



**PATIENT PRESENTING CLINICAL SIGNS**

Gruff Pappalardo History: vomiting, lethargy  
Abnormal PE/Chem/CBC/UA Results: WBC 4.2 RBC 12.6 HGB 16.7 BUN 47.2 Creat 2 AST 94 Amylase 1832 Mag 3.5 K 3 Cl 103

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED Urinary System**

DSH

SEX

Neutered Male

AGE

1 year

WEIGHT

4.6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Hayley Heindel, CVT

**HOSPITAL NAME**

Mason Dixon Animal ER

**REFERRING VET**

Dr. Kiebler

**INVOICE**

14128

DATE

8.17.23

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 visible portion of the proximal urethra are normal.

The left kidney is small in size (2.24 cm in length) with an irregular shape. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney is normal in size (3.22 cm in length) with an irregular shape. The cortex is hyperechoic relative to the spleen and variably thickened. There is poor corticomedullary distinction. Trace pyelectasia is present. There is a suspected cortical infarct at the caudolateral aspect. There is no evidence of nephroliths or hydroureter.

**Adrenal Glands**

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

**Spleen**

The spleen is normal in size (0.61 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 appears 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 lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen contains ingesta and a 1.07 cm curved, hard, shadowing structure. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

**Pancreas**

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**

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**

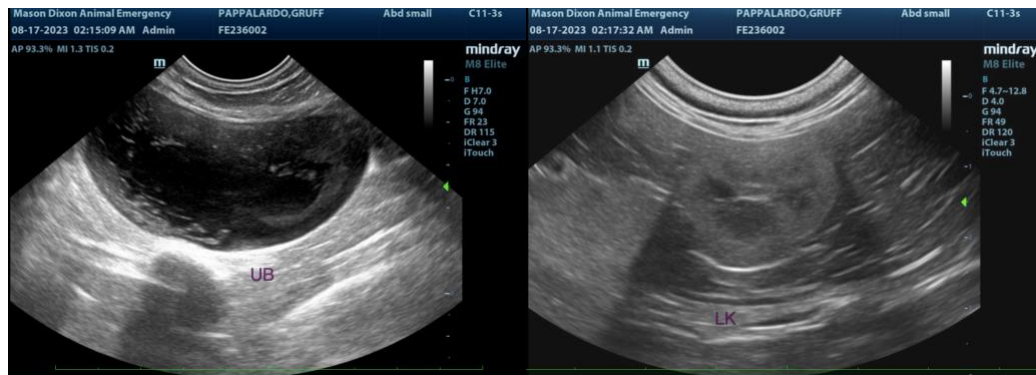
- The shadowing structure within the gastric lumen is most consistent with a foreign body.
- Bilateral chronic nephropathy with right trace pyelectasia and a suspected cortical infarct. Differentials include prior insult (i.e., infection, toxin, hypoperfusion), renal dysplasia, other.

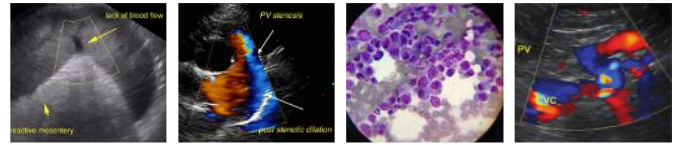
**Secondary Findings**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the suspected gastric foreign body, consider abdominal radiographs for further characterization). Alternatively, an upper GI endoscopy or gastrotomy can be considered for foreign body retrieval. If the patient is to undergo anesthesia, IV fluid diuresis is recommended for several hours prior to the procedure, as well as during and a few hours post-procedure to maximize renal perfusion. Further renal work-up could include the following:
  1. Urinalysis
  2. Urine culture and sensitivity
  3. UPC (if proteinuria is present in the absence of infection)
  4. Baseline blood pressure measurement
  5. Prescription renal diet (when the patient has recovered from the current illness)





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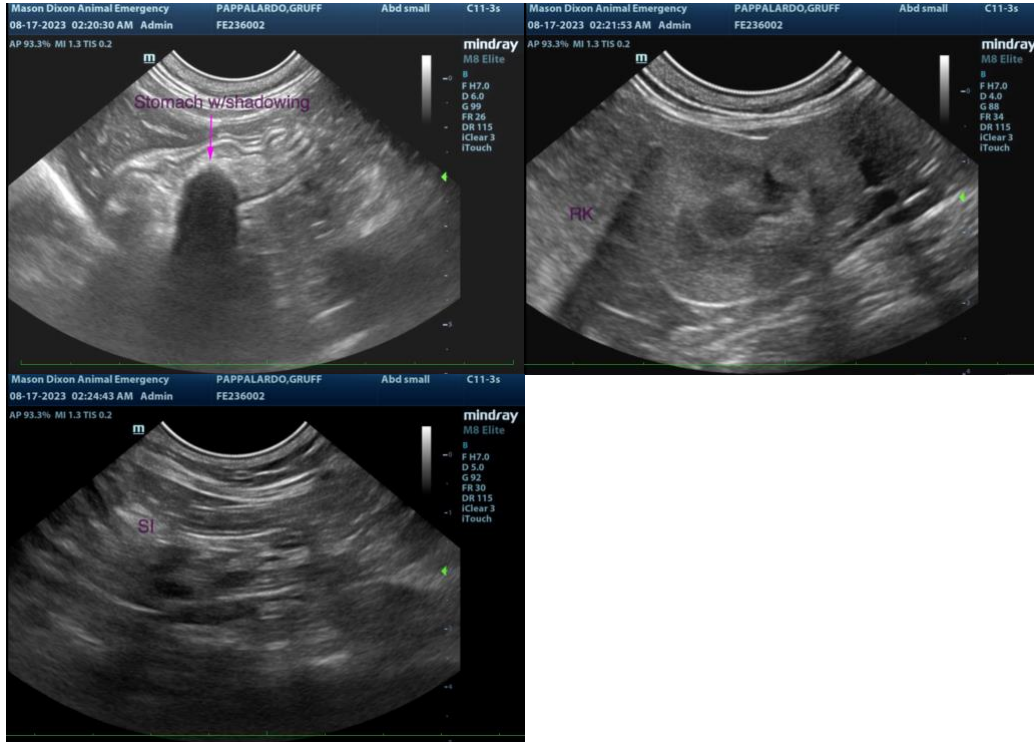
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
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