



PATIENT

Sophie Heil

PRESENTING CLINICAL SIGNS

History: weight loss/hyporexia/lethargy hx - UTIs, FORLs

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Chemistry ALT 23 (27-158) ALP 7 (12-59) Amylase 3105 (623-2239); was 2834 T4 2.2 (0.8-4.7) CBC WBC 21.4 (3.9-19) RBC 7.09 (7.12-11.46) Platelet 81 (155-641) **d/t clumping Neutrophils 15365 (2620-15170) monocyte 3702 (40-530) UA USG 1.026 pH 7 trace blood 1+ protein no bacteria, no crystals, no glucose fPL 9.9 (0-3.5); was 9.9 previously (in 11/2021)

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

14 years

The left kidney is normal size (3.38 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is a poor corticomedullary distinction. Trace pyelectasia is present (0.16 cm in the transverse plane). There is no evidence of nephroliths or hydroureter.

WEIGHT

11.5 lbs

The right kidney is normal size (4.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Christina Sitton

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

HOSPITAL NAME

Sherwood Family Pet
Clinic

Spleen

The spleen is normal in size (0.92 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.

REFERRING VET

Dr. Christina Sitton

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.

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The gall bladder 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.

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3/17/22



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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. No obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is visible, but not overtly dilated (0.17 cm in diameter). 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 evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral degenerative, age-related renal changes.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the history of urinary tract infections, consider a urine culture and sensitivity to assess for occult pyelonephritis. Other diagnostic considerations include:

1. Chest x-rays (three-view), to assess for occult disease in the thorax.
2. Malabsorption panel including serum cobalamin, folate, TLI and PLI
3. Fecal evaluation for ova and Giardia
4. A thorough neurologic examination, as weight loss and reduced appetite can occasionally be symptoms of brain tumors.

Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical), may be necessary to get a definitive diagnosis.



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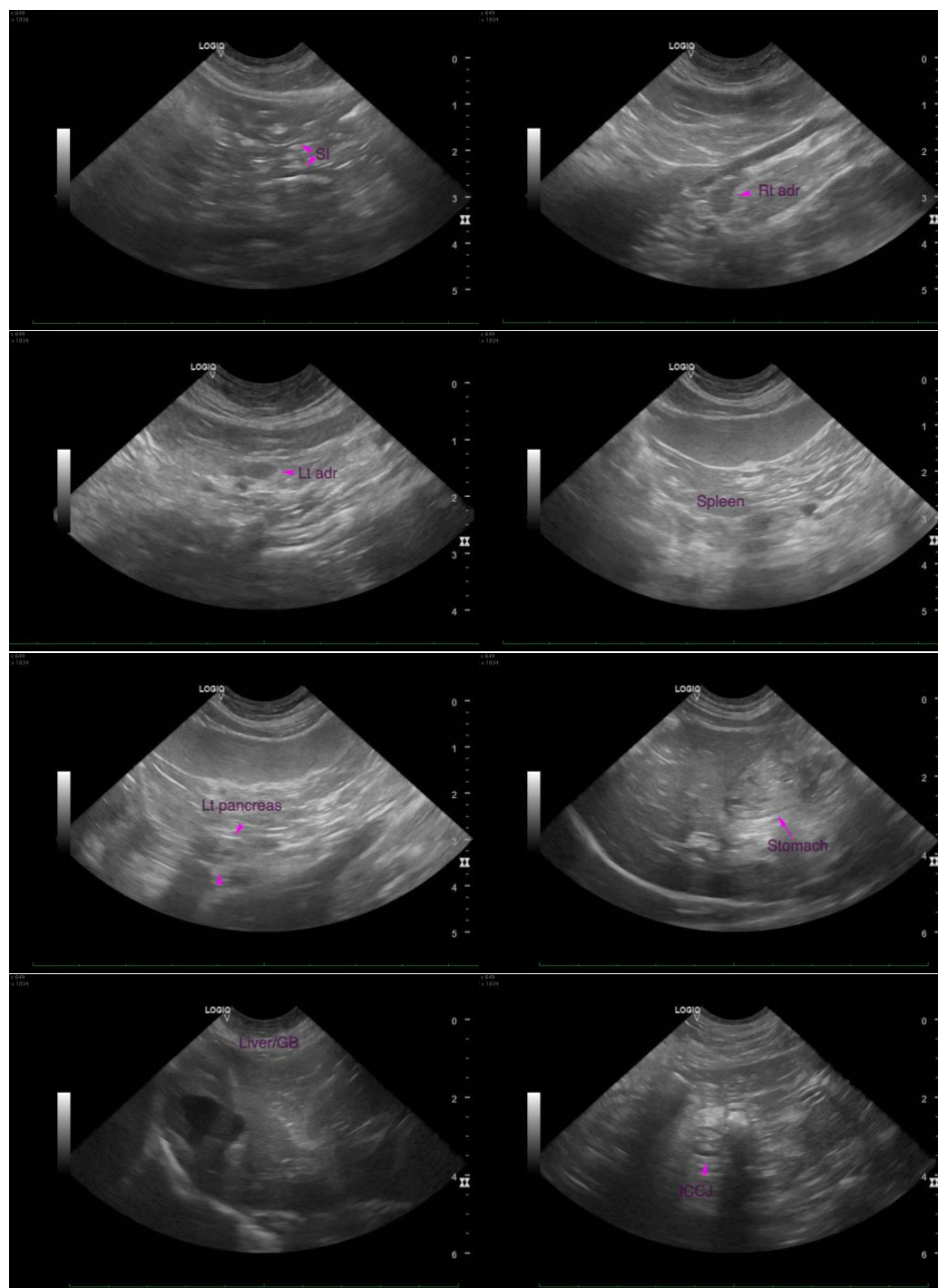
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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