



**PATIENT**

Splendid Rowe

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

11

**WEIGHT**

17 lbs

**INTERPRETED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Dunes VC

**REFERRING VET**

Dr Danny Soileau

**INVOICE**

22853

**DATE**

4-9-26

**PRESENTING CLINICAL SIGNS**

Patient presented to the ER last week for vomiting blood and diarrhea, as well as an uncontrolled urinary bladder. Has a history of a heart murmur. Patient was treated with supportive care and is clinically improved. Radiographs from the ER revealed kidney and bladder stones. Lab-work yesterday showed slight hypocalcemia at 8.8. T4 normal. Mild monocytosis. SDMA normal.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of gravity-dependent mineralized sand +/- tiny, cystic calculi are observed within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is prominent- to enlarged in-size (4.73 cm in length) with smooth peripheral contours. The cortex is variably thickened with moderate loss of corticomedullary distinction. Nonobstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal perfusion appears reduced.

The right kidney is borderline small-in-size (3.16 cm in length) with a slightly irregular shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. Mild- to moderate pyelectasia is present (0.36 cm in the transverse plane). Several nonobstructive nephroliths are visualized. There is no evidence of hydroureter. Renal vasculature appears reduced.

**Adrenal Glands**

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

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

**Spleen**

The spleen is normal in size (0.91 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 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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is mildly- to moderately-distended. A bilobed conformation is suspected. The wall is normal in thickness. A scant amount of echogenic debris is observed within the lumen. Luminal contents are anechoic. The cystic and common bile ducts are visible but not overtly dilated. The duodenal papilla is normal-in-size (0.33 cm in width).

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly- to moderately distended with ingesta and hypoechoic non-shadowing bodies. 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 gas and chyme. The small intestinal wall thickness is



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normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are 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.

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**Free Abdomen**

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

**Other**

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral nonspecific age-related renal changes with nonobstructive nephrocalcinosis and right pyelectasia. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable), or some combination thereof. Bilateral age-related renal changes are also present. The left renomegaly may be secondary to compensatory hypertrophy (i.e., due to right renal atrophy), interstitial nephritis, pyelonephritis, other.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's long-term clinical history is recommended.
- Urinary bladder sand +/- tiny cystic calculi

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the history of urinary signs, a urinalysis with a culture and sensitivity (preferably performed once the antibiotics have worn off) are recommended.
- Regarding the urinary bladder sand +/- tiny calculi, a cystotomy with stone removal, analysis and culture can be considered. If pursued, an echocardiogram is recommended prior to anesthesia given the history of a heart murmur. If a more conservative approach is desired, consider an attempt at medical dissolution.
- Regarding the GI signs, if they recur, consider further work-up (i.e., fecal evaluation, GI panel +/- GI biopsies).



