



PATIENT PRESENTING CLINICAL SIGNS

Sox Barratt History of lethargy and abdominal pain.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

BREED

DSH

SEX

Neutered Male

AGE

4 years

WEIGHT

NP

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate-to-large 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.

The left kidney is normal in size (4.35 cm in length) with a slightly irregular shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is a questionable cortical infarct at the craniomedial aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.35 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. 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, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY Adrenal Glands

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

The left adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

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Spleen

The spleen is normal in size (0.83 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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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 portal vein to caudal vena cava ratio is approximately 1: 1.

REFERRING VET

Shelley Fetterholf

The gall bladder 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.

INVOICE

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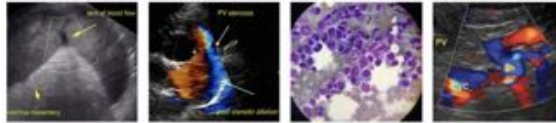
Gastrointestinal

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

DATE

7.13.23

Pancreas



PATIENT 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.

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Free Abdomen

SPECIES There is no evidence of free fluid. A few prominent lymph node are observed at the ileocecolic junction (the largest measuring 0.52 cm in length). The nodes are normal in shape and echogenicity.

Feline

Other

BREED A brief echocardiogram reveals no obvious evidence of pericardial effusion.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Neutered Male

- The urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucous, and/or lipid droplets.

AGE

- Bilateral chronic age-related renal changes with a questionable left cortical infarct

4 years

WEIGHT

Secondary Findings

NP

- The small intestinal wall changes may be a normal variant for this patient or may be secondary to mild inflammatory bowel disease. Correlation with the patient's clinical history is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the clinical history, a urinalysis +/- culture and sensitivity and UPC should be considered.
- Baseline lab work, including a CBC, chemistry panel, and T4 is also recommended to assess overall metabolic function.
- Consider orthopedic and neurologic examinations to assess for nonabdominal causes of pain.

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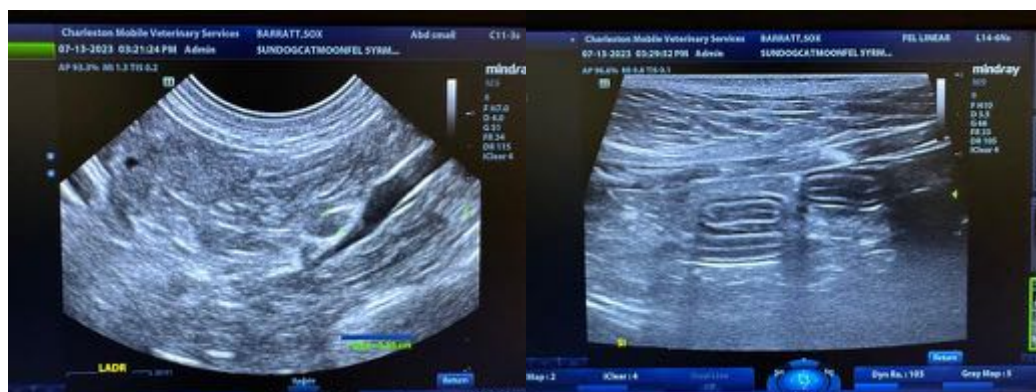
Shelley Fetterholf

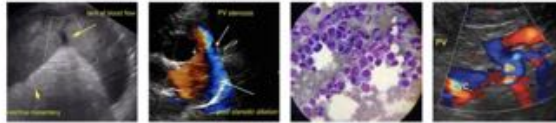
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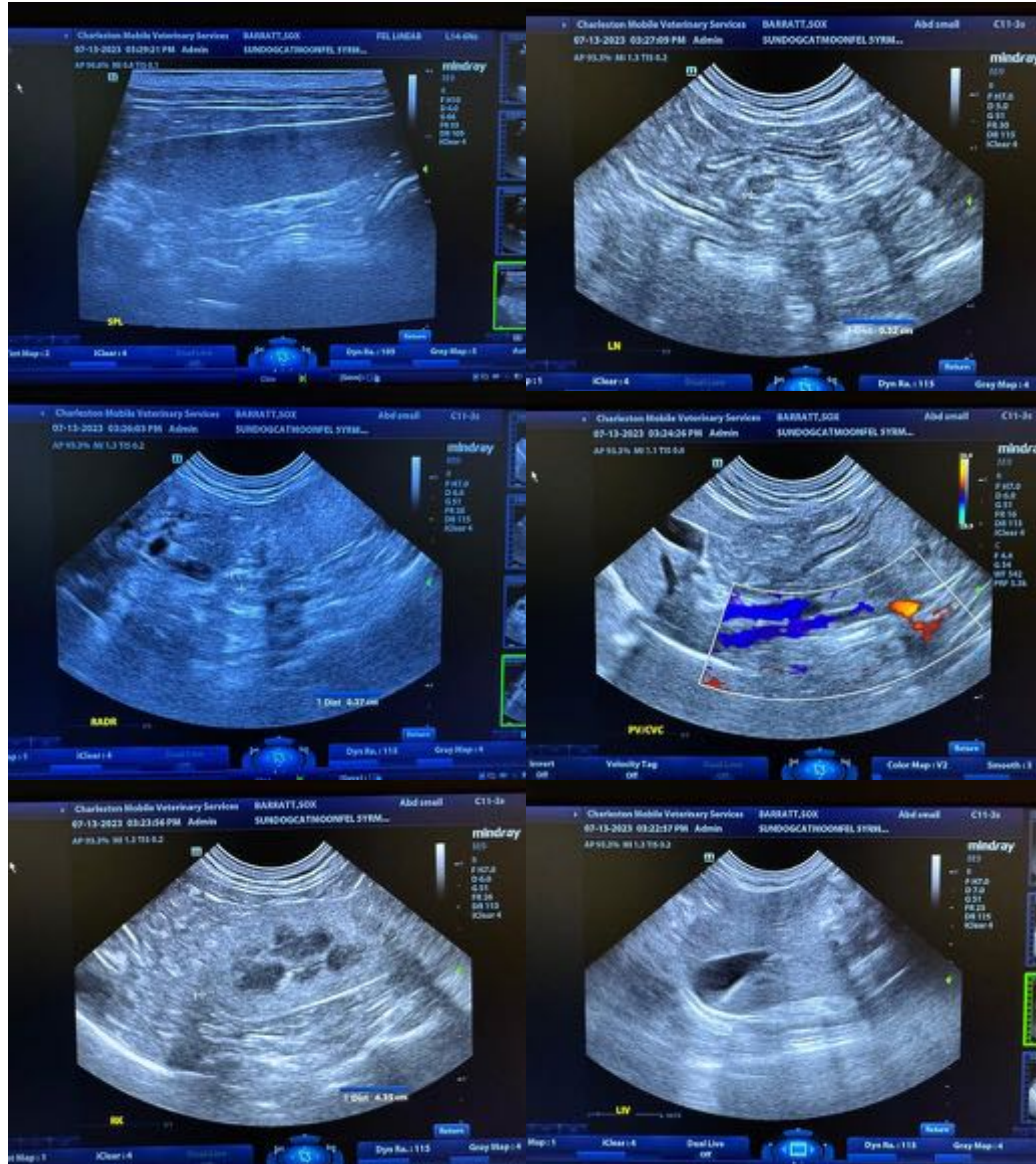
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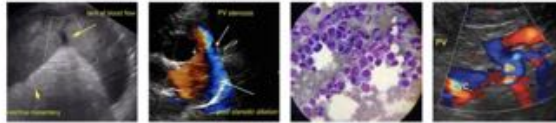
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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