



PATIENT PRESENTING CLINICAL SIGNS

Lylah Harris History: ADR, leaking urine, weight loss
Abnormal PE/Chem/CBC/UA Results: history of UTI

SPECIES

Feline

Current Medications: none

BREED

DSH

SEX

Female Spayed

AGE

11 years

WEIGHT

9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

H & H VC

REFERRING VET

Dr Henery

INVOICE

14221

DATE

8.24.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant 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 1-2 cm, are normal.

The left kidney is normal in size (3.53 cm in length) with an irregular shape. The cortex is isoechoic relative to the spleen, diffusely thickened and irregular. There is poor corticomedullary distinction. Nonobstructive nephroliths are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature appears normal.

The right kidney is normal in size (3.33 cm in length) with a severely irregular shape. The cortex is hyperechoic relative to the spleen, thickened, and irregular with poor corticomedullary distinction. Nonobstructive nephroliths are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature appears normal.

Adrenal Glands

The left adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal size (0.24 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

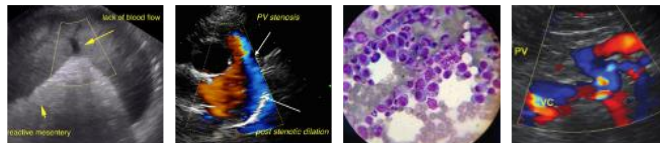
Spleen

The spleen is normal in size (0.66 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 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 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.


PATIENT *Gastrointestinal*

Lylah Harris The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid-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/most) segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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BREED *Pancreas*

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ULTRASONOGRAPHIC FINDINGS
WEIGHT *Primary Findings*

9 lbs

- Bilateral chronic, severe, nephropathy with nonobstructive nephrolithiasis

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Secondary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease. However, this may be a normal variant for this patient. Correlation with the patient's clinical history is recommended.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**IMAGING
 PERFORMED BY**

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

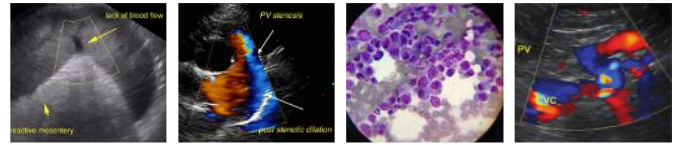
- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended (if not already performed).
- A urine culture and sensitivity is also recommended.
- Given the pancreatic and bowel changes, also consider the following:
 1. Texas GI panel including serum cobalamin and folate, TLI and PLI
 2. Fecal evaluation for internal parasites
 3. +/- hypoallergenic or hydrolyzed protein diet trial
 4. +/- endoscopic or surgical GI biopsies

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- Given the weight loss, three-view thoracic radiographs are recommended to assess for occult disease in the chest.

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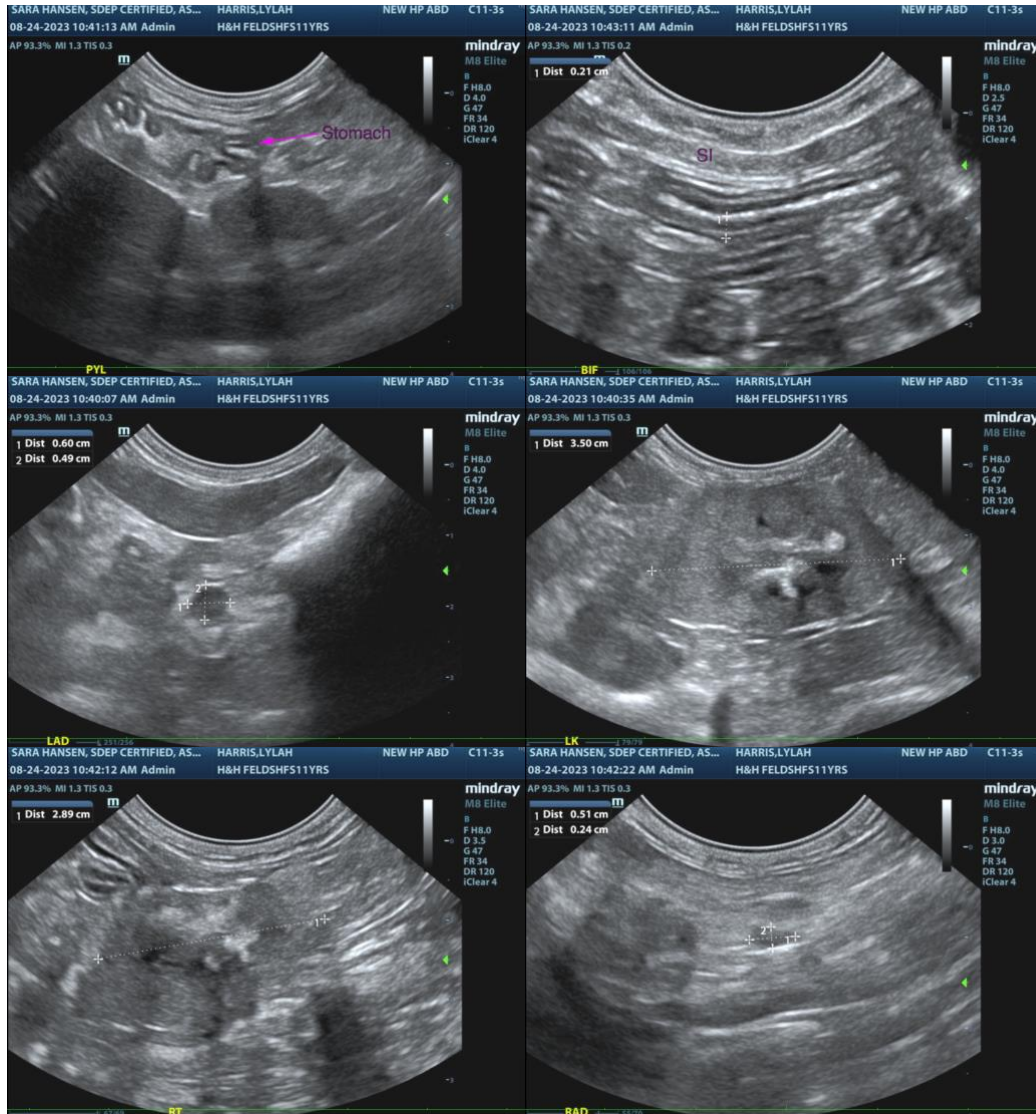
Dr Henery

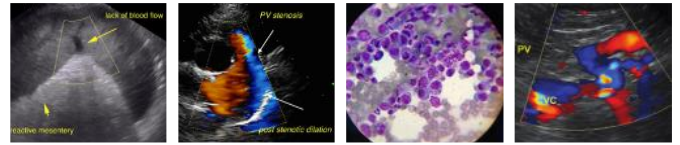
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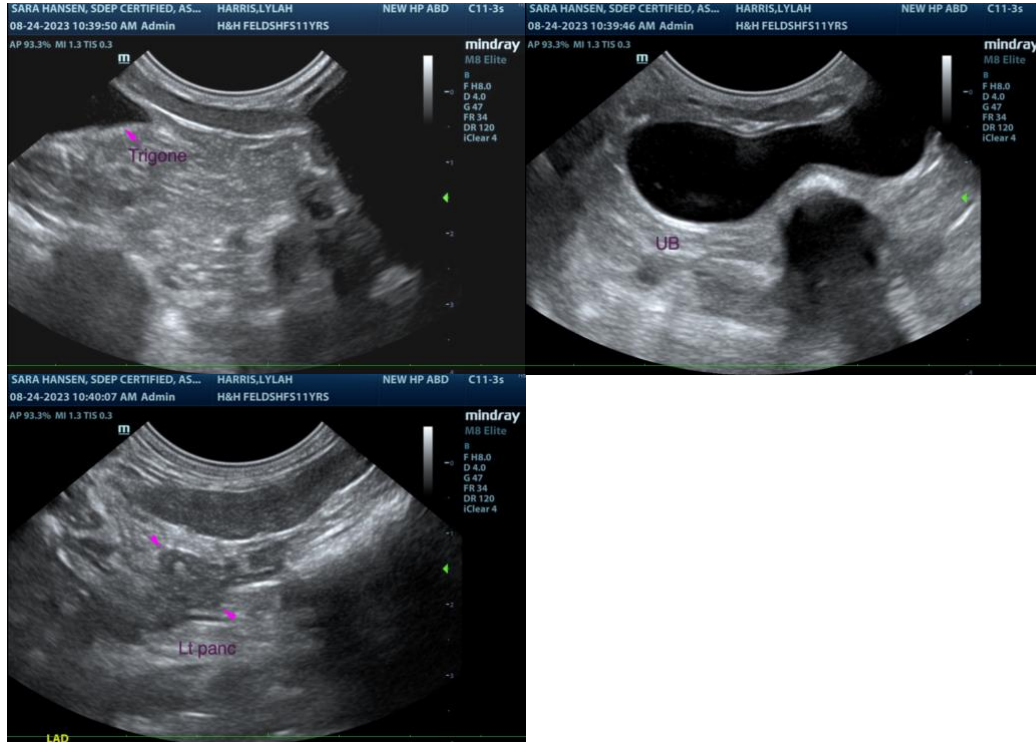
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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