



PATIENT

Chirhiro Miller

PRESENTING CLINICAL SIGNS

P presented for ADR, lethargic and breathing with increased abdominal effort. P hasn't been e/d for 4 days. Unsure if urinating but is defecating per owner.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Several cystic calculi are observed within the lumen. One of the larger stones measured 0.45 cm in diameter. The visible portion of the proximal urethra is normal.

BREED

Domestic shorthair

The left kidney is normal size (4.09 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

SEX

Female, spayed

The right kidney is normal size (4.10 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

7 Yrs.

Adrenal Glands

The left adrenal gland is normal in size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

WEIGHT

7.98 kg.

The right adrenal gland is normal in size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.73 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 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

Dr. Lemanski

HOSPITAL NAME

Animal Emergency
Hospital Deland

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 ileoceocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

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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

A small to moderate amount of anechoic free fluid is visualized. The abdominal lymph nodes are normal/not visible.

BREED

Domestic shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Female, spayed

- Ascites. Differentials include increased hydrostatic pressure (i.e., secondary to congestive heart failure), increased vascular permeability, low oncotic pressure (if applicable), other.
- Cystic calculi.

AGE

7 Yrs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

7.98 kg.

- Submission of the abdominal and/or pleural fluid for analysis and cytology is recommended.
- An echocardiogram should also be considered.
- Depending on the results of the above diagnostics, a thoracic CT scan may be warranted.
- Regarding the azotemia, the following should be considered:
 1. Urinalysis with culture and sensitivity
 2. UPC, if proteinuria is present in the absence of infection
 3. Baseline blood pressure measurement
- The cystic calculi should be addressed (i.e., via cystostomy with stone removal, analysis and culture or an attempt at medical dissolution) when the patient's more pressing issues have been addressed.

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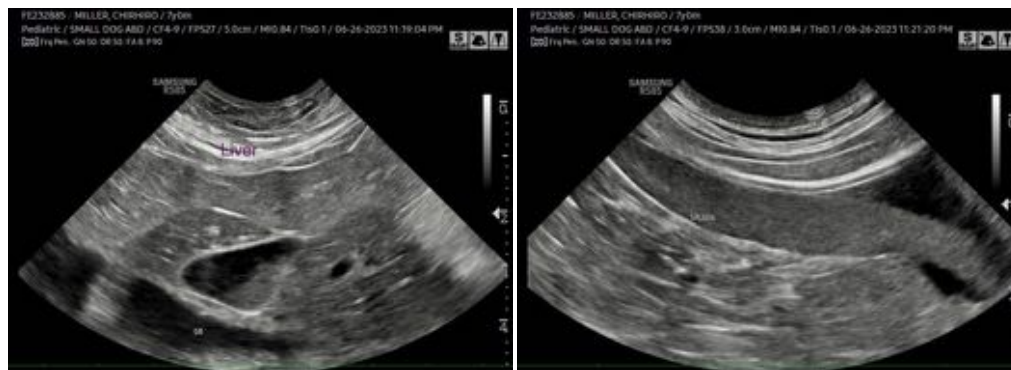
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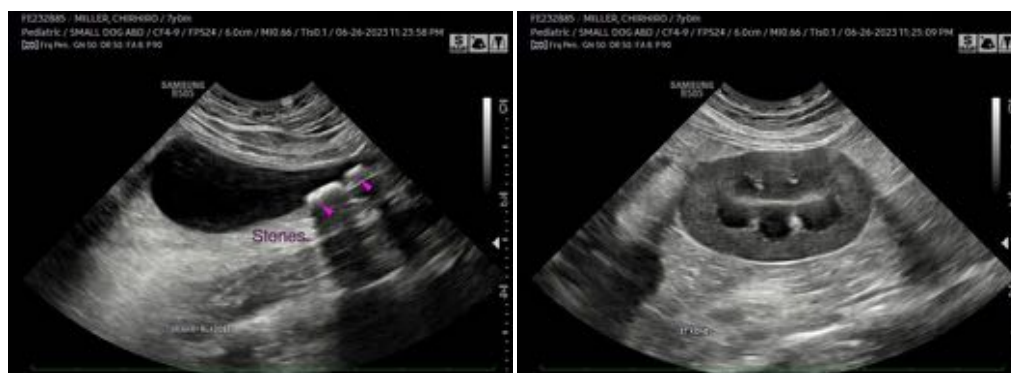
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com



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