**PATIENT PRESENTING CLINICAL SIGNS**

Roxie Williams
SPECIES
 Feline
BREED
 Domestic Shorthair
SEX
 Female, spayed
AGE
 13 Yrs.
WEIGHT
 12.08 Pounds

History: Persistent hematuria. Has shown signs of stranguria and pollakiuria. Currently on gabapentin. Cat was treated with Clavamox but had to switch Zeniquin.
 Abnormal PE/Chem/CBC/UA Results: (08/31/2021) CBC/CHEM: WNL. (08/31/2021) T4: 2.4. (11/17/2021) U/A: USG 1.023, pH 6.5, Blood 250, WBC <1, RBC >50. (10/14/2021) Urine Culture: E. coli present. (10/14/2021) U/A: USG 1.026, pH 7.0, Blood 250, WBC >50, RBC 35. (09/28/2021) U/A: USG 1.022, pH 5.0, Blood 250, WBC <1, RBC 31. (08/31/2021) U/A: USG 1.031, pH 8.0, Blood 250, WBC <1, RBC 8.

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. A scant amount of suspended echogenic debris is observed within the lumen. 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 normal size (3.63 cm in length); normal shape and architecture with 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 (0.26 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.91 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A cortical infarct is observed at the cranial aspect. A non-obstructive nephrolith is also seen. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.78 cm length; 0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.13 cm length; 0.52 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.91 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 scant amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile
 Veterinary Ultrasound

HOSPITAL NAME

Silver Spring AH

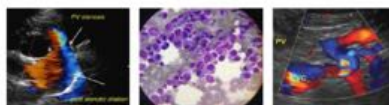
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Dr. Cathy Jarrett

INVOICE

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DATE***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 is normal to mildly thickened (up to 0.35 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. 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

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

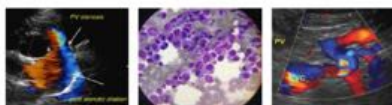
ULTRASONOGRAPHIC FINDINGS

- Bilateral, degenerative renal changes with left pyelectasia and a right cortical infarct and non-obstructive nephrolith.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Updated baseline labwork including a CBC chemistry panel and T4 is recommended, if not already performed in the past few weeks.
- Further recommendations should be based on these results as well as the urinalysis and urine culture results that are pending.





