

**PATIENT**

Lightening Leonard

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

17 years

**WEIGHT**

5.3 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Hartmann

**INVOICE**

10421

**DATE**

2/18/22

**PRESENTING CLINICAL SIGNS**

History: Weight loss, poor appetite, occasionally falls over Teeth are in good condition for age, but owner say she has a hard time eating.

Abnormal PE/Chem/CBC/UA Results: RBC 4.73, HCT 23.3%, HGB 7.4, RDW 28.2, Lymp 0.76, EOS 0.06, WBC 4.3, SDMA 34, CREA 6.3, BUN 82, Phos 8.0, Sodium 166, AMYL 1544, T4 0.7, FPL normal

**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 small in size (2.28 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Trace pyelectasia is present (0.17 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.06 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and with a moderate loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.29 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal size (0.33 cranial; 0.36 cm caudal; 0.80 length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.30 width) with a normal shape and smooth peripheral contours. A few hyperechoic foc are observed within the parenchyma. Surrounding vasculature are normal.

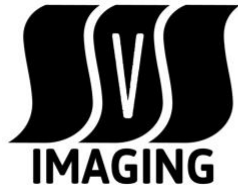
**Spleen**

The spleen is normal in size (0.65 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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.

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**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. The small intestinal lumen is not dilated. 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 some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**Pancreas**

The base and right limb are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. pancreas is normal in size with normal peripheral contours. The pancreatic duct is visible but not overtly dilated (0.22 cm in diameter).

**Free Abdomen**

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS****Primary Findings**

- Bilateral chronic nephropathy with pyelectasia
- The left kidney is atrophied with suspected right compensatory hypertrophy

**Secondary Findings**

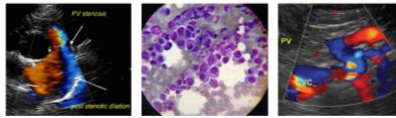
- The hyperechoic foci within the right adrenal gland likely represent a benign age-related incidental finding.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Bowel pattern suggestive of inflammatory bowel disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the patient's clinical history and sonograph changes, a urinalysis, urine culture and sensitivity, baseline blood pressure, and UPC (if proteinuria is present), are recommended, along with IV fluid diuresis and supportive care.
- Broad-spectrum antibiotic therapy (i.e., fluoroquinolone), should also be considered while awaiting urine culture and sensitivity results
- Three-view thoracic radiographs are recommended, particularly if the patients is to undergo fluid therapy.

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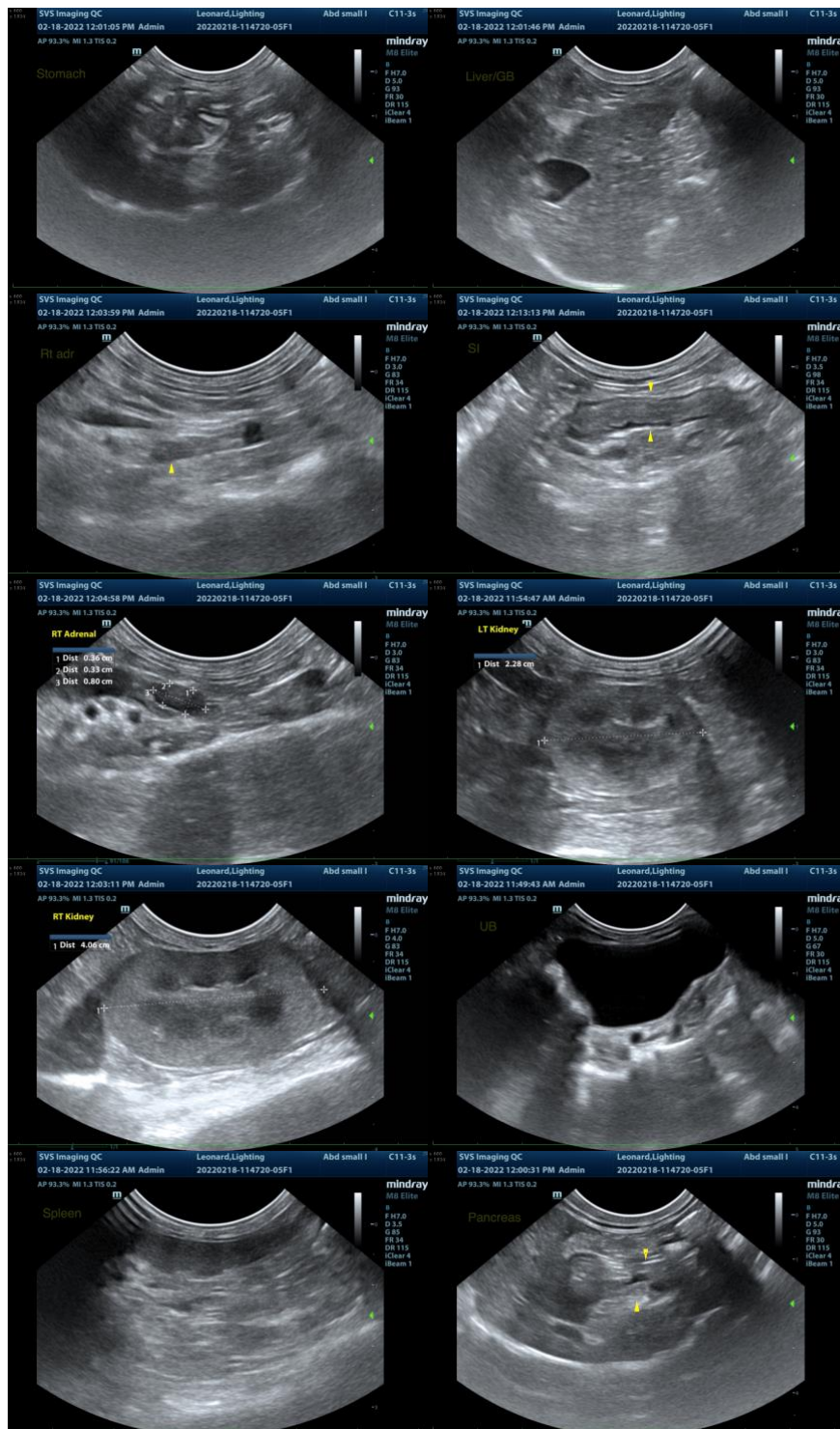
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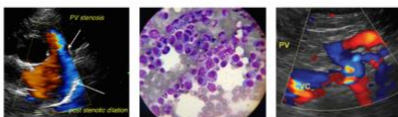
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com