

PATIENT

Rex Holman

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

8.25.2016

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Mt Pleasant

REFERRING VET

Dr. Danielle Fraser

INVOICE

11499

DATE

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PRESENTING CLINICAL SIGNS

Hx: Rex is a 6-year-old NM Maine Coon presented today for supportive care following several day duration of lethargy, decreased appetite; rDVM bloodwork today revealed very elevated kidney values. Owner states that P vomited twice last week and seemed to be constipated; he became more withdrawn over the course of the next few days, and by the end of the week P was hiding in an abnormal location in the home and showing less interest in food and water. Owner began to encourage P to eat by syringe/hand feeding him, and he has continued to eat and drink although less than normal for him. He has not had any continued vomiting and has been using his litterbox normally as far as owner can tell. Due to no improvement in energy level and interest in food and water, P was taken to rDVM today and had bloodwork performed. No known toxin ingestion according to owner. P is previously healthy but has not had routine bloodwork that owner is aware of. [klb] PE:

PHYSICAL EXAM: Temperature (F) = 100.7 Heart rate = 220 Respiratory rate = 32 Weight (kg) = 5.72 BCS = 2.5/9 Mucous membranes = pink and tacky, non-icteric, CRT < 2 seconds Hydration: Skin tent. Dehydrated 7-9%. Pain Score: 0/4 General Appearance/Mentation: Bright, alert, and responsive. Eyes: Clean/clear, no discharge OU. Ears: Clean/clear, no discharge AU. Integument: Unkept dry fur coat. The skin is clean, dry, and intact. No swellings or redness. Cardiovascular: No murmurs auscultate, regular rhythm. Respiratory: No nasal discharge. Eupneic, no crackles/wheezes/dullness auscultate, normal BV sounds in all lung fields. Abdomen: Soft and non-painful. No masses palpated. No fluid wave. Oral Exam: Severe dental disease and uremic breath. Rectal Exam: Not performed. Musculoskeletal: Ambulatory x 4. Gait is normal. Muscle tone is normal and symmetric. Thin condition/diffuse muscle wasting. Neurological: Normal mentation. No obvious deficits. Urogenital: External genitalia appears normal. Urinary bladder is small and soft. Peripheral Lymph Nodes: Soft and symmetrical.

Abnormal lab-work values: Patient Name: Rex Species: Feline Client: Van Delden, Beth and Sebastian (39288) Doctor: Alanah Wray, Gender: Male/Castrated Weight: 5.71 kgs Age: 6 Years Breed: Maine Coon Test Results Reference Interval LOW NORMAL HIGH CREA 15.0 mg/dL 0.8 - 2.4 HIGH BUN 257 mg/dL 16 - 36 HIGH BUN/CREA 17 CREA, BUN: Test results for the latest analyzer run have been multiplied by the dilution factor for a dilution of 1 in 4 total. Catalyst One (August 25, 2022 5:43 PM) Printed: August 25, 2022 5:44 PM Page 1 of 1

Current Medications: Cerenia, Protonix, Unasyn, Gabapentin

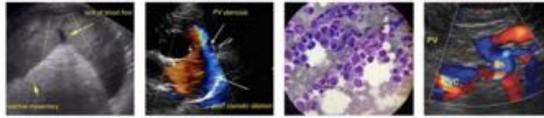
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is distended. The wall is normal in thickness with a smooth mucosal surface. A small 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 3-4 cm, are normal.

The **left kidney** is upper limits of normal size (4.42 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.60 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is small in size (2.71 cm in length); with an irregular shape. The cortex is variably thickened. There is poor corticomedullary distinction. Mild to moderate pyelectasia is present (0.30 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.



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Adrenal Glands

The **left adrenal gland** is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.72 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 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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

Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with chyme. 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.

Pancreas

The left limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic 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. The abdominal **lymph nodes** are normal/not visible.

Other

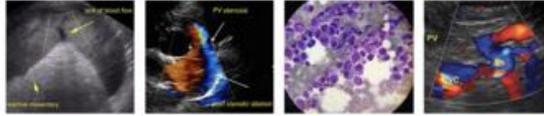
A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral degenerative renal changes, more severe in the right kidney. The borderline left renomegaly may be secondary to compensatory hypertrophy, inflammatory disease, infiltrative neoplasia (less likely), other.
- The bilateral pyelectasia may be secondary to pyelonephritis, age-related remodeling, IV fluid therapy or some combination thereof.

Secondary Findings



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- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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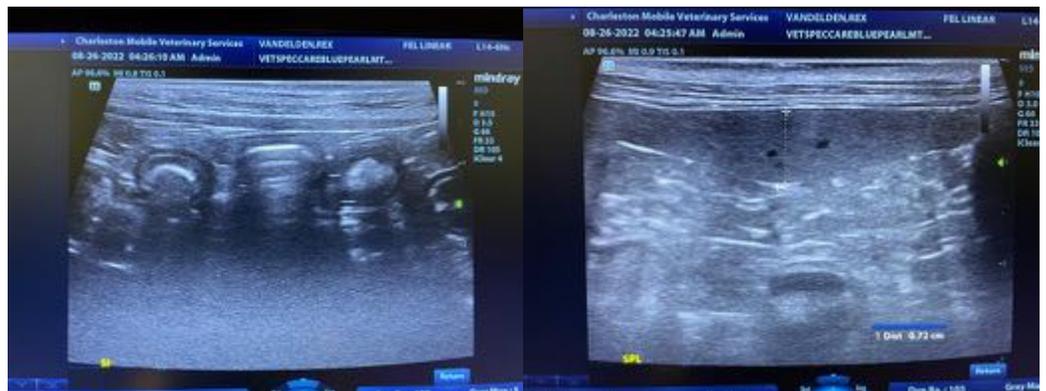
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended. While awaiting test results, initiation of a broad-spectrum antibiotic (i.e., fluoroquinolone, which has good tissue penetration) is recommended along with IV fluid diuresis and symptomatic care.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if IV fluid diuresis is to be continued.
- Serial monitoring of the patient's renal values and blood pressure is recommended to assess for progression of disease.
- If the patient has experienced prolonged inappetence, nutritional support is strongly recommended to help prevent hepatic lipidosis.



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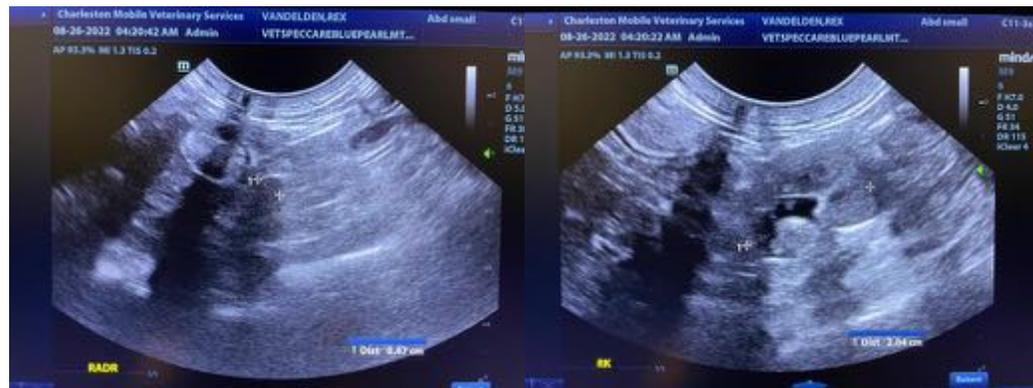
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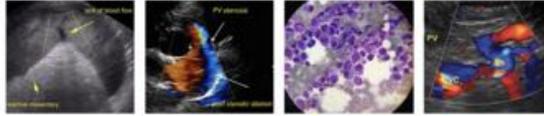


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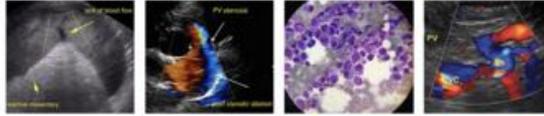
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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PRESENTING CLINICAL SIGNS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

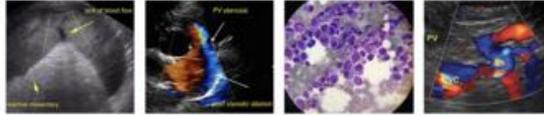
Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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 (xxx cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (xxx cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands



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

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

Spleen

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The spleen is normal in size (xxx 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

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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.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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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 colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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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

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Primary Findings

- The

Secondary Findings

- The

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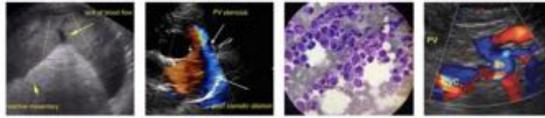
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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