



**PATIENT**

Gypsy D'ercole

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

15 Yrs.

**WEIGHT**

14.77 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

Dr. Rogriguez

**INVOICE**

11865

**DATE**

8/10/21

**PRESENTING CLINICAL SIGNS**

History: Blood in urine  
Abnormal PE/Chem/CBC/UA Results: BUN:37, Creat: 2.2, Calc 11.5, Chol:241, amylase: 1371, lymph 54. Mildly azotemic, mild hypercalcemia.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of echogenic debris is observed within the lumen. 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 normal size (4.36 cm in length) with an irregular shape. The cortex is hyperechoic, variably thickened and irregular and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.46 cm in length); with an irregular shape. The cortex is variably thickened, and hyperechoic and with poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized +/- small nephroliths. Cortical infarcts are suspected. There is no evidence of pyelectasia, or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (0.98 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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. 2 irregular cystic areas are observed in the left lateral lobe, the larger one measuring 0.90 cm in diameter. The remaining parenchyma is relatively homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder is not definitively visualized. The cystic and common bile ducts are normal/not seen.

*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



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not identified. The colonic wall is normal. The lumen of the descending colon contains hard shadowing fecal material. No obstructive disease is noted.

**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.

**Free Abdomen**

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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:**

- Bilateral age-related renal pathology with dystrophic mineralization +/- right non-obstructive nephroliths and suspected cortical infarcts.
- Urinary bladder debris.

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**Secondary Findings:**

- The cystic hepatic lesions trend toward the benign with a lower possibility of emerging neoplasia.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A urinalysis and urine culture and sensitivity are recommended. Given the azotemia, a baseline blood pressure measurement should also be considered.

**IMAGING PERFORMED BY**

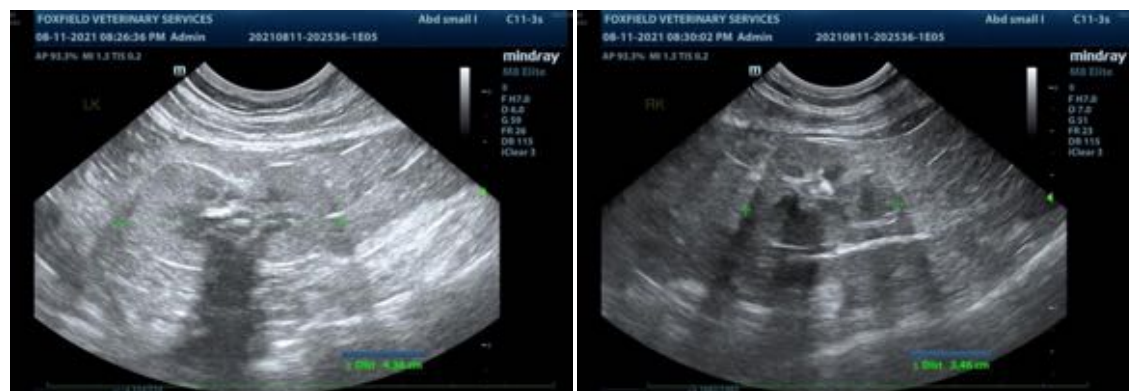
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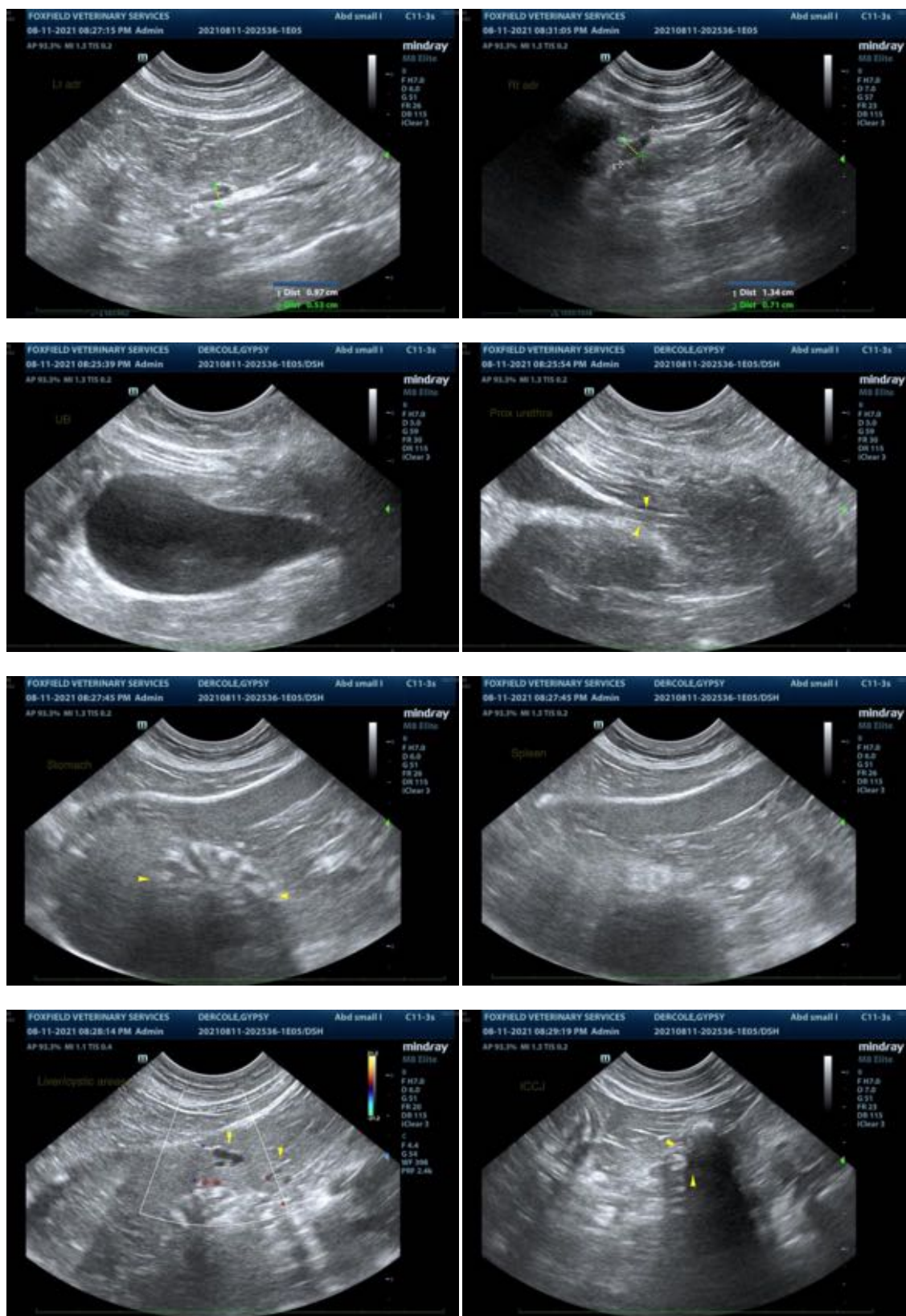
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Andrea.nicastro@sonopath.com

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