



**PATIENT**

Sammie Higginson

**PRESENTING CLINICAL SIGNS**

History: Ongoing diabetic - blood in urine on Sunday but BG was normal. Urinalysis was NSF. Prozac 0.5IU PO BID. Has been fairly stable as diabetic recently.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Calcium 3.3mmol/L, glucose 10.7mmol/L. Calcium was 3.2mmol/l in Dec 2021.

**BREED**

DLH

**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 mildly to moderately distended with anechoic urine. 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.

**SEX**

Spayed Female

The left kidney is normal size (3.83 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

**AGE**

15 years

The right kidney is normal size (3.68 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

**WEIGHT**

6.80 kg

**Adrenal Glands**

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

**INTERPRETED BY**

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

**Spleen**

(No images provided).

**IMAGING PERFORMED BY**

Crystal Hill

**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.

**HOSPITAL NAME**

Preston AC

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.

**REFERRING VET**

Dr.  
Freedman/Gerritson

**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 is normal to mildly thickened (up to 0.33 cm) with a normal layering pattern and appropriate mural detail. 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.

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11083

**DATE**

6.15.22



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**Pancreas**

The pancreas is diffusely visible/prominent, with slightly irregular, peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and exhibits mild heterogeneity. A few irregular, hypoechoic nodules are visualized throughout the organ, the largest measuring 1.09 cm in diameter. The pancreatic duct is not overtly dilated.

**SPECIES**

Feline

**Free Abdomen**

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**BREED**

DLH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

**Primary Findings**

- Nonspecific age-related renal changes

**AGE**

15 years

**Secondary Findings**

- The pancreatic changes are suggestive of age-related remodeling/fibrosis with benign nodular hyperplasia. Concurrent low-grade pancreatitis is also possible, particularly if the patient exhibits pain on cranial abdominal palpation. The nodules, although thought to be benign, could represent emerging tumor, although this is considered less likely.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma. Correlation with the patient's clinical history is recommended.

**WEIGHT**

6.80 kg

\*An obvious cause for the hematuria is not identified in this study. Considerations include urinary tract infection, benign essential hematuria, coagulopathy, other.

**INTERPRETED BY**

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ACVIM (Small Animal  
Internal Medicine)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Crystal Hill

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- Repeat baseline lab work, including a CBC Chemistry panel, T4 +/- clotting times (PT/PTT) is recommended, if not already performed.
- A urine culture and sensitivity is also recommended to assess for an occult urinary tract infection. While awaiting test results, consider empirical treatment with broad-spectrum antibiotics.
- Regarding the previously observed hypercalcemia, if this remains a persistent finding, consider performing an ionized calcium (+/- PTH/PTHrP)
- Given the patient's age, thoracic radiographs are recommended to assess cardiopulmonary status.

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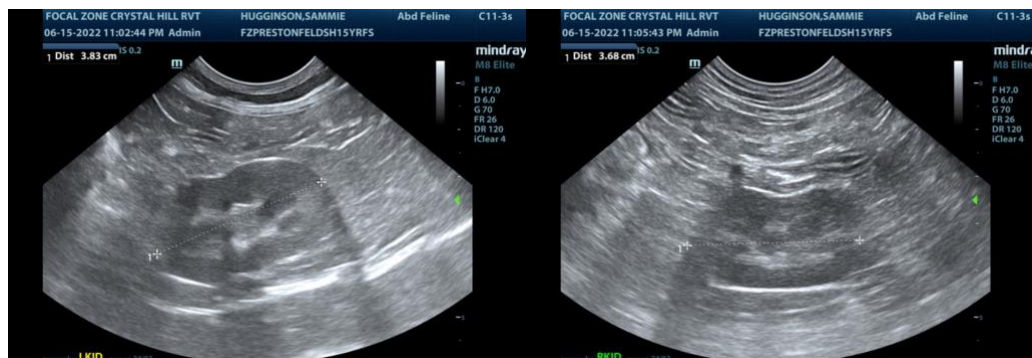
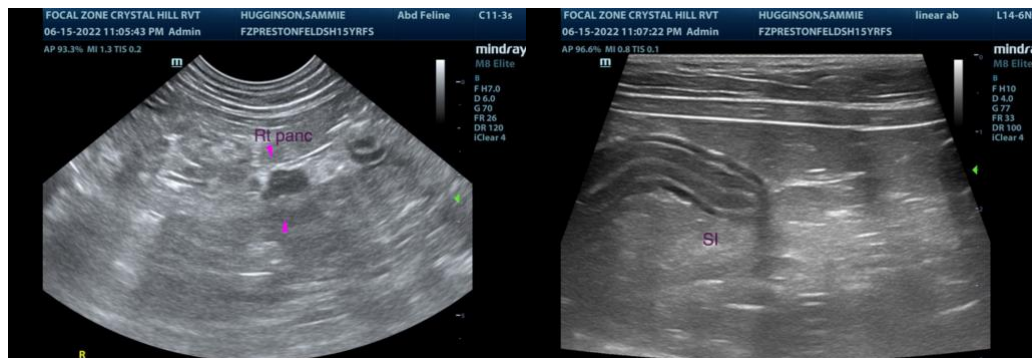
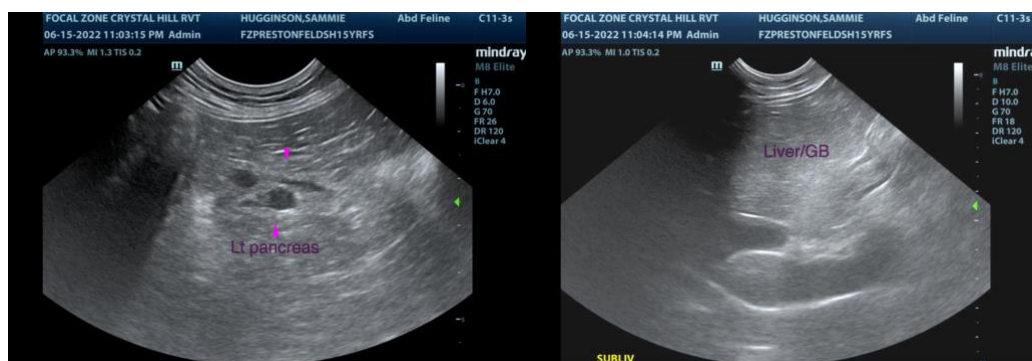
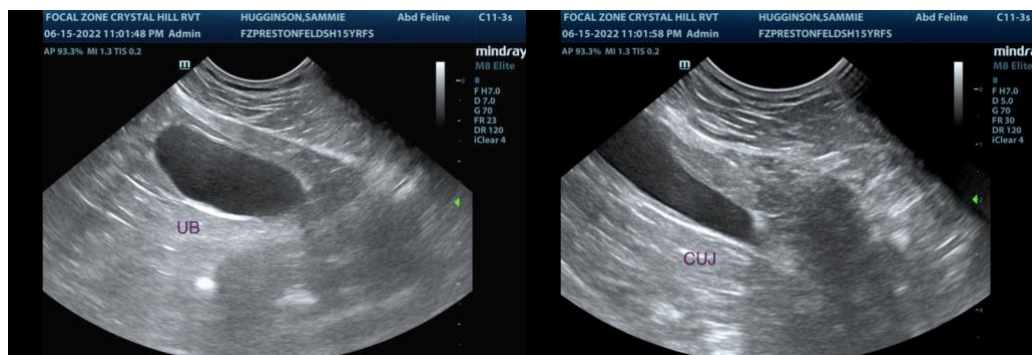
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

Sammie Higginson

can be of any further assistance, please contact me.

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