



PATIENT

Apricot Hsiung

PRESENTING CLINICAL SIGNS

The patient presented with bladder sand, urethral sand, and hematuria.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of aggregated echogenic suspended debris is observed within the lumen along with a scant amount of mineralized sand. The region of the trigone and the visible portion of the proximal urethra are normal.

BREED

Domestic shorthair

SEX

Female, spayed

The left kidney is normal size (4.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

8 Yrs.

The right kidney is normal size (4.20 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

14.8 lbs.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.69 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.

INTERPRETED BY

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

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 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.

IMAGING PERFORMED BY

Jenn

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

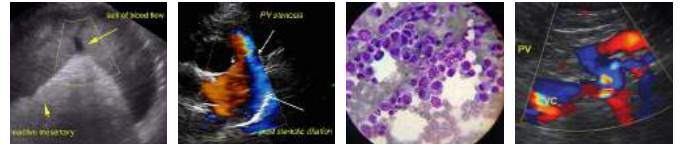
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Pancreas

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

DATE

9/1/21



PATIENT

observed. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

SPECIES

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

Primary Findings:

Domestic shorthair

- Urinary bladder sand and debris. No discrete cystic calculi are visualized.

SEX

Secondary Findings:

Female, spayed

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- Minor age-related renal pathology.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

8 Yrs.

- A urine culture is recommended to further evaluate for a urinary tract infection.
- Consider baseline labwork including a CBC chemistry panel and T4, if not already performed.
- Also consider increasing the patient's water consumption +/- transitioning to a prescription urinary diet to help reduce the risk of formation of cystic calculi.

WEIGHT

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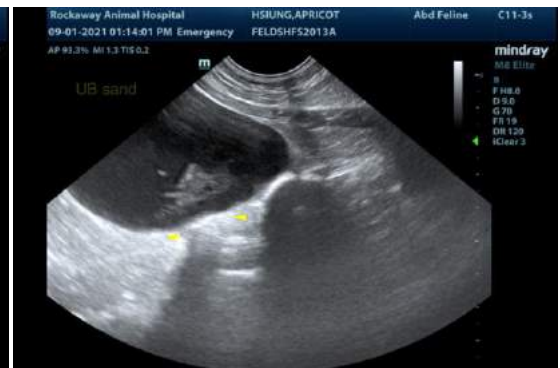
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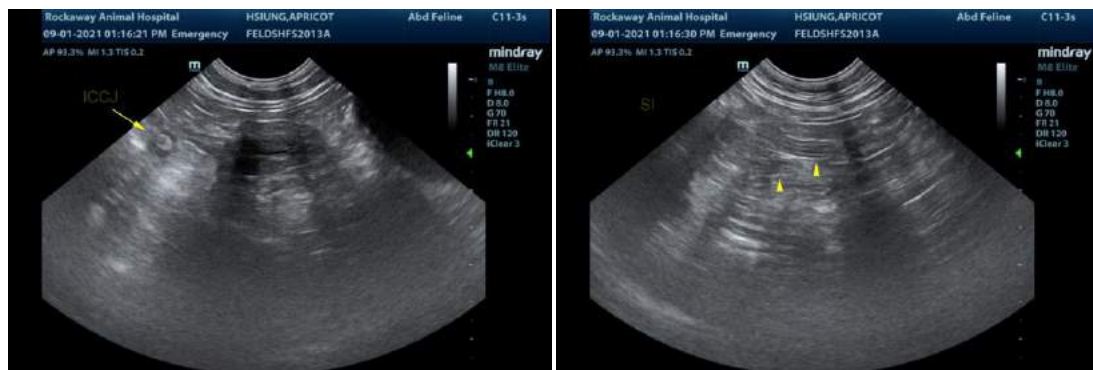
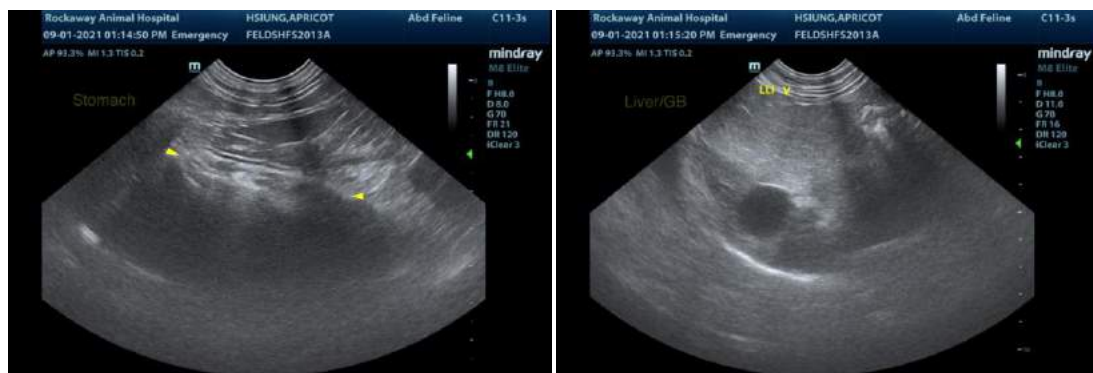
