



**PATIENT**

Max Lindsay

**PRESENTING CLINICAL SIGNS**

History: He will intermittently urinate in the sink. UA results- dilute urine SG 1.015, with hematuria 50-75/hpf(free catch), Ph 5.5. Bloodwork NSF. Culture pending.

**SPECIES**

Feline

**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. 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 the visible portion of the proximal urethra are normal.

**BREED**

Domestic mediumhair

**SEX**

Male, neutered

The left kidney is normal size (3.93 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and isoechoic relative to the spleen and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

13 Yrs.

The right kidney is normal size (3.74 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and isoechoic relative to the spleen and there is moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.14 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

12.5 lbs.

*Adrenal Glands*

The left adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

The right adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Dr. Sheldon

*Spleen*

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. Several small hyperechoic nodules are observed throughout the organ, the largest measuring 0.42 cm in diameter. Splenic vasculature is normal.

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Oakland

*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 gallbladder 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.

**REFERRING VET**

Dr. Sheldon

*Gastrointestinal*

The gastric lumen is mildly distended with ingesta. 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. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in several segments.

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Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

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**Pancreas**

**SPECIES**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Feline

**BREED**

**Free Abdomen**

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

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**ULTRASONOGRAPHIC FINDINGS**

**AGE**

13 Yrs.

**Primary Findings:**

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis. The right pyelectasia could be secondary to pyelonephritis, age-related remodeling, PU/PD (if applicable) or some combination thereof.
- The urinary bladder debris could be consistent with cells, crystals, exfoliated material and/or lipid droplets.

**WEIGHT**

12.5 lbs.

**Secondary Findings:**

- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas) with a lower possibility of emerging neoplasia (i.e., mast cell disease).
- Bowel pattern consistent with inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.

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(*Small Animal Internal  
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\*An obvious cause for the hematuria and dysuria is not identified in this study. Considerations include urinary tract infection, feline idiopathic cystitis, benign essential renal hematuria, coagulopathy, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Baseline labwork including a CBC chemistry panel and T4 is recommended to assess overall metabolic function.
- While awaiting urine culture and sensitivity results, consider initiation of broad-spectrum antibiotic therapy. If urine culture results are negative, empirical treatment for feline idiopathic cystitis should be considered.

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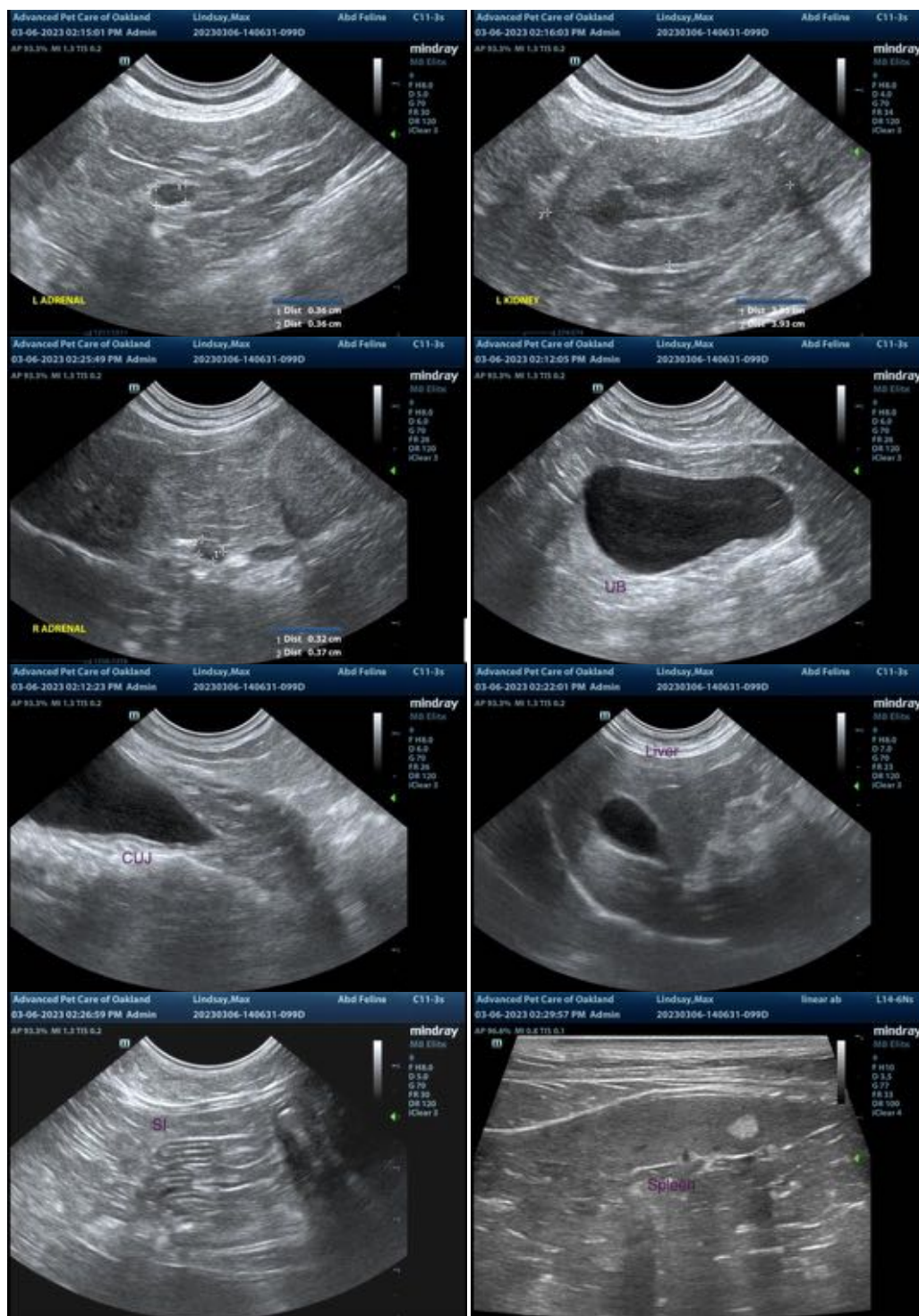
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Max Lindsay

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

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