

**DATE PRESENTING CLINICAL SIGNS**

2/27/23

PATIENT

Lucy Nelson

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

1/1/2014

WEIGHT

9.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency
 Hospital

REFERRING VET

Dr. Kalwa

INVOICE

14643

Not eating/ not drinking since past Thursday- hiding - Ear infection few weeks ago - since improved with medication - Losing weight, hiding - Eats fancy feast + temptation treats - sore to touch anywhere ATO in January / February seemed more beside herself, not feeling well. Better vet came out seemed congested, given convenia, given meds 4 ear infection- possible polyp in ear, cleaned both ears, little bloody new pump furnace thought she was upset. Not following owner, seems stressed from another cat- other cat more aggressive for food Sounds sick not eating/ not drinking 3 days, no vomiting, seems more frail, drinking and urinating less, not seeing much stool No bw previously, no medical history- previously seemed healthy. O has 3 cats. Got from nephew ~10 yrs ago- p was an adult at that time- at least 10 yrs of age. Used to be solid now frail. Date: 02-26-2023 Notes: indoor only unsure if tested for FELV/FIV Ok with testing.

Current Medications: Mirtazapine, Doxycycline, Gabapentin, Buprenorphine, Cerenia, Tresaderm, Convenia. Lab Results: globulins 5.4, feline leuk/FIV/heartworm negative, USG 1.048, 1+ proteinuria, hematocrit 23% Date of Previous IntraPet Ultrasound: No previous. Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested. Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder wall is 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. The region of the trigone is normal.

The left kidney is normal size (3.87 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several cortical infarcts are present. Mild pyelectasia is observed (0.26 cm in the transverse plane). There is no evidence of nephroliths or hydroureter. The mesentery surrounding the kidney is mildly hyperechoic.

The right kidney is normal size (4.12 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A few cortical infarcts are present. Trace pyelectasia is observed. There is no evidence of nephroliths or hydroureter. The mesentery surrounding the kidney is mildly hyperechoic.

Adrenal Glands

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

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

Spleen

The spleen is normal in size (0.75 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A large amount of suspended echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta and soft shadowing material. 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 colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

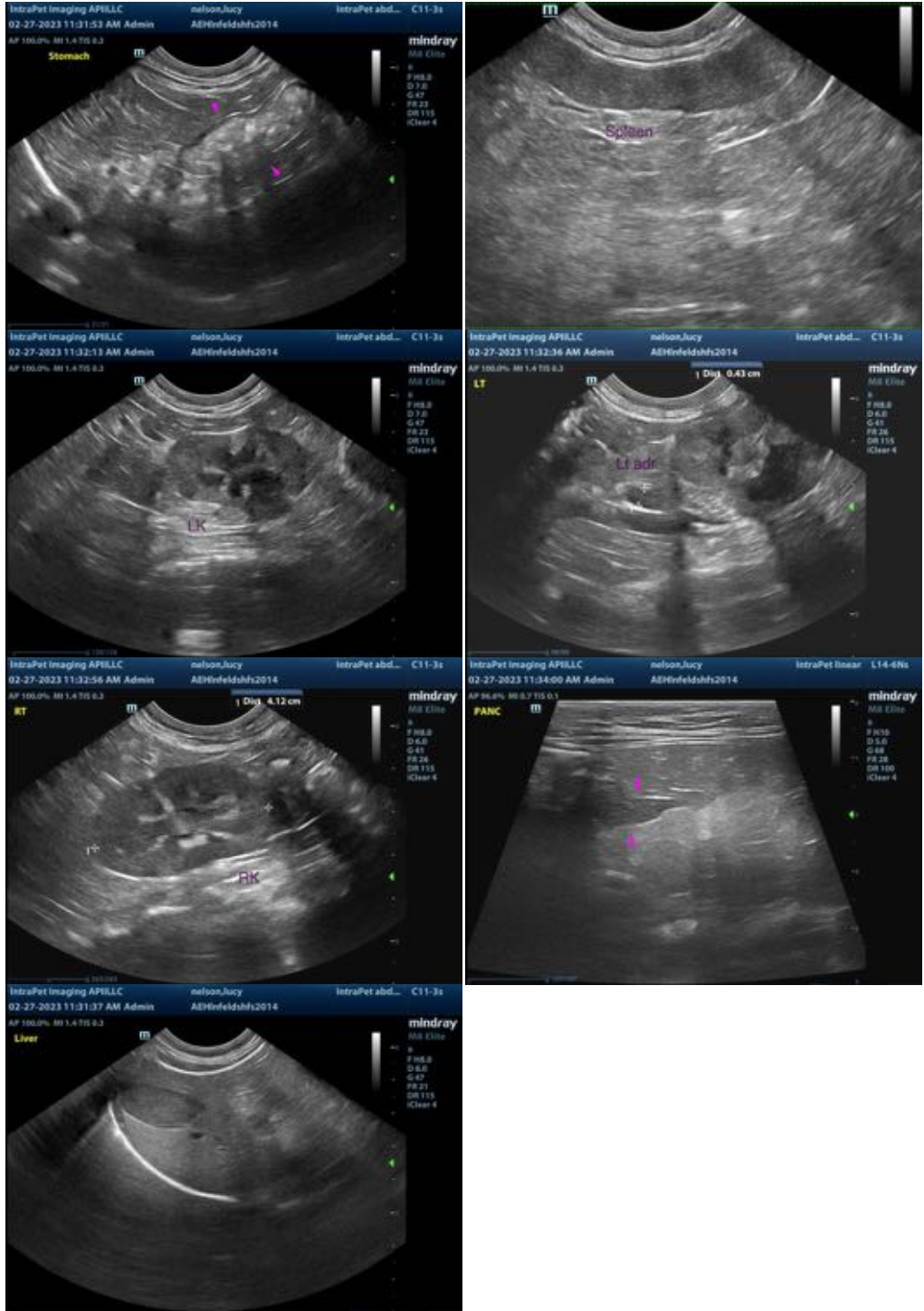
- Bilateral, degenerative renal disease with cortical infarcts and trace to mild pyelectasia. There is evidence of retroperitonitis.

Secondary Findings:

- The gallbladder debris/sludge may be secondary to fasting, cholestasis or a developing mucocele.
- The shadowing material within the gastric lumen is most consistent with a hairball.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the bilateral renal changes and the suspicion of retroperitonitis, a urine culture and sensitivity is recommended to assess for occult pyelonephritis.
- Given the anemia, consider the following:
 1. Three-view thoracic radiographs to assess for occult disease in the chest.
 2. Feline vector borne disease panel.
- Given the weight loss and poor appetite, also consider a fecal evaluation for ova and Giardia and a malabsorption panel including serum cobalamin, folate, TLI and PLI.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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