



PATIENT

Mabel Feeny

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

13 Yrs. 10 months

WEIGHT

8.12 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Ashley Fatzner

HOSPITAL NAME

Andover AH

REFERRING VET

SVB

INVOICE

13340

DATE
5/10/22

PRESENTING CLINICAL SIGNS

History: previous hx of increased kidney values and heart murmur
Abnormal PE/Chem/CBC/UA Results: PE: III/VI parasternal apical systolic murmur, otherwise wnl
CBC: WNL CHEM: BUN47, creat 2.5 UA: cocci, wbc 2-3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is small in size (2.32 cm in length) with an irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.84 cm in length) with a slightly irregular shape. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.58 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.

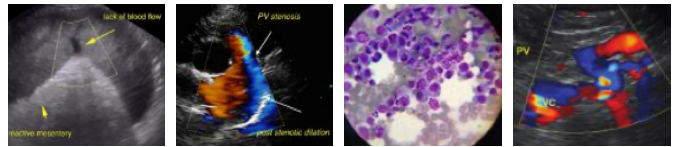
Liver

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. 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/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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 colonic wall is normal. No obstructive disease is noted.

Pancreas



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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.

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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

- Bilateral, chronic age-related renal changes with dystrophic mineralization. The right kidney appears more severely affected relative to the left kidney.

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Female, spayed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Urine culture and sensitivity.
- UPC (if proteinuria is present).
- Baseline blood pressure measurement.
- Transition to a prescription renal diet, if the patient will tolerate it.
- Serial monitoring (i.e., every 2-3 months) of the patient's renal values and blood pressure are recommended to assess for progression of disease.
- Thoracic radiographs should also be considered to assess cardiopulmonary status, particularly if fluid therapy is to be initiated at any point.

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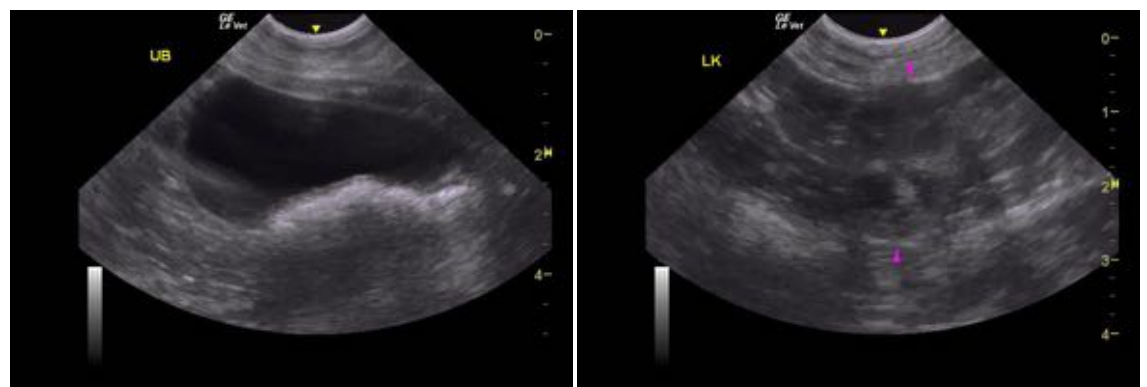
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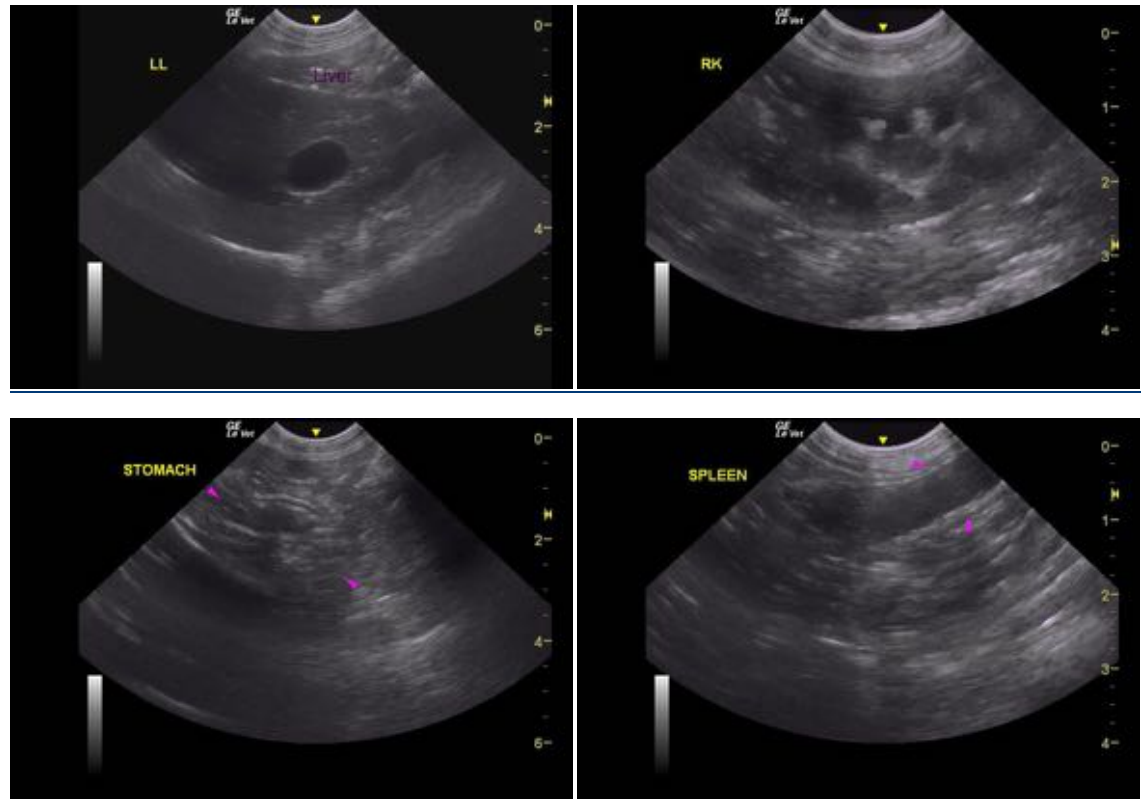
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com