein 1+  
Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder 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 visible portion of the proximal urethra are normal.

**SEX**

Neutered Male The left kidney is small in size (2.35 cm in length) with an irregular shape. The cortex is hyperechoic relative to the spleen and variably thickened. There is moderate loss of corticomedullary distinction. A cortical cyst is observed at the lateral aspect. Trace pyelectasia is present. There is no evidence of hydroureter.

**AGE**

13 years The right kidney is mildly enlarged (4.81 cm in length) with a normal shape and smooth peripheral contours. The cortex is hyperechoic relative to the spleen and is variably thickened. There is a moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter.

**WEIGHT**

22 lbs

**Adrenal Glands**  
No images provided.

**INTERPRETED BY**

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

**Spleen**  
The spleen is normal in size (0.72 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.

**IMAGING PERFORMED BY**

Dr. Louise Mandeville

**Liver**  
The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

**HOSPITAL NAME**

BetterVet

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.

**REFERRING VET**

Dr. Louise Mandeville

**Gastrointestinal**  
The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.

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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.

**DATE**

2.16.23

**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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Dexter Zenus

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

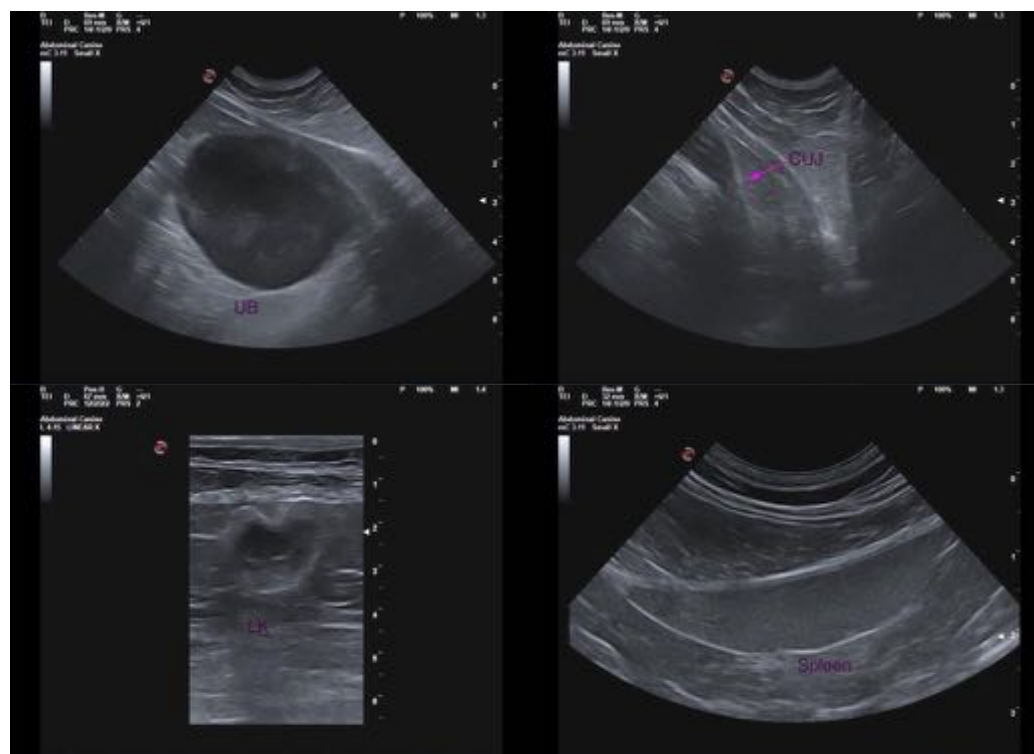
- Bilateral degenerative renal changes (more severe in the left kidney) with a left cortical infarct. The mild right renomegaly likely represents compensatory hypertrophy.
- Urinary bladder debris

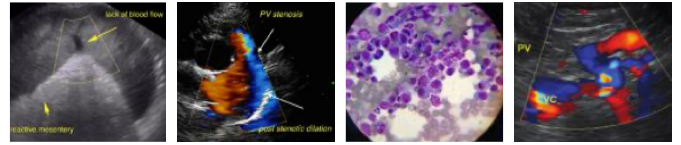
**Secondary Findings**

- The hepatic parenchymal changes may be a normal variant for this patient for this older patient, or may represent emerging hepatic lipidosis, inflammatory disease, or less likely, infiltrative neoplasia (i.e., lymphoma).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A urine culture and sensitivity is recommended to assess for infection.
- A UPC is also recommended (if proteinuria persists in the absence of infection)
- Given the azotemia, a baseline blood pressure measurement is recommended, along with a transition to a prescription renal diet (if the patient will tolerate it).
- Serial monitoring (i.e., every 3 months) of the patient's renal values is recommended to assess for progressive disease.





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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.

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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