



PATIENT

Piper Wilson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 years

WEIGHT

9 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Andrew Beachy

HOSPITAL NAME

Willamette VH

REFERRING VET

Andrew Beachy

INVOICE

11249

DATE

7.21.22

PRESENTING CLINICAL SIGNS

History: Pt has had chronic urinary issues since 2020. As of recently, pt has been vocal while using litterbox, urinating outside of the litterbox once a day, and overly grooming their hind end.

**This study was limited to the urinary system. There is a potential for pathology in organs that were not visualized.

ULTRASONOGRAPHIC EXAMINATION OF THE URINARY TRACT

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is 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.

The **left kidney** is subjectively normal in size with a 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 hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (3.58 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

ULTRASONOGRAPHIC FINDINGS

Findings

- Minor age-related renal changes
- Unremarkable lower urinary tract
- *An obvious cause for the patient's clinical signs is not identified in this study. Considerations include feline lower urinary tract disease, occult urinary tract infection, orthopedic/neurologic pain, other

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline lab work, including a CBC, chemistry panel, urinalysis and T4, is recommended, if not already performed.

A urine culture and sensitivity is recommended to assess for occult infection.

Thorough orthopedic and neurologic evaluations should also be considered to assess for any source of pain that may be occurring during voiding.

If medical causes for the patient's urinary tract signs are ruled out, feline lower urinary tract disease is likely present and environmental modifications/removal of stressors, along with symptomatic care is recommended.



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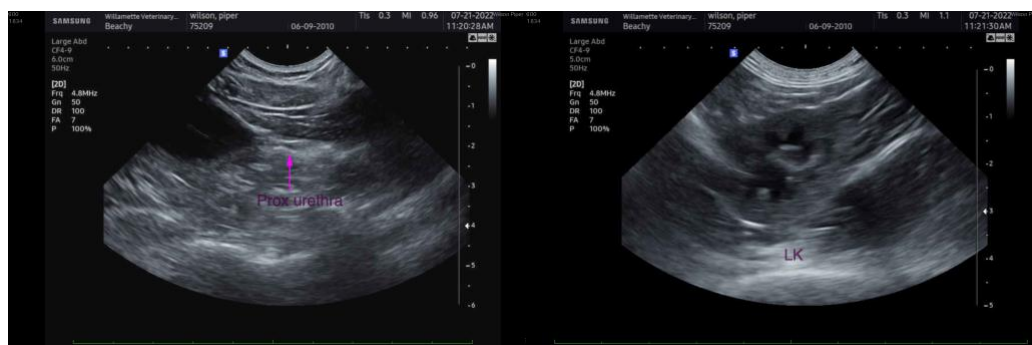
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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