



PATIENT PRESENTING CLINICAL SIGNS

Gypsy Darling History: inappropriate urination suspect decreased urethral tone vs other

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Feline The urinary bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra (visible to a depth of 1-2 cm) are normal.

BREED

DSH The left kidney is normal in size (3.20 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

SEX

Spayed Female The right kidney is normal in size (3.24 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

3 years *Adrenal Glands*
The region of the adrenal glands is evaluated. No obvious pathology is observed.

WEIGHT *Spleen*

6.3 lbs 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.

INTERPRETED BY

Andrea Nicastro, DVM,
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Animal Internal Medicine*)

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.

IMAGING PERFORMED BY

Jenn

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Rockaway AH

Gastrointestinal

The gastric lumen is minimally fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

REFERRING VET

Dr Ascot

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.

INVOICE

12429

Free Abdomen

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

DATE

3.16.23

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Minor urinary bladder debris

Secondary Findings

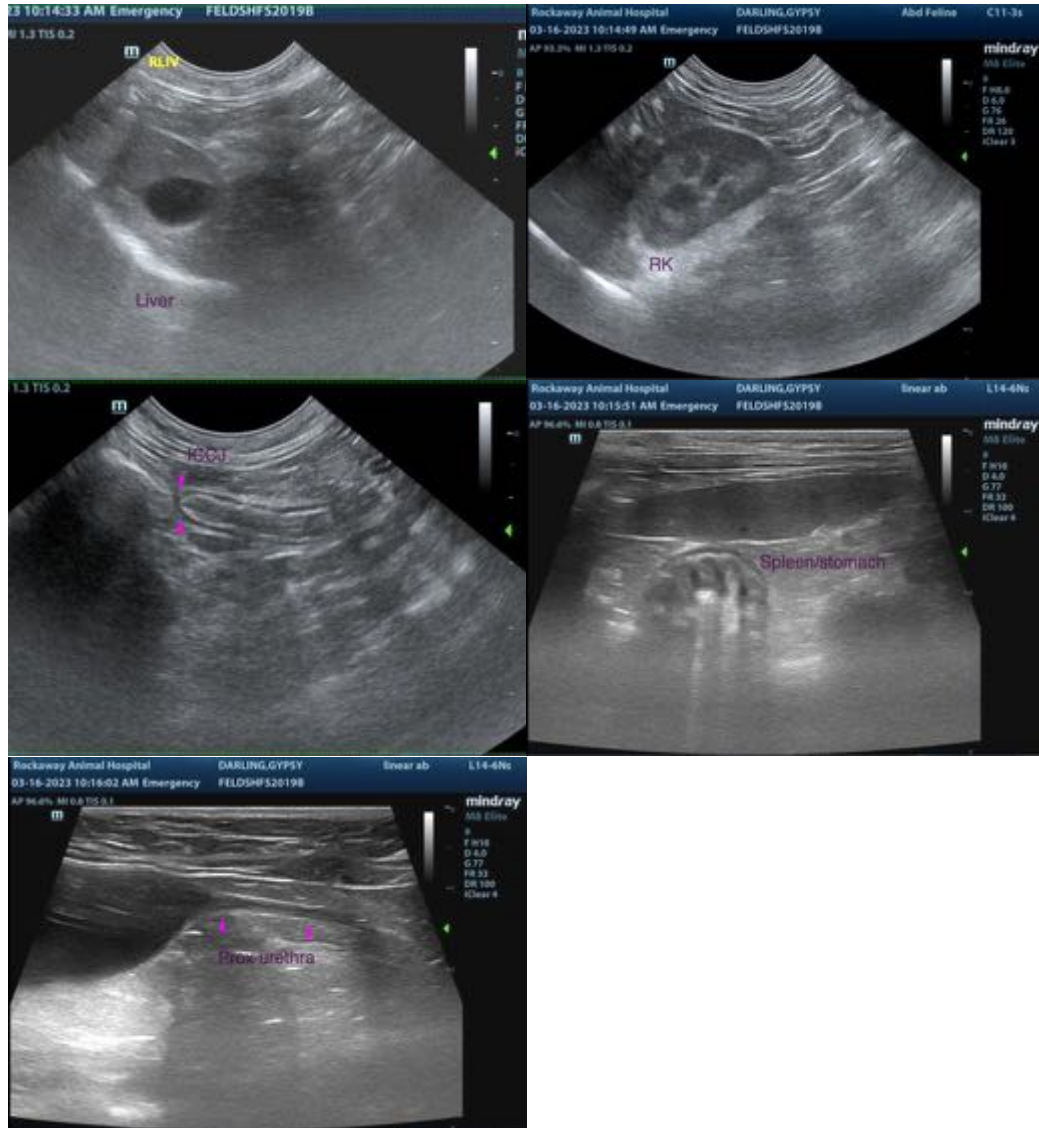
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma. However, correlation with the patient's clinical history is recommended.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include urinary tract infection, underlying metabolic issue, primary neurologic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function.
- A urine culture and sensitivity should also be considered.
- Depending on the results of the above diagnostics, further work-up may be warranted.





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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