

PATIENT

Creed Uchytel

PRESENTING CLINICAL SIGNS

SPECIES

Feline

History: Presented to ER yesterday 2/20 for lethargy, vomiting for 24 hrs. Current on preventive care, FeLV neg, no history of wayward ingestion.

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: In good coat and slightly thin body condition radiographs: No obstructive pattern, kidneys appear enlarged - Chem BUN 253 CREA 12.6 PHOS 17.9 TP 9.2 GLOB 5.7 K+ 6.5 Cl 105 IV fluids, GI support overnight, some improvement on recheck renal values today, Cr down to 9.9, lytes normal, BUN too high to read on I-stat (yesterdays on different machine had dilution)

SEX

Female Intact

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

7 mo

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.

WEIGHT

2 kg

The left kidney is normal size (4.21 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present (0.11 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. The mesentery effacing the serosal surface of the kidney is hyperechoic.

INTERPRETED BY

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

The right kidney is normal size (4.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present (0.10 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. The mesentery effacing the serosal surface of the kidney is hyperechoic.

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Dr/ Callihan/AEC

Adrenal Glands

HOSPITAL NAME

Animal Emergency Care

The left adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

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The spleen is normal in size (0.70 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

DATE

2/20/22

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



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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.

BREED

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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. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Female Intact

AGE

7 mo

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.

WEIGHT

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Free Abdomen

A small amount of free fluid is visualized. The abdominal lymph nodes are normal/not visible.

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Other

The urine body is visible and is normal in size (0.34 cm in width), No obvious pathology is observed. A 1.25 x 0.77 cm irregular fluid pocket/structure is observed at in the left mid- to caudal abdomen, just caudal to the left kidney.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the patient's acute renal failure is not identified in this study. Given the patient's age and sonographic changes, top differentials include infection, toxicity, infiltrative neoplasia (i.e., lymphoma). The bilateral trace pyelectasia may be secondary to pyelonephritis and/or fluid therapy. Retroperitonitis is present.
- The small amount of ascites may be secondary to increased vascular impermeability, increased hydrostatic pressure (i.e., due to fluid overload), or low oncotic pressure (if applicable).

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Secondary Findings

- The fluid filled structure in the left mid- to caudal abdomen may represent a cystic ovary cyst within the mesentery, other.

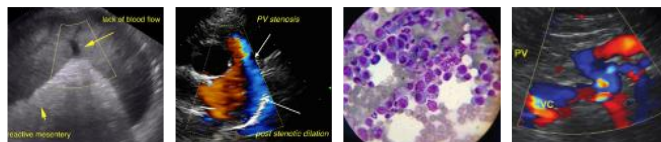
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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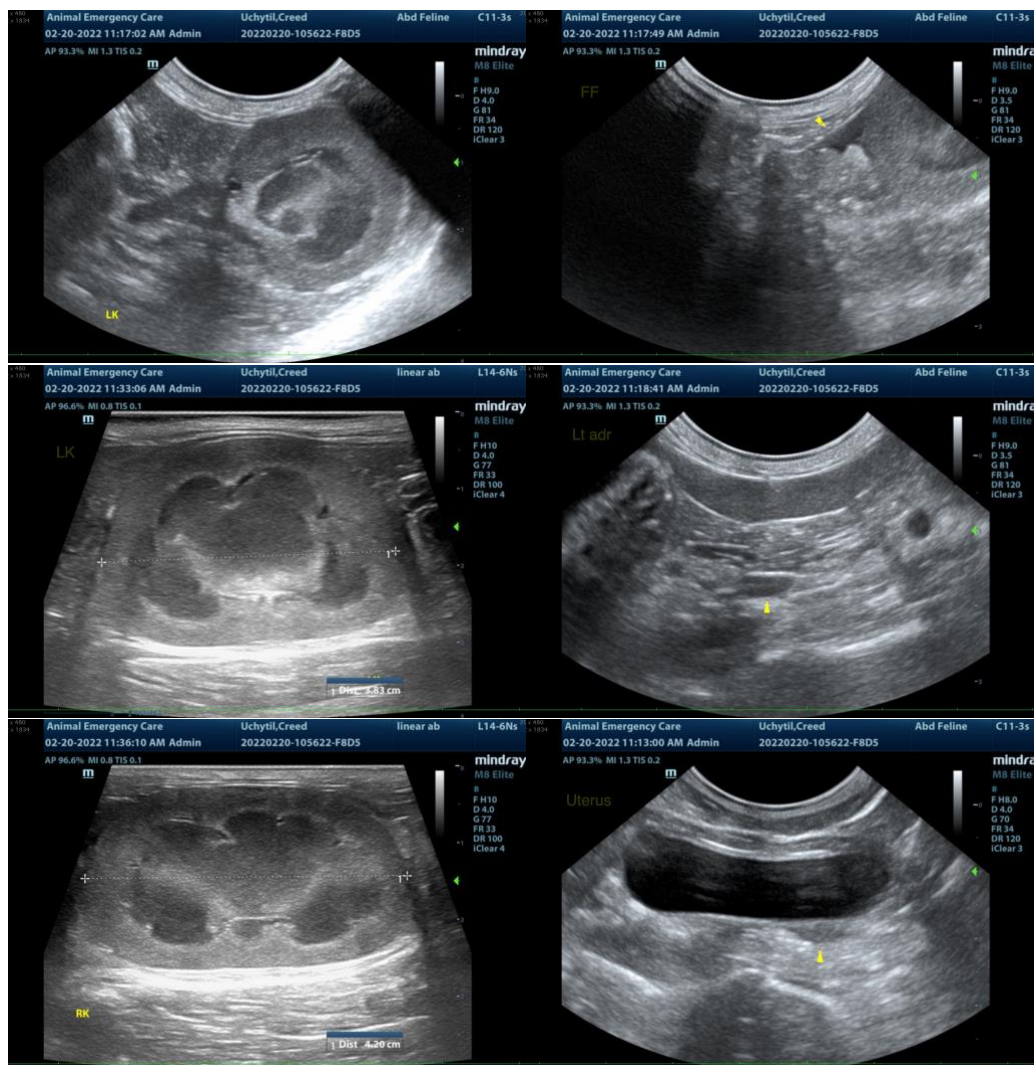
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- Urine culture and sensitivity
- UPC (if proteinuria is present)
- Baseline blood pressure measurement
- Ethylene glycol testing (if exposure is possible)
- IV fluid diuresis along with gastric protectants, antiemetics, pain medication (as needed), and broad-spectrum antibiotic (while awaiting urine culture and sensitivity results) are recommended.
- Consider three-view thoracic radiographs to assess cardiopulmonary status, as this will help better assess if fluid overload is present.