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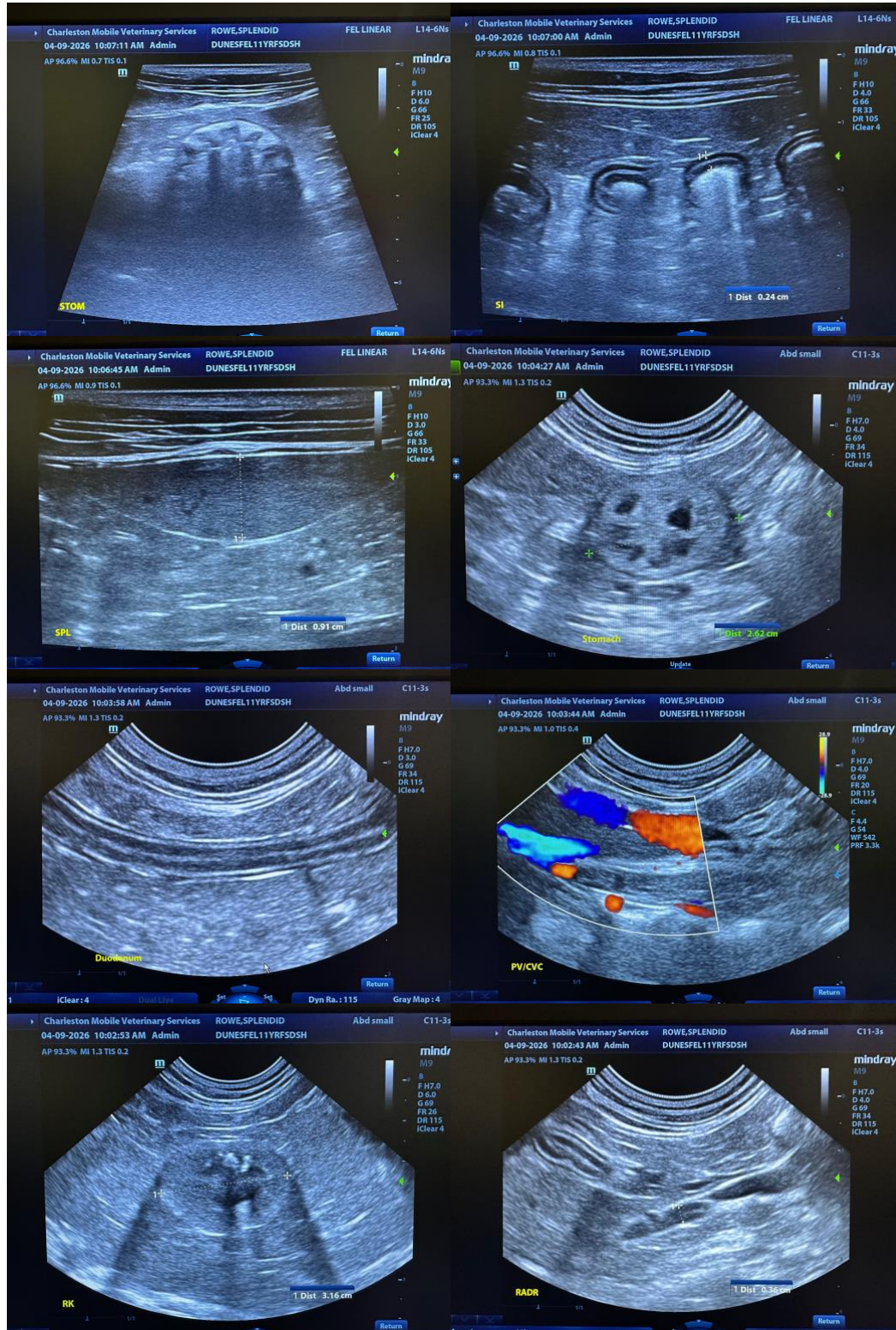
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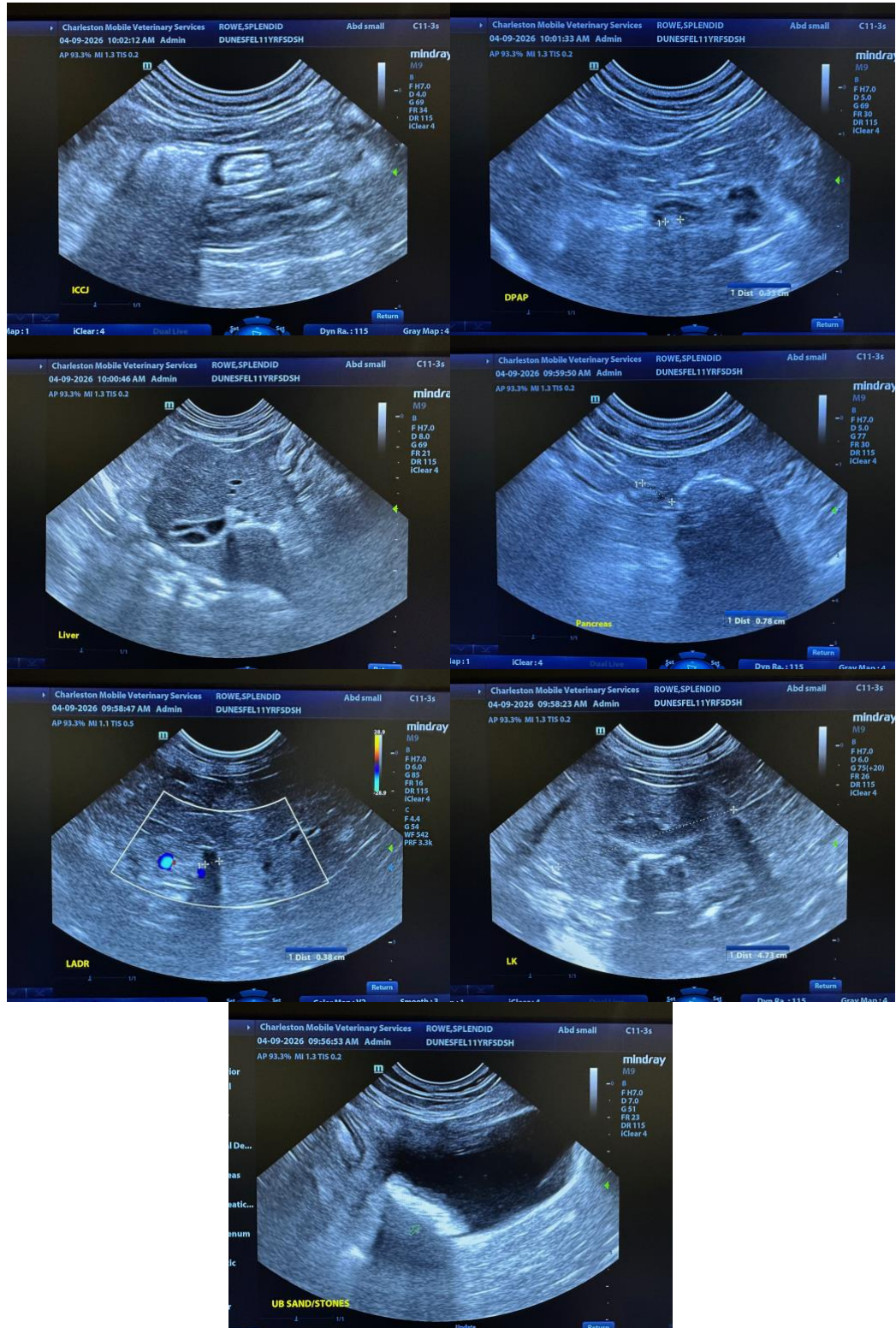
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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[info@SonoPath.com](mailto:info@SonoPath.com)

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