

PATIENT

Charlotte Hussain

PRESENTING CLINICAL SIGNS

History: sedated- P presented today for dental cleaning. left anterior fascicular block pattern on pre-dental ecg, thoracic radiographs showed normal cardiac silhouette and size, previous cardiopet proBNP in 2/2022 was normal (24).

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Normal LABs

BREED

DLH

Urinary System

The **urinary bladder** is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of echogenic to mineralized debris is observed within the lumen. No distinct calculi are seen. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Spayed Female

The **left kidney** is normal size (3.51 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

11 years

The **right kidney** is normal size (3.55 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

8.4 lbs

INTERPRETED BY

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

Adrenal Glands

The **left adrenal gland** is normal size (0.34 cm width) with a normal shape and smooth peripheral contours. A pinpoint hyperechoic focus is observed in the parenchyma. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
RVT LVT

The **right adrenal gland** is normal (0.34 cm width) with a normal shape and smooth peripheral contours. A pinpoint hyperechoic focus is observed in the parenchyma. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Desert Hills AH

Spleen

The **spleen** is subjectively normal in size (0.75 cm in width at the level of the hilus) with mostly normal curvilinear peripheral contours. At the caudal pole, a 0.26 cm hypoechoic nodule is visualized. The lesion causes slight capsular expansion. The remaining parenchyma is homogenous. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Dr. Michelle Caldwell

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.

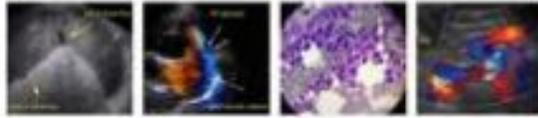
INVOICE

11502

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A scant amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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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 not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. One to two mesenteric **lymph nodes** are visible, the largest measuring 0.73 cm in length.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

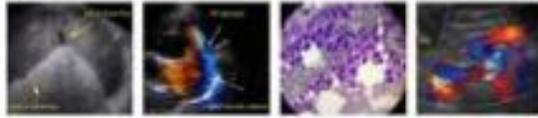
- Bilateral age-related degenerative renal changes
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material

Secondary Findings

- Age-related pancreatic remodeling/fibrosis. Mild chronic pancreatitis may also be present, particularly if the patient's clinical history is supportive of this diagnosis.
- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or extramedullary hematopoiesis). However, an emerging tumor cannot be completely excluded.
- The hyperechoic foci in both adrenal glands are likely a benign, age-related incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the sonographic appearance of the kidneys, serial monitoring (i.e., every 6 months) of the patient's renal values is recommended to assess for the development of azotemia.



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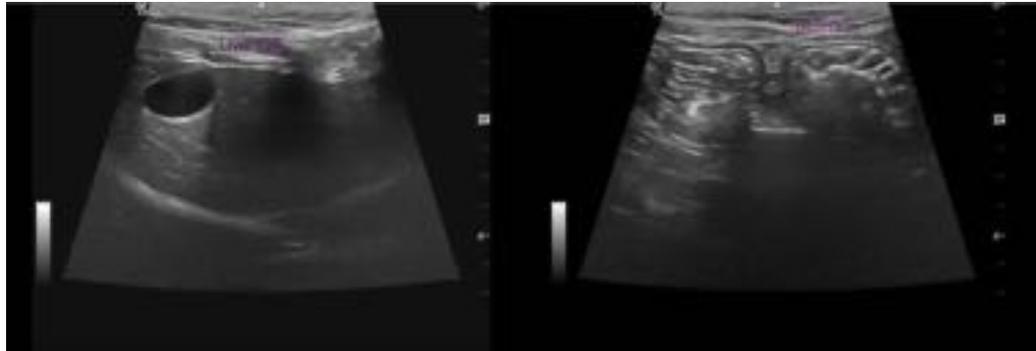
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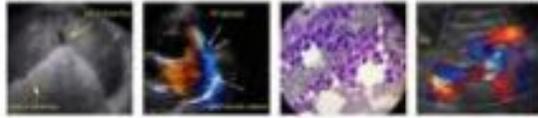
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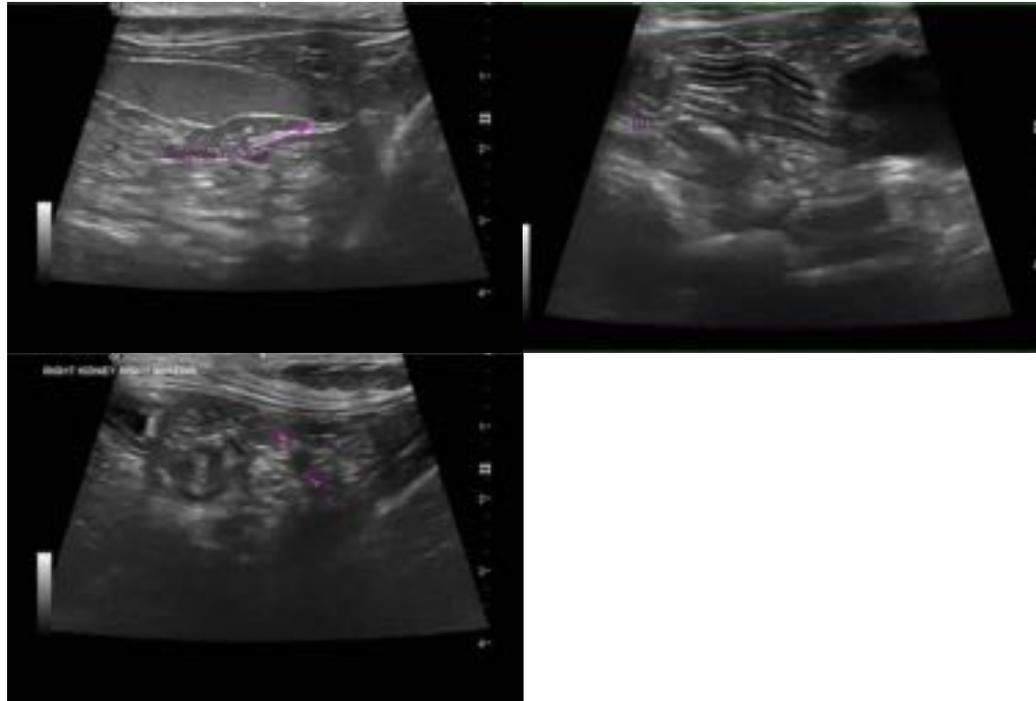
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com