



PATIENT

Luna Carlson

PRESENTING CLINICAL SIGNS

Luna was transferred from her RDVM for having high kidney values. P went to her regular for not eating as much, vomiting on Wednesday, and having a possible bladder infection.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is minimally distended. The wall is diffusely thickened (up to 0.68 cm) with an irregular mucosal surface. A 0.55 x 0.35 cm polypoid like lesion is arising from the dorsoapical aspect. A small amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone appears normal.

BREED

Domestic shorthair

SEX

Female, spayed

The left kidney is normal size (4.58 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

AGE

7 Yrs.

The right kidney is normal size (3.31 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Cortical infarcts are suspected. At least one focus of mineralization is seen. Trace pyelectasia is present. There is no evidence of hydroureter. The mesentery surrounding the kidney is hyperechoic.

WEIGHT

4.08 kgs.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

INTERPRETED BY

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

The right adrenal gland is normal in size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING

PERFORMED BY

Dr. Isermann

Spleen

The spleen is normal in size (0.92 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.

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Animal Emergency
Hospital Volusia

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 portal vein to caudal vena cava ratio is approximately 1:1. 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.

REFERRING VET

Dr. Isermann

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. No obstructive disease is noted.

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15051

DATE

6/19/23

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.

SPECIES

Feline

Free Abdomen

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

BREED

Domestic shorthair

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Chronic right renal changes with cortical infarcts and trace pyelectasia. There is evidence of minor dystrophic mineralization of both kidneys. Retroperitonitis is present on the right side.

SEX

Female, spayed

Secondary Findings:

- The polypoid like lesion in the urinary bladder is most consistent with polypoid cystitis with a lower possibility of emerging neoplasia. The diffuse bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion.

AGE

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WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history and sonographic renal changes, consider the following:

- Urinalysis with culture and sensitivity
- UPC (if proteinuria is present in the absence of infection)
- Baseline blood pressure measurement
- Thoracic radiographs to assess cardiopulmonary status, particularly if fluid diuresis is to be implemented
- IV fluids and other symptomatic measures along with empirical broad spectrum antibiotic therapy (while awaiting urine culture and sensitivity results)
- Close monitoring of the patient's renal values is recommended to assess for progression of disease.

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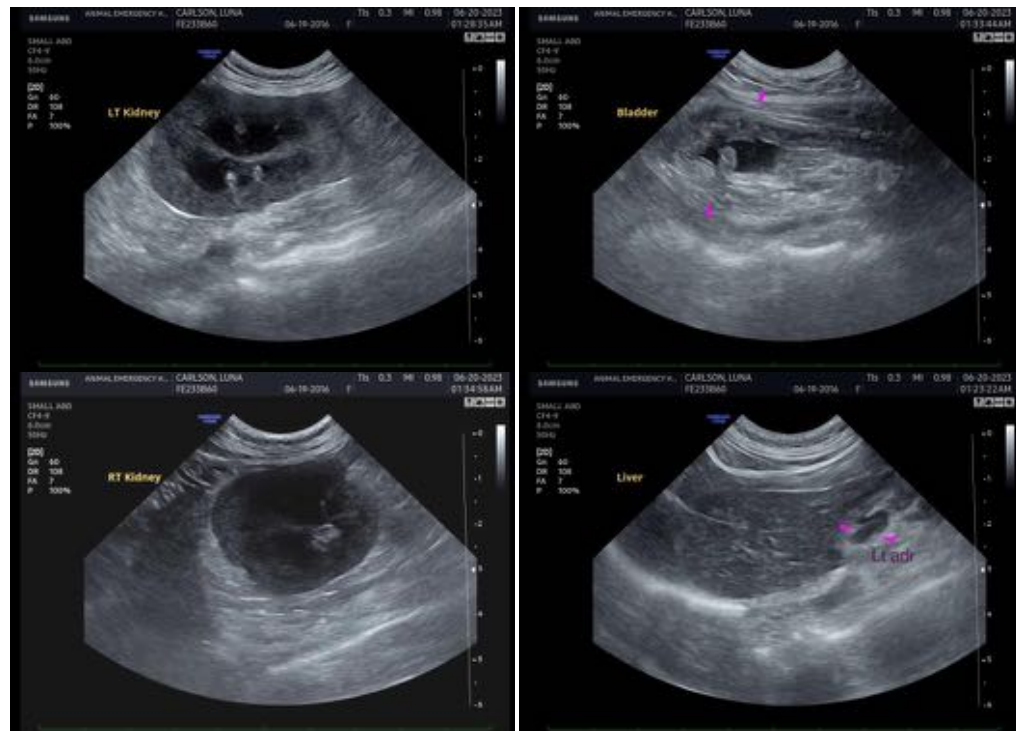
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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