



DATE	PRESENTING CLINICAL SIGNS
4/15/2022	P was a chronic vomiting cat. Since November no vomiting. O has been feeding different OTC diets and P has been ok until the last couple of weeks. P will vomit 20 minutes after eating breakfast. No vomiting after dinner. No known foreign body ingestion.
PATIENT	
Miss Crone Ondayko	Current Medications: None. Date of Previous IntraPet Ultrasound: 11/5/21. See attached. Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested.
SPECIES	
Feline	Imaging Performed By: Andi Parkinson, RDMS.
BREED	
DSH	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
Spayed Female	The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A small 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.
AGE	
5/25/2018	The left kidney is normal in size (3.46 cm in length); with an irregular shape There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Cortical infarcts are visualized. A small cortical cyst is observed at the cranial aspect. There is no evidence of pyelectasia, nephroliths or hydroureter.
WEIGHT	
11.3 lbs	The right kidney is normal in size (3.62 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.
INTERPRETED BY	
Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)	Adrenal Glands
HOSPITAL NAME	The left adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
Timonium Animal Hospital	The region of the right adrenal gland is evaluated. No obvious pathology is observed.
REFERRING VET	Spleen
Dr. Falkowski	The spleen is normal in size (0.83 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.
INVOICE	Liver
10759	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. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

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.

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

Primary Findings

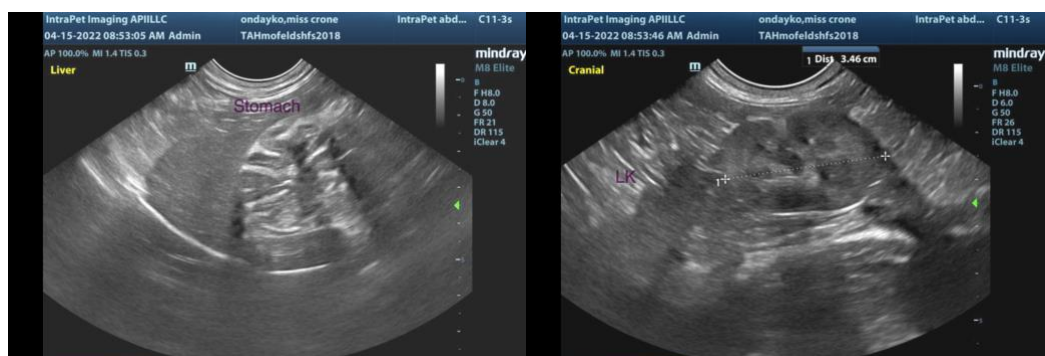
- Bilateral chronic nephropathy with left cortical infarcts and right dystrophic mineralization. Changes are similar to the previous sonogram.
- The remainder of the abdomen is unremarkable.

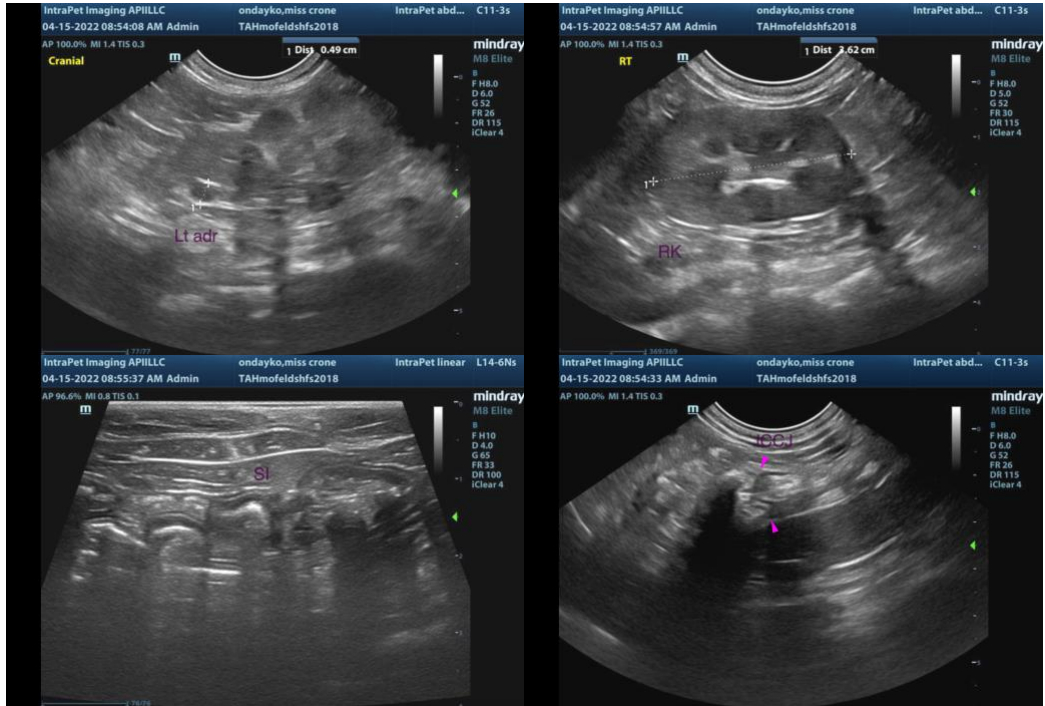
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If vomiting recurs, consider the following diagnostics/therapeutics:

1. GI panel (i.e., serum cobalamin, folate, TLI and PLI)
2. Three-view thoracic radiographs to assess for occult esophageal disease
3. Fecal evaluation for ova and Giardia
4. Six-week hypoallergenic diet trial
5. +/- GI biopsies (i.e., endoscopic, or surgical)

Given the renal changes, a urine culture and sensitivity, UPC (if proteinuria is present), baseline blood pressure measurement and prescription renal diet should be considered, if not already performed.





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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