

PATIENT PRESENTING CLINICAL SIGNS

Peanut Kim
History: history of urinary issues, has started urinating in the house again. Please see report attached for previous US
Abnormal PE/Chem/CBC/UA Results: BW-WNL, U/A-pending

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

9 years

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beech Mobile Svc

REFERRING VET

Dr. Beech

INVOICE

11185

DATE

6.29.22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of echogenic debris is observed within the lumen. No cystic calculi are seen. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (4.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (4.25 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.47 cm length; 0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.51 cm length; 0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.68 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.

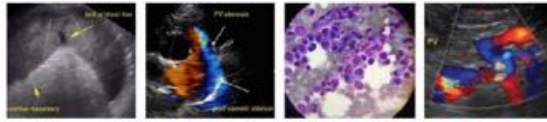
The **gall bladder** is mildly to moderately distended. A bi-lobed conformation is suspected. The wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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. Formed, shadowing fecal material is observed within the descending colonic lumen. There is no evidence of an obstructive pattern.

Pancreas

In the region of the right limb, ill-defined hyperechoic tissue is visualized. The pancreatic duct is not overtly dilated. The left limb and base appear normal.



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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

Primary Findings

- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- The hyperechoic tissue in the right, cranial quadrant may represent pancreatic inflammation and/or fibrosis, or potentially reactive mesentery surrounding the right kidney. Correlation with the patient's clinical history is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture and sensitivity is recommended to assess for urinary tract infection. If the results are negative and clinical signs persist, consider empirical treatment for idiopathic cystitis. A urine BRAF test can also be considered to assess for lower urinary tract neoplasia. However, given the chronic intermittent history of the patient's clinical signs and the normal-appearing urinary bladder, neoplasia is considered unlikely.

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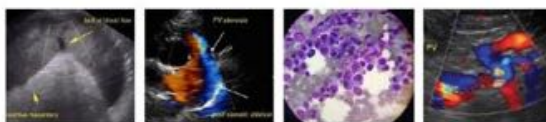
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
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