



PATIENT PRESENTING CLINICAL SIGNS

Toffee Di History: 11/22/2022 slight loss of appetite, did BW, recommended UA
-11/25/2022 UA run, stress cystitis?
-11/26/2022 seemed uncomfortable in litterbox, gave convenia and sent with oral buprenorphine
SPECIES -12/6/2022 US performed at Waterloo West, owner not happy with this US (no photos, not shaved, etc) - can email
Feline 12/13/2022 UA performed again, cultured this time around
1/9/2023 New kitten in house, repeat UA, still stress, sent with Urinary SO + calm diet
BREED 1/19/2023 UA again, sent with Clavaseptin - 1/26/2023 changed to convenia
DSH 2/13/2023 back for UA, blood on chem strip
- concentration had been decreasing

Abnormal PE/Chem/CBC/UA Results: please see attached labs

SEX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Spayed Female

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A scant 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.

AGE

8 years

WEIGHT

5.99 kg

The left kidney is normal in size (4.18 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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ACVIM (Small Animal
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The right kidney is normal in size (4.02 cm in length) with a slightly irregular shape. The cortex is hyperechoic relative to the spleen and variably thickened. There is mild loss of corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

IMAGING PERFORMED BY

Kelly Reschny

Spleen

The spleen is normal in size (0.81 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.

HOSPITAL NAME

Buck AH

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.

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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

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

DATE

2.16.23



PATIENT

layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Toffee Di

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.

SPECIES

Feline

Free Abdomen

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

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild bilateral chronic age-related renal changes with trace left pyelectasia and a suspected right cortical infarct.

*An obvious cause for the patient's hematuria and clinical signs is not definitively identified in this study. Considerations include feline idiopathic cystitis, occult pyelonephritis, benign essential renal hematuria, other.

AGE

8 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

5.99 kg

- Consider empirical treatment for feline idiopathic cystitis (i.e., stress reduction, increased water consumption, bladder anti-spasmodic, pain medication).
- Also consider a repeat urine culture and sensitivity.
- Given the renal changes, serial monitoring (i.e., every 3 months) of the patient's kidney values is recommended to assess for the development of azotemia.

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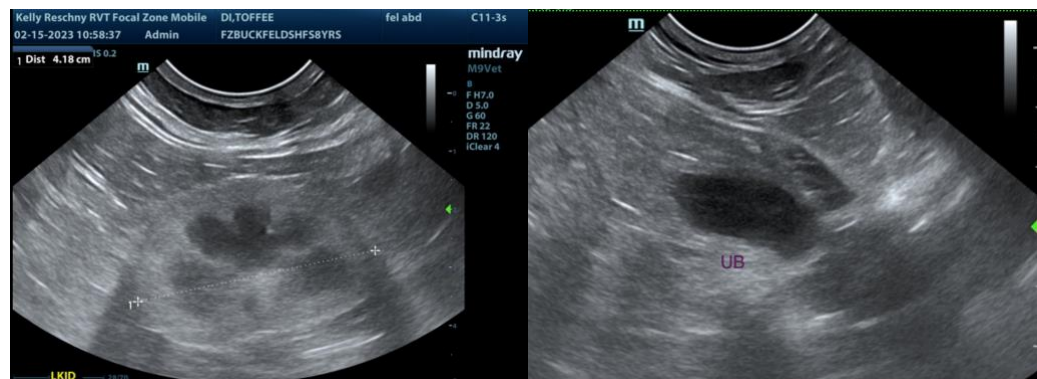
MacFarlane

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PATIENT

Toffee Di

SPECIES

Feline

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Spayed Female

AGE

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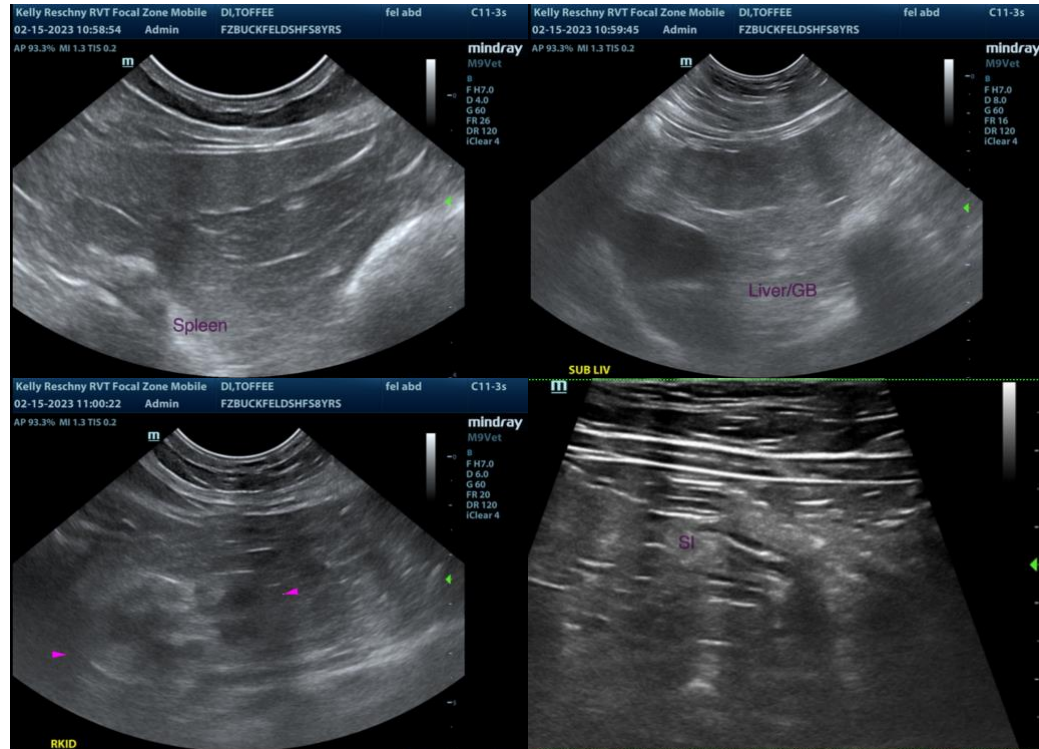
MacFarlane

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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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