



## PATIENT PRESENTING CLINICAL SIGNS

**Thumbs Butler** **History:** O took p to rDVM on Friday, rDVM had to sedate p for everything, o states p's behavior has worsened since. Has not e/d since Friday. No bm since Wed/Thurs. Very lethargic and not herself. No c/s/d Intermittent v+, lots of vomit on Friday, none since.

**SPECIES** **Abnormal PE/Chem/CBC/UA Results:** FPL abnormal

**Feline** Nine still images and 13 video clips are available for interpretation.

## BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### DSH *Urinary System*

Two still images of the **urinary bladder** are available for interpretation. The bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of echogenic debris is observed within the lumen. There is no obvious evidence of cystic calculi.

### SEX

**Spayed Female** The **left kidney** is normal size (4.04 cm in length); normal shape and architecture with smooth peripheral margins. 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.

### AGE

**12 years** The **right kidney** is normal size (4.01 cm in length); normal shape and architecture with smooth peripheral margins. 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.

### WEIGHT *Adrenal Glands*

**5.17 kg**

(No images provided).

### *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.

### INTERPRETED BY

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

### *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.

### IMAGING PERFORMED BY

Kathleen Massa DVM

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

### HOSPITAL NAME

Animal EH Volusia

### *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. There is no evidence of an obstructive pattern.

### REFERRING VET

Kathleen Massa DVM

### *Pancreas*

In the visualized portion of the **pancreas** no obvious pathology is seen.

### INVOICE

11408

### *Free Abdomen*

There is no obvious evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

### DATE

.22

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Bilateral, nonspecific, degenerative renal changes. The abdomen is otherwise unremarkable. An obvious cause for the patient's clinical signs is not identified in this study.

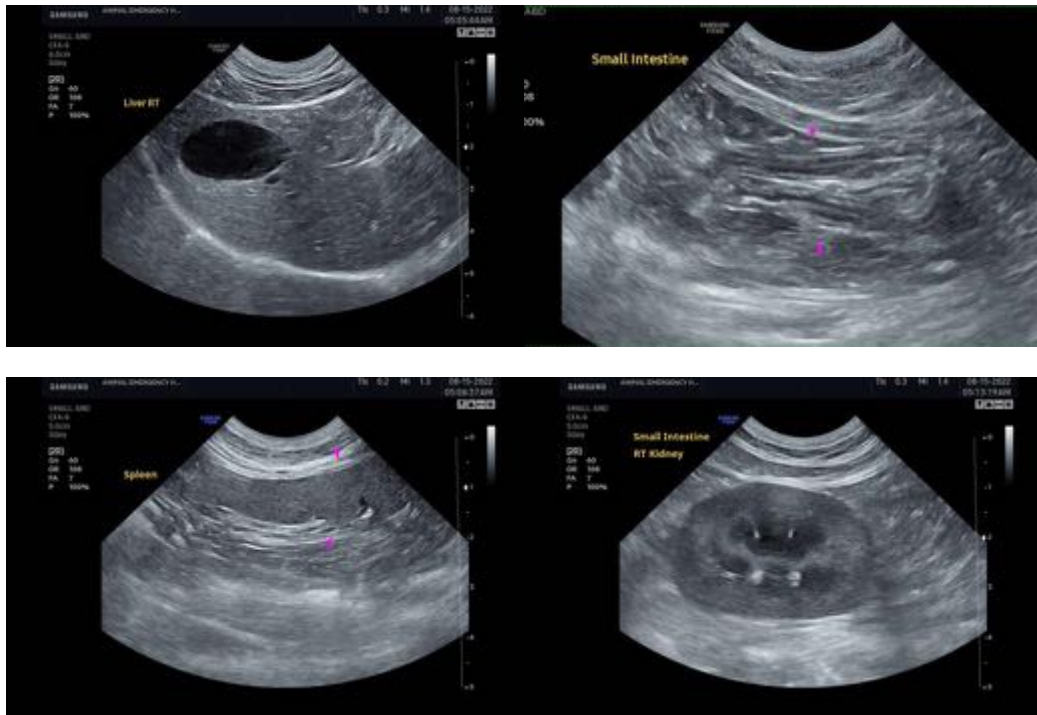
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for occult disease in the chest.

Consider a cPLI +/- a full GI panel (serum cobalamin and folate, TLI and PLI) to further assess for pancreatic and gastrointestinal disease.

Also consider full orthopedic and neurologic examinations (if possible).

Feline leukemia and FIV tests are also recommended, if not already performed.





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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