



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Reptar Nhim
SPECIES Feline
BREED DSH
SEX Female Spayed

History: Presented for anorexia for 5 days; painful. NE and hiding starting Wed 1/28, still drinking at that time. Went to rDVM Friday 1/30 dx with periodontal ds, mouth infection, loose LL canine 304, LL premolar 3 (307), UR premolar 3 (107). Had topical Zorbium Fri and clindamycin drops to go home. Pt stopped drinking today and is crying when he tries to drink, pawing at water. prior history of resorptive lesions 304, 307, 207; corneal scar OS. admitted for supportive care: iv fluids, Mirataz transdermal, Unasyn. NG tube was placed. blood sugar low normal (69) at intake; was started on dextrose cri 2.5% soln. hematuria noted overnight. Concern for dental disease, neoplasia, other, open

Abnormal PE/Chem/CBC/UA Results: PE: mild pain; Slight moderate dental tartar. Small ulcer on lip EPOC - BE, ECF -8.2 (-5-2), Chloride 136 (111-128), Anion gap 8 (9-26), BUN 36 (15-32), glucose 69 Chem - BUN 45.4 (15-32), Total protein 8.2 (6-8), Glucose 69 (70-130) rads: gas filled bowel loops, thickened stomach, lack of detail mid abdomen, possible enlarged sternal lymph nodes, no obvious foreign objects

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE *Urinary System*

10.5 The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small-to-moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

WEIGHT

3.7 kg

The left kidney is normal in size (3.58 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.14 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is borderline small-in-size (3.14 cm in length) with a relatively normal shape. The cortex is hyperechoic relative to the spleen, and thickened, with moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.17 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

IMAGING PERFORMED BY

Melissa Randolph

Adrenal Glands

The left adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Shores VEC

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

REFERRING VET

Lisa Miler

Spleen

The spleen is normal in size (0.76 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.

INVOICE *Liver*

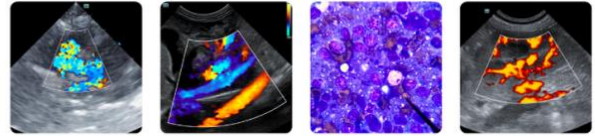
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The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are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

DATE

2-2-26

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.



PATIENT *Gastrointestinal*

Reptar Nhim

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.

SPECIES

Feline

Pancreas

The body left limb of the pancreas is normal-in-size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

DSH

SEX

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Female Spayed

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

AGE

10.5

ULTRASONOGRAPHIC FINDINGS

WEIGHT

3.7 kg

- The urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucus, and/or lipid droplets.
- Minor pancreatic parenchymal remodeling in the left limb
- Bilateral nonspecific age-related renal changes. The bilateral pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), or some combination thereof.

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Medicine)

*An obvious cause for the patient's anorexia is not definitively identified in this study.

IMAGING PERFORMED BY

Melissa Randolph

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the kidney and urinary bladder changes, a urinalysis with a culture and sensitivity are recommended.
- Further diagnostics may be warranted to identify an underlying cause for anorexia.
- In the meantime, symptomatic care is recommended.

HOSPITAL NAME

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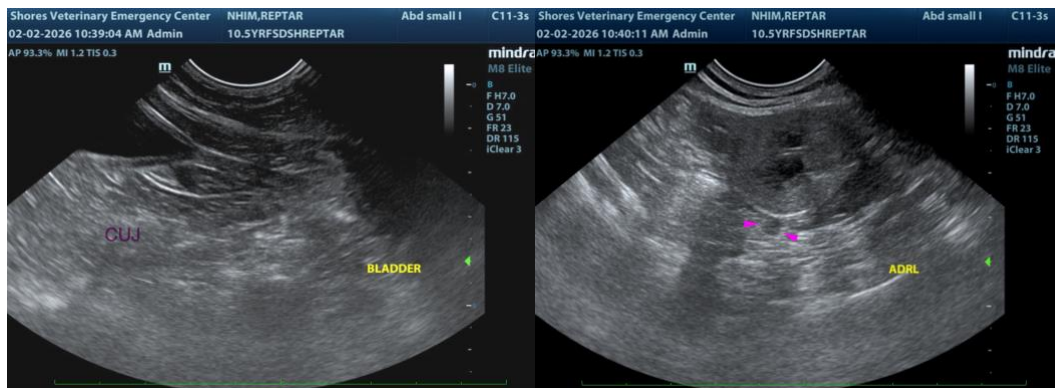
Lisa Miler

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PATIENT

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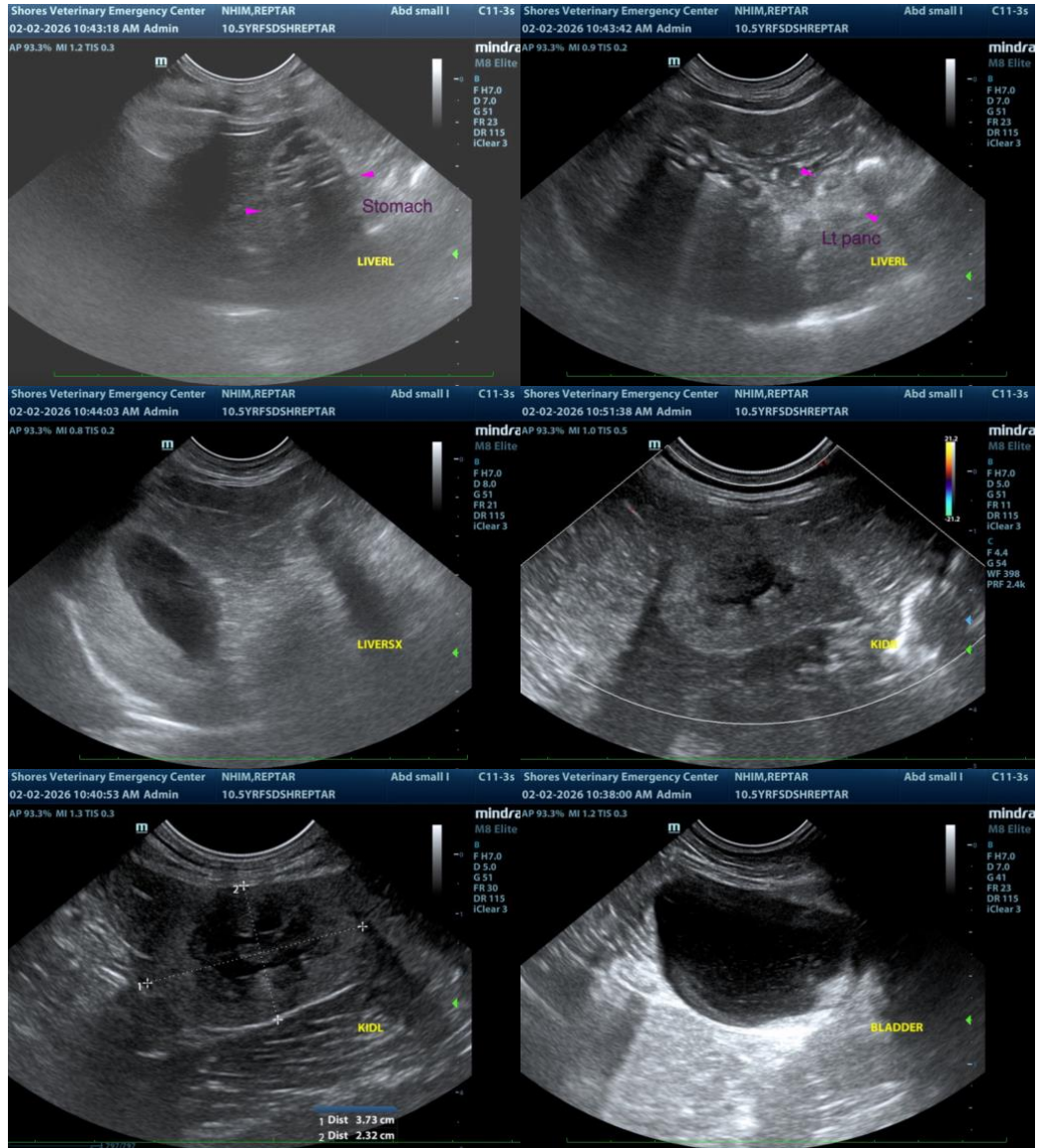
Lisa Miller

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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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