



PATIENT PRESENTING CLINICAL SIGNS

Mardi Leader History: lethargic, open-mouth breathing, vomiting, hx of cystoliths, decreased muscle mass

SPECIES Abnormal PE/Chem/CBC/UA Results: WBC 30. Lymph 0.34

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. At least two cystic calculi are observed (the largest measuring 0.73 cm in diameter). The region of the trigone is normal. There is a questionable urethrolith (measuring 0.29 cm in diameter).

SEX

Neutered Male The left kidney is normal in size (4.43 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A few, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

AGE

10 years

WEIGHT

4.7 kg

The right kidney is normal in size (4.33 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A few, small, nonobstructive nephroliths are visualized. Moderate to severe pyelectasia is present (0.92 cm in the longitudinal plane). There is questionable mild hydroureter. There is no evidence of infarction.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.45cm at the cranial pole; 0.39 cm at the caudal pole; 0.95 cm in length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

IMAGING PERFORMED BY

Hayley Heindel, CVT

The right adrenal gland is enlarged (0.62 cm width) with rounded, smooth peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

HOSPITAL NAME

Mason Dixon AEH

Spleen

The spleen is normal in size (0.82 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.

REFERRING VET

Dr. Bateman

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

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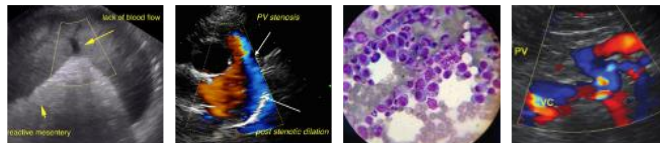
The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

DATE

8.26.23

Gastrointestinal

The lumen is mildly distended with ingesta. 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 ileocecolic junction and colonic wall are normal.



PATIENT *Pancreas*

Mardi Leader

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.

SPECIES

Feline

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

BREED

DSH

SEX

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cystic calculi. The hyperechoic focus in the region of the proximal urethra may represent a urethrolith or imaging artifact. Correlation with the patient's clinical history is recommended.
- Bilateral chronic renal changes with minor nephrolithiasis. The right pyelectasia could be consistent with pyelonephritis, ureteral obstruction (i.e., stone, tumor, stricture), other.

WEIGHT

4.7 kg

Secondary Findings

- The right adrenomegaly may be secondary to stress, hyperplasia, or less likely, an emerging tumor.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest functional or mechanical ileus.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If there is suspicion for a urinary obstruction, consider passing a urinary catheter.
- A urinalysis with culture and sensitivity is recommended.
- Given the open-mouth breathing, three-view thoracic radiographs should be performed when the patient is stable.
- Other diagnostic considerations include the following:
 1. Fecal evaluation for internal parasites
 2. Texas GI panel including serum cobalamin and folate, TLI and PLI



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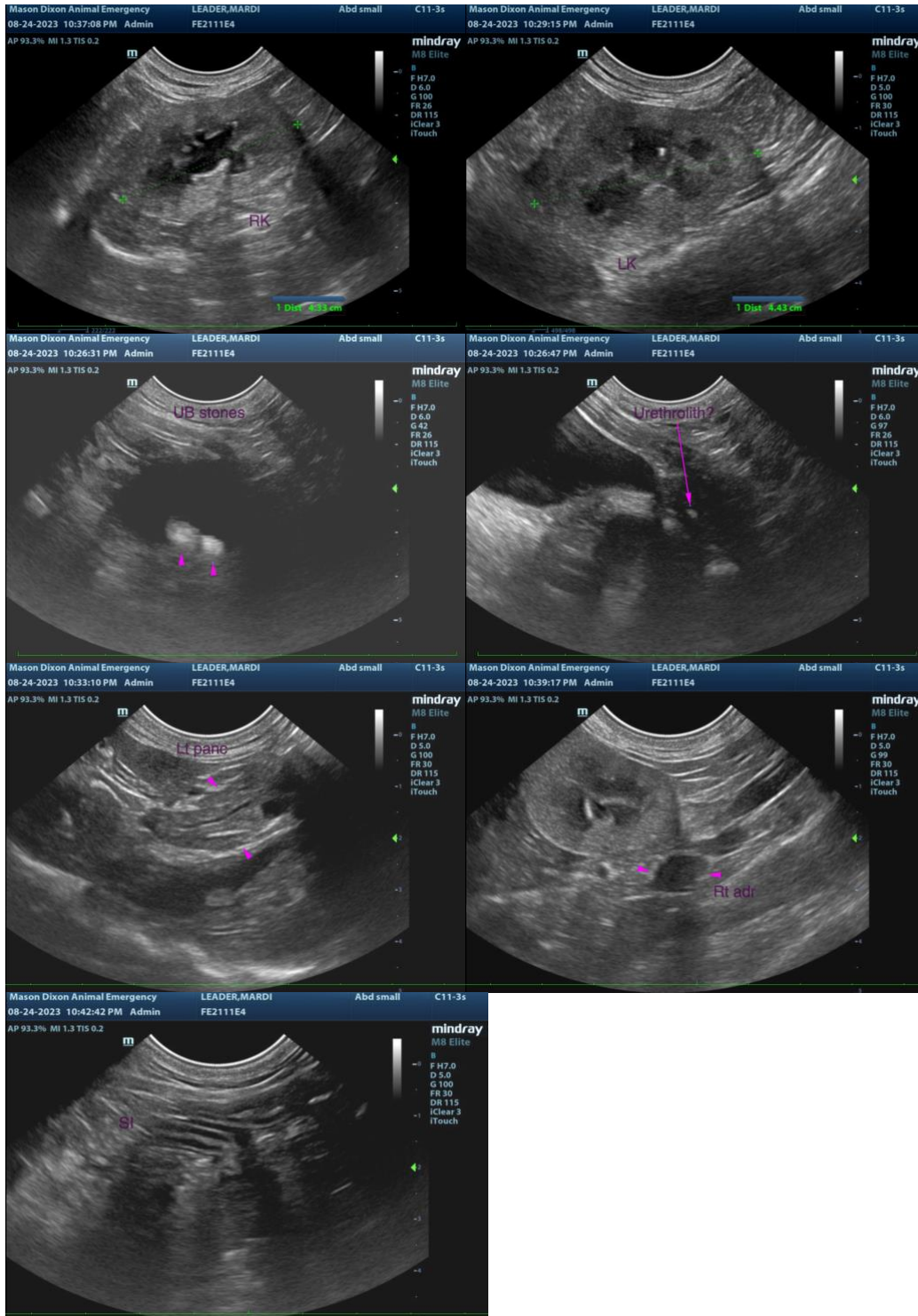
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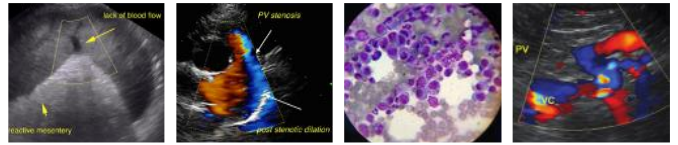
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Mardi Leader

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.

SPECIES

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