



PATIENT PRESENTING CLINICAL SIGNS

Flame Ball History: Hasn't defecated in 5 days anorexia lethargy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Feline

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

BREED

Siamese

The left kidney is normal size (3.92 cm in length) with an irregular shape. The cortex is variably thickened and heterogeneous with moderate loss of corticomedullary distinction. Cortical infarcts are suspected at the cranial and caudal poles. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

SEX

Female, spayed

The right kidney is normal size (3.75 cm in length) with a slightly irregular shape. The cortex is mildly heterogeneous in appearance. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild pyelectasia is present (0.34 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal.

AGE

15 Yrs.

WEIGHT

15.7 lbs.

Adrenal Glands

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

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
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Spleen

The spleen is normal in size (0.98 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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

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 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. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

REFERRING VET

Dr. Maniar

INVOICE

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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.

DATE

5/3/23



PATIENT

Flame Ball

Free Abdomen

SPECIES

Feline

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

BREED

Siamese

ULTRASONOGRAPHIC FINDINGS

- Bilateral, chronic nephropathy with dystrophic mineralization and pyelectasia.
- Trace ascites.
- Urinary bladder debris.

SEX

Female, spayed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

15 Yrs.

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function. If underlying metabolic disease exists, this may be causing or contributing to the patient's constipation.
- Also consider three-view thoracic radiographs to assess for occult disease in the chest.
- In the meantime, colonic evacuation (i.e., via Miralax, enemas, fluid therapy) and other symptomatic measures are recommended.

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REFERRING VET

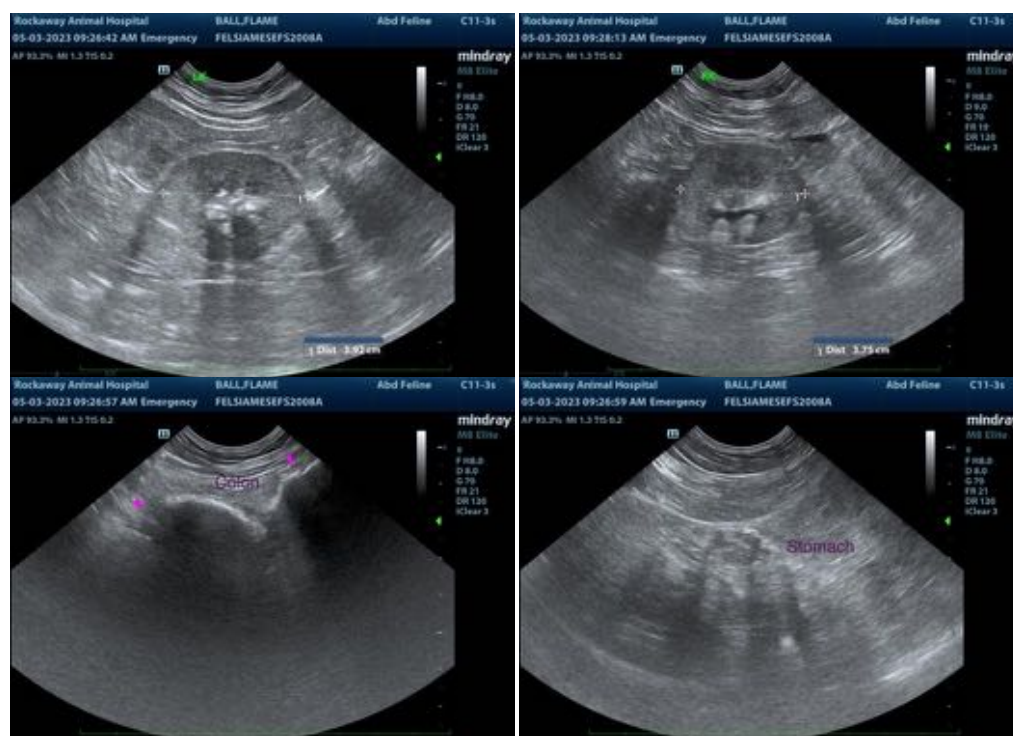
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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