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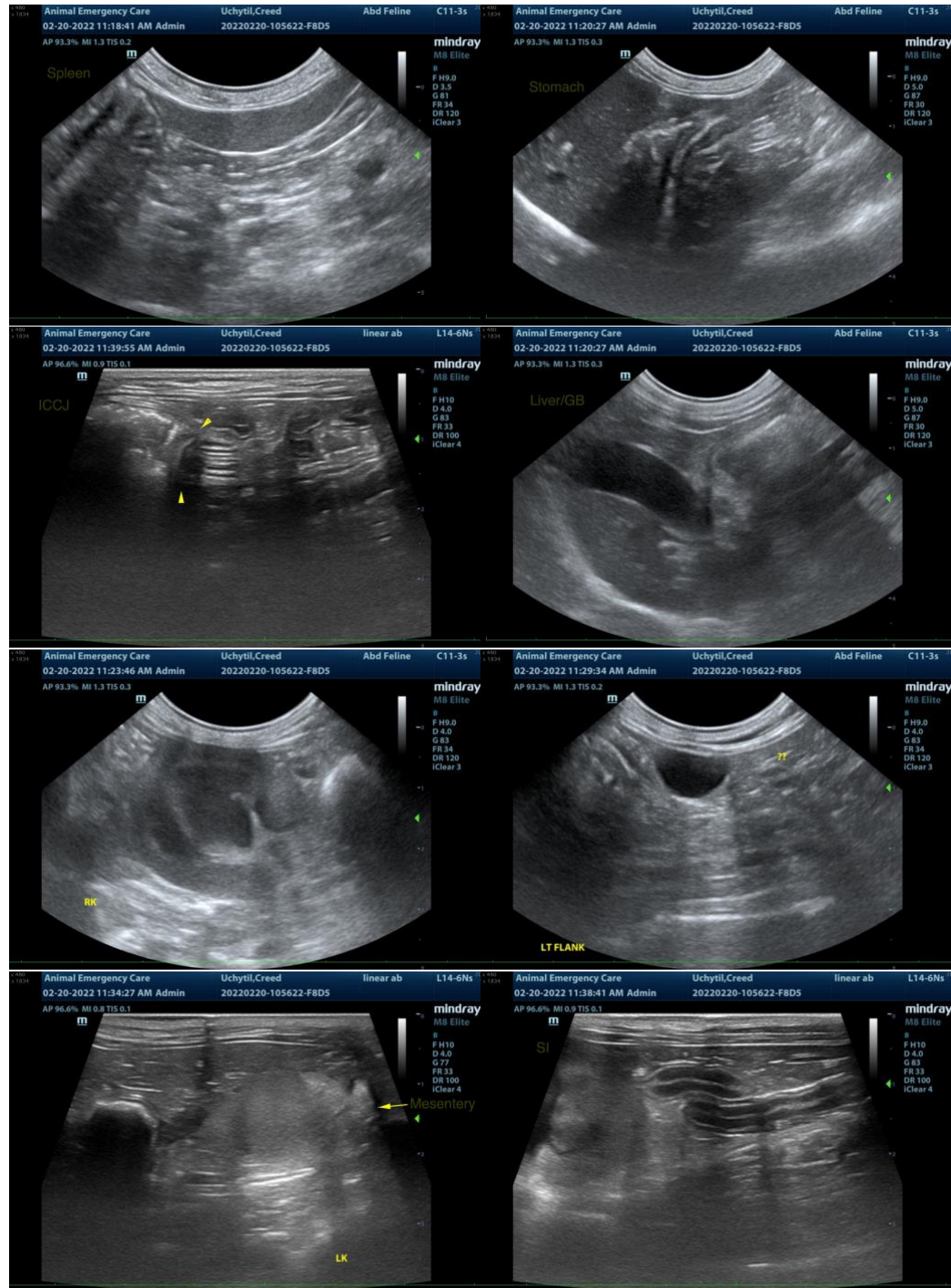
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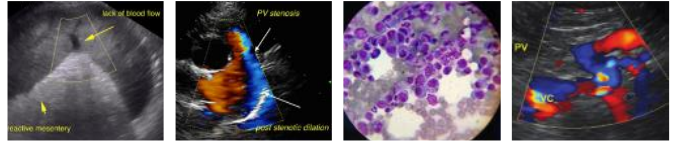
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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