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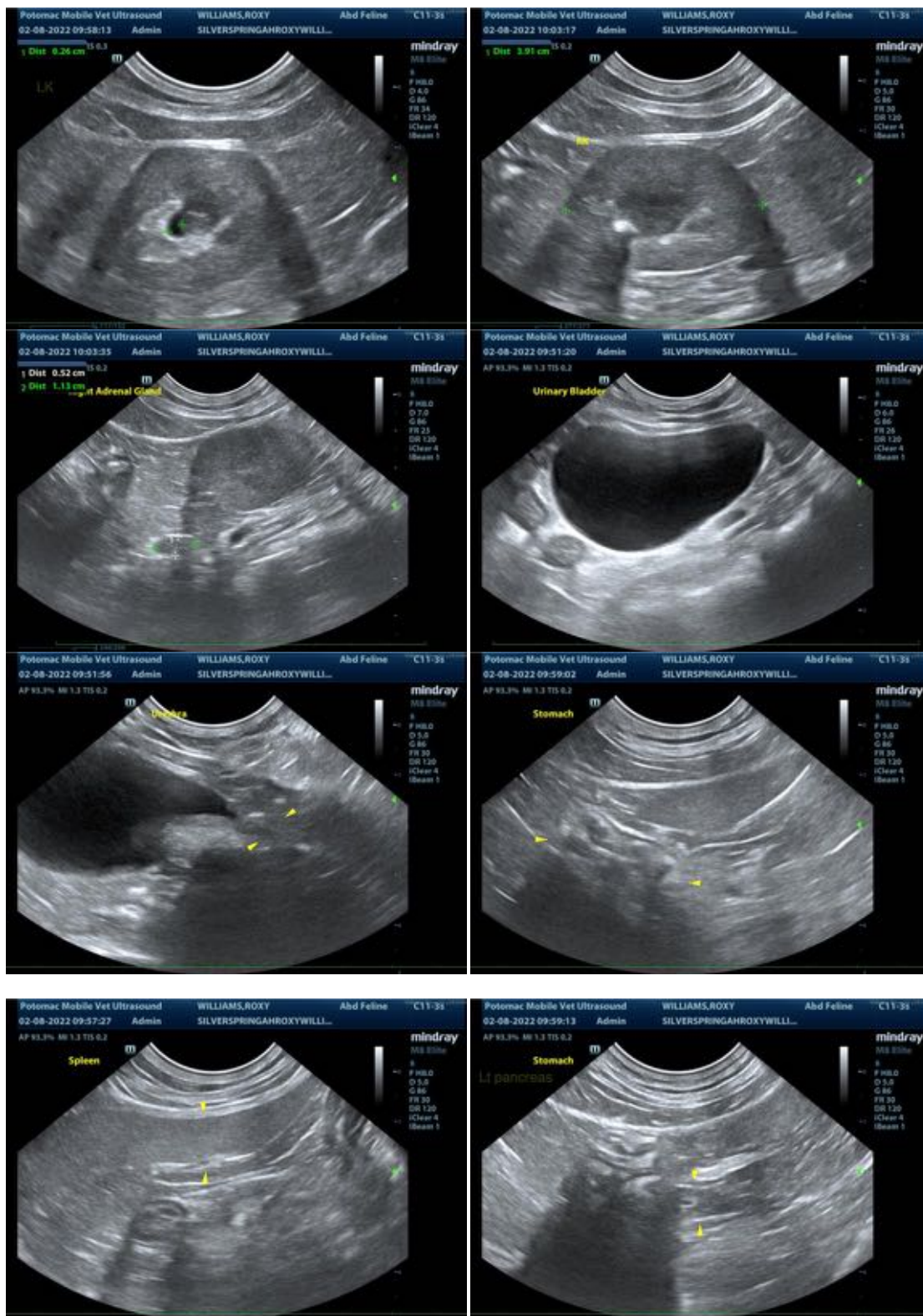
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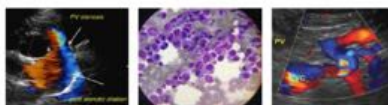
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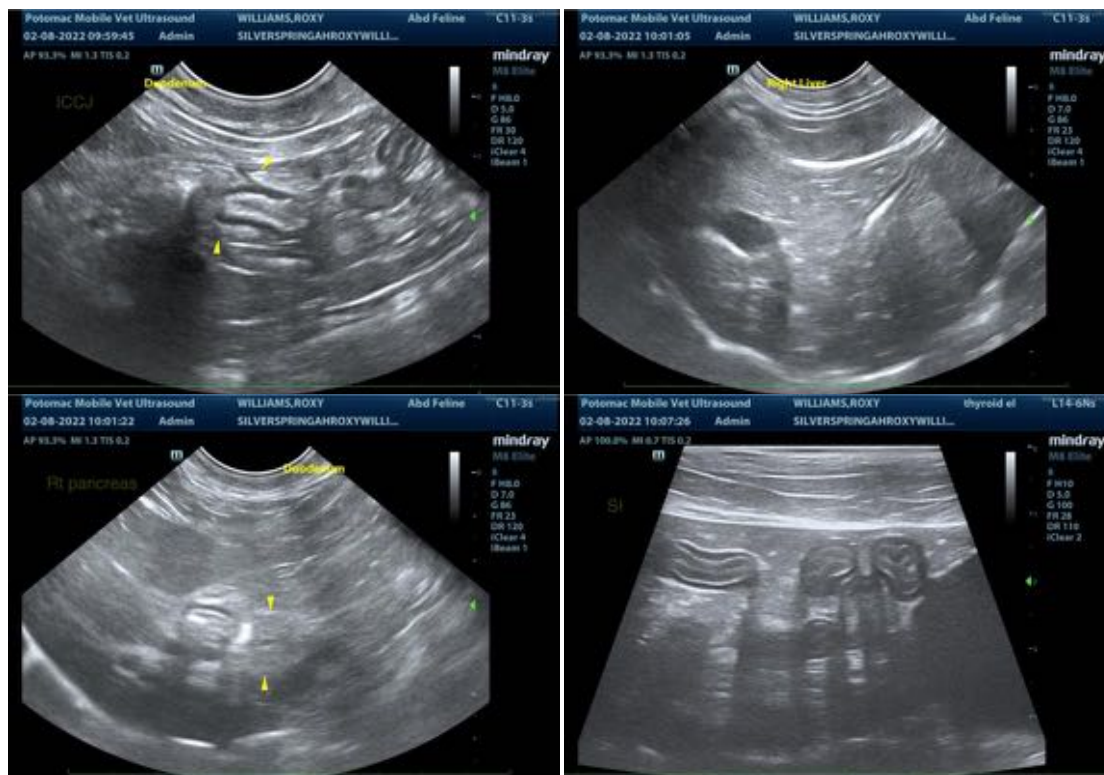
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com

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