

**PATIENT**

Zelda Igarteburu

**PRESENTING CLINICAL SIGNS**

History: Suspicious irregular area in urinary bladder-inflammatory  
Urine protein 3+, Bld 3+, RBC >50, struvite crystals. 2-3.

**SPECIES**

Feline

**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 are normal.

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

The left kidney is normal in size (3.22 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

9 years

The right kidney is normal in size (3.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

*Adrenal Glands*

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenic vasculature appears normal.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
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(Small Animal Internal  
Medicine)

*Spleen*

The spleen is subjectively normal in size (0.79 cm at the level of the hilus) with a slightly irregular medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

*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 gallbladder lumen is mildly distended. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

**HOSPITAL NAME**

Animal Paradise

**REFERRING VET**

Dr. Bravo

*Gastrointestinal*

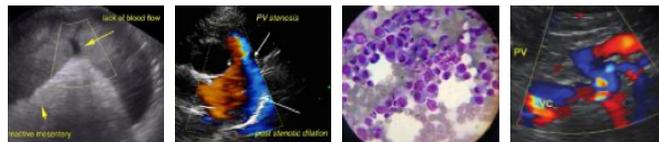
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern. There is mild thickening of the submucosal layer in some segments. Discreet masses are not

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identified. The ileocecal colic junction and colonic wall are normal. No obstructive or overt infiltrative disease is noted.

**Pancreas**

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The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

**BREED**

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**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized. A prominent lymph node is also observed in the left cranial abdomen.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Bilateral age-related renal pathology with non-obstructive nephroliths.

**Secondary Findings:**

- The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The abdominal lymphadenopathy likely represents reactive lymphadenitis or lymphoid hyperplasia with a lower possibility of infiltrative neoplasia

\*An obvious cause for the patient's hematuria is not identified in this study although the nephroliths may be a contributing factor. Considerations include urinary tract infection, feline lower urinary tract disease, idiopathic benign renal hematuria, other.

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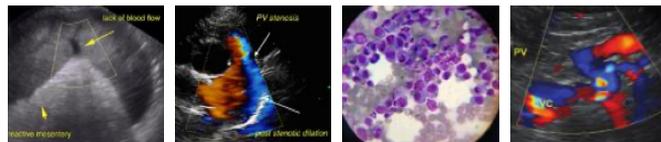
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 if not already performed
- Urine culture and sensitivity
- If the patient is exhibiting any gastrointestinal signs, further workup (i.e., malabsorption panel, fecal evaluation for ova and giardia, gastrointestinal biopsies) may be warranted.



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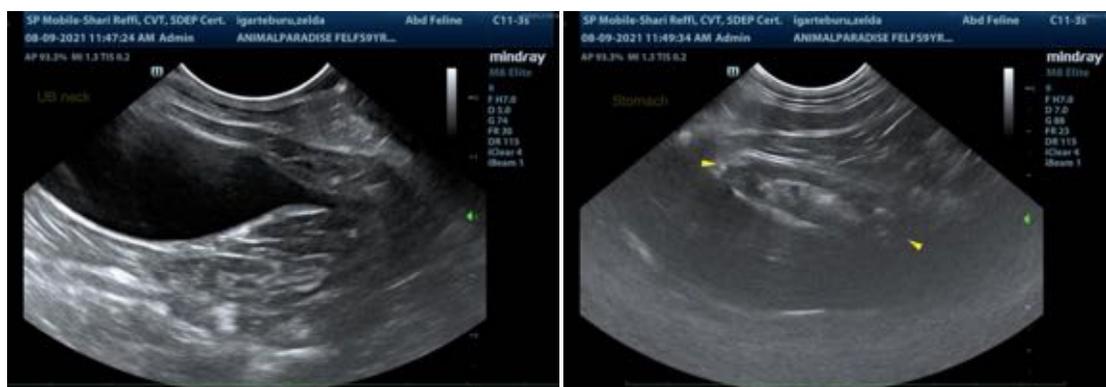
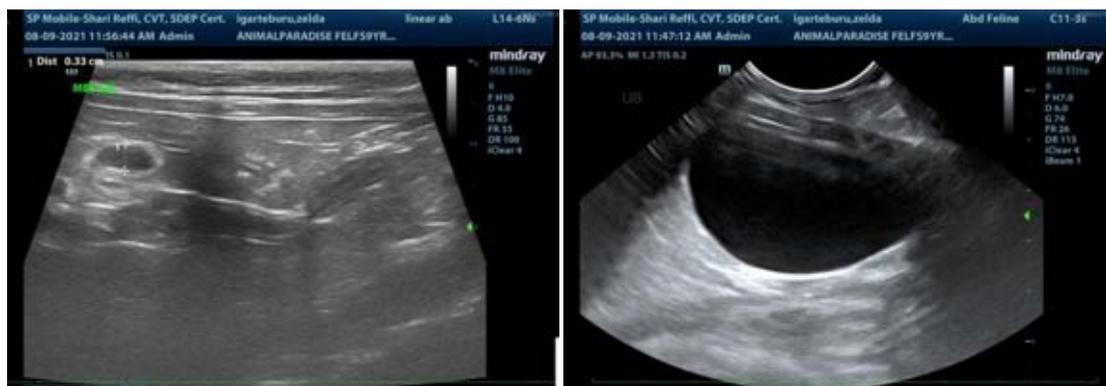
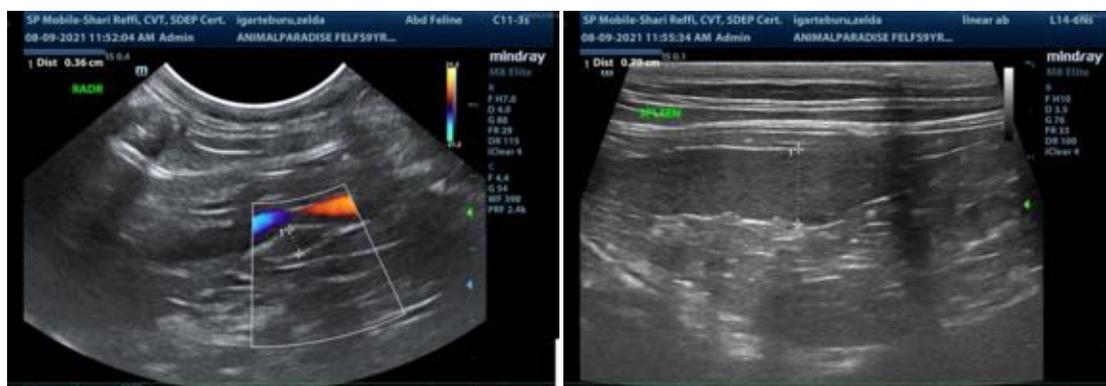
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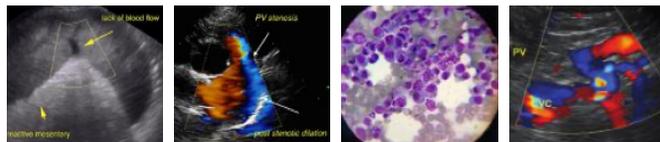
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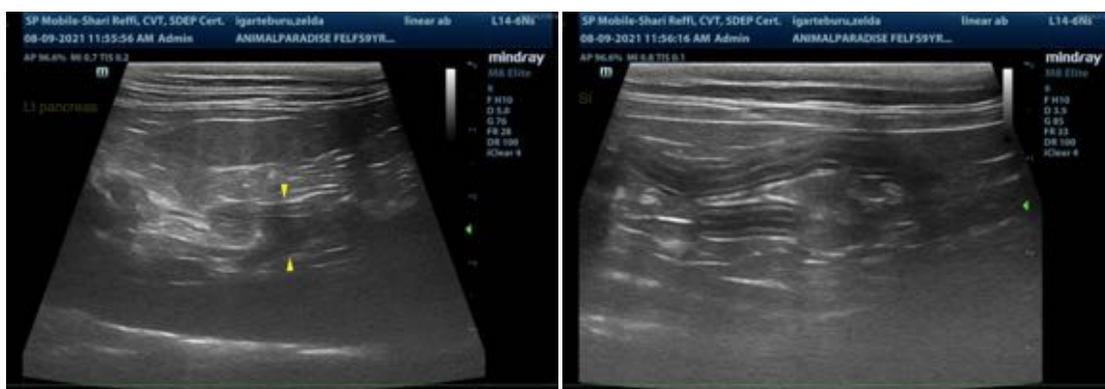
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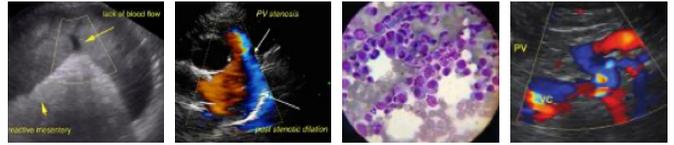
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (Small Animal Internal Medicine)



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