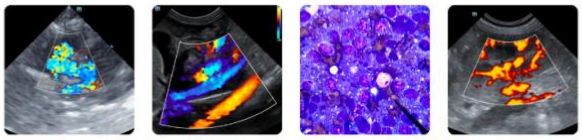


DATE

3-23-26

PATIENT

Abby Domino

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

9/8/2010

WEIGHT

9.3lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VCA Columbia Centre Park

REFERRING VET

Dr. Stefan

INVOICE

22725

PRESENTING CLINICAL SIGNS

Patient History: Urinary tract infection without full resolution. First diagnosed Early January, treated based on culture with marbofloxacin at 2.75mg/kg SID x 10 days. Recheck culture in February found continued bacteriuria with increased leukocytosis and worsening azotemia. Treated with Marbofloxacin (again based on culture) at 5.5mg/kg daily x 21 days. Culture results this week found improved WBC, but continued azotemia and bacteriuria.

Current Medications: Marbofloxacin 2.75mg/kg q24 hours x 10 days (12/30-1/8), Marbofloxacin 2.75mg/kg q12 hours (p vomited when given 5.5mg/kg SID) x 21 days (2/5-2/25)
Labwork Results: Labwork attached, reported as: July 2025- Bun 57 (14-36), Creat 1.3 (0.6-2.4). Jan 4- WBC 21.0 (3.5-16), BUN 52 (14-36), Creat 2.1 (0.6-2.4). UA/MIC 26-50 rods/HPF: enterobacter cloacae - sensitive to Marboflox (10-day course started 12/30). Feb 5- WBC 27.2 (3.5-16), BUN 63 (14-36), Creat 2.4 (0.6-2.4)
UA/MIC >100 rods/HPF: enterobacter hormaechei - sensitive to Marboflox (21-day course started 2/5). March 19- WBC 15.8 (3.5-16), BUN 70 (14-36), Creat 2.2 (0.6-2.4). UA/MIC >100 rods: enterobacter hormaechei - sensitive to Marboflox
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic.
Stat Report: Approved.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.69 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate- to severe loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (2.45 cm in length) with a relatively normal shape. There is a normal 1:3 cortex to medulla ratio with moderate- to severe loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

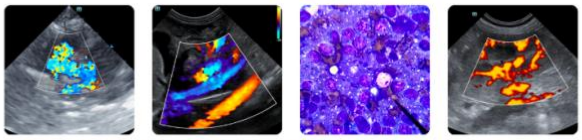
The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.77 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 peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.4 x 1.1 cm septated cystic nodule is observed on the left side. The remaining



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parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is moderately distended. The wall is normal in thickness. A moderate amount of aggregated, echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are tortuous/dilated (up to 0.70 cm). Echogenic debris is observed within the lumen. The duodenal papilla is normal-in-size (0.31 cm in width).

Gastrointestinal

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 borderline thickened (up to 0.27 cm) with retention of the normal layering pattern. There is an increase in mucosal echogenicity in some segments. In addition, there is slight submucosal thickening in some regions. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

One- to two prominent sublumbar lymph nodes are visualized (the largest measuring 1.29 x 0.32 cm). A few prominent mesenteric lymph nodes are also seen (one measuring 1.32 x 0.38 cm).

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic renal changes with trace left pyelectasia and mild right renal atrophy. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable), or some combination thereof.

Secondary Findings

- Minor pancreatic parenchymal remodeling
- The small intestinal wall changes could be consistent with an inflammatory enteropathy or may be a normal variant for this patient. Correlation with the patient's clinical history is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Cystic/common bile duct distention with debris. These changes could be consistent with cholangitis. Correlation with the patient's clinical history is recommended.
- The left cystic hepatic nodule likely represents biliary cystadenoma or cystadenocarcinoma.

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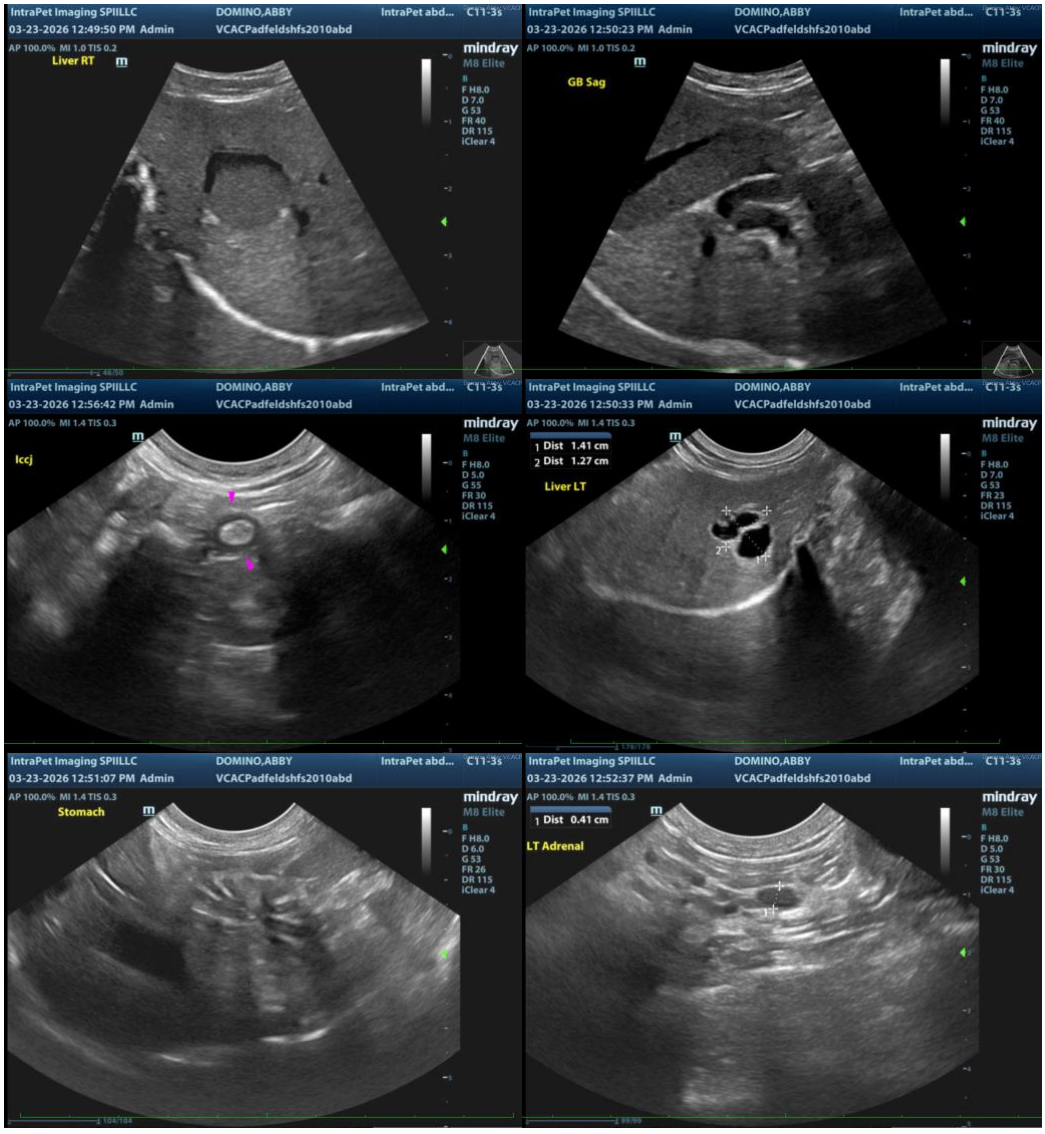
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

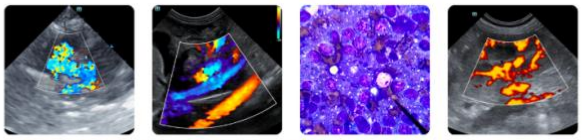
- Given the patient's clinical history, consider a prolonged antibiotic course (i.e., 3-4 weeks) with a recheck urine culture midway through the treatment regimen, and again 5-7 days after the last dose.
- Cranberry supplementation may also prove beneficial.
- Consider the use of baby wipes around the perianal region following bowel movements to reduce bacterial load.
- Serial monitoring of the patient's renal values is recommended to assess progression of the azotemia.
- Also consider a prescription renal diet, if the patient will tolerate it.



Imaging performed by

IntraPet Imaging

IntraPet.com



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SonoPath.com info@sonopath.com 1.800.838.4268

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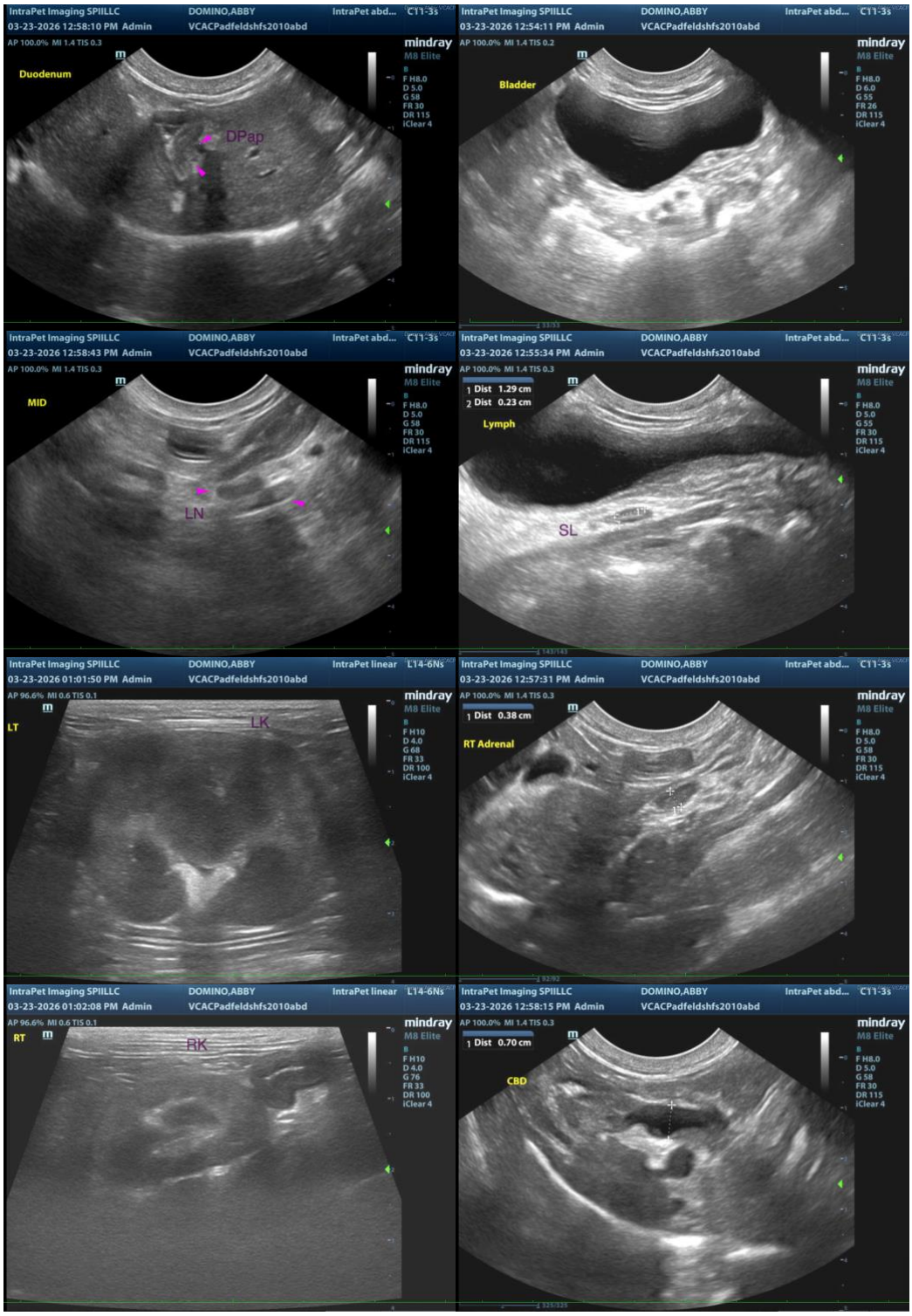

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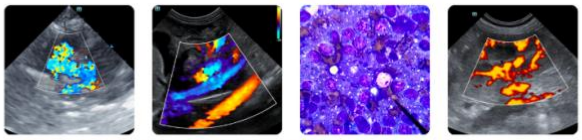

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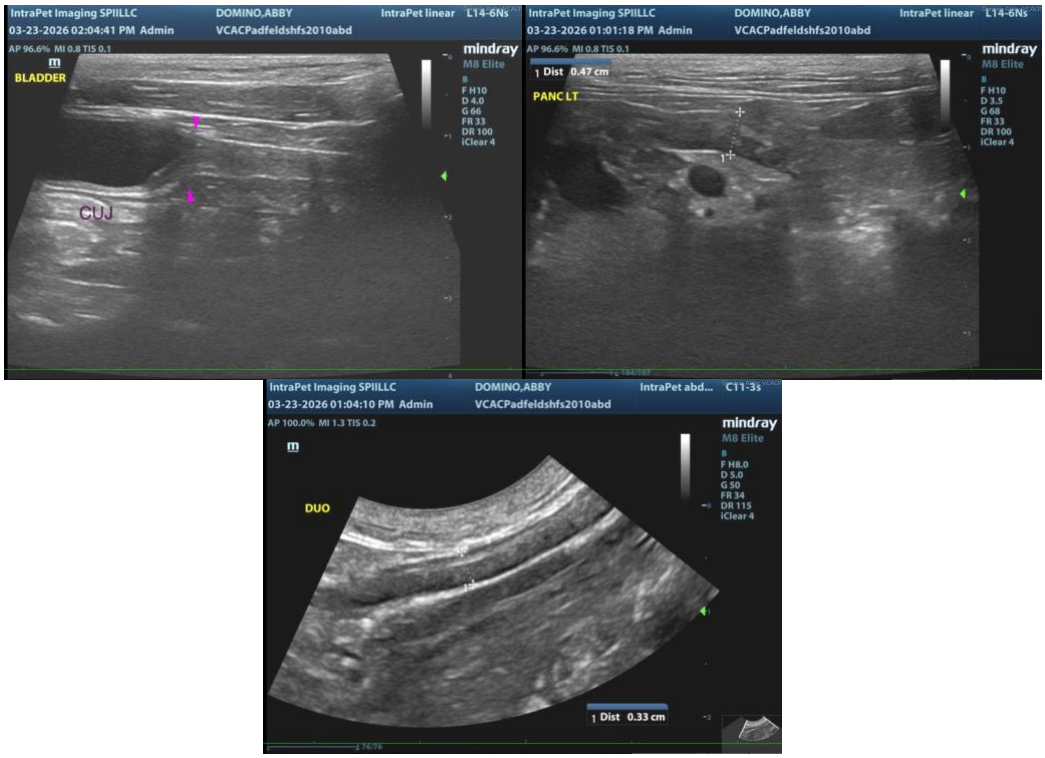

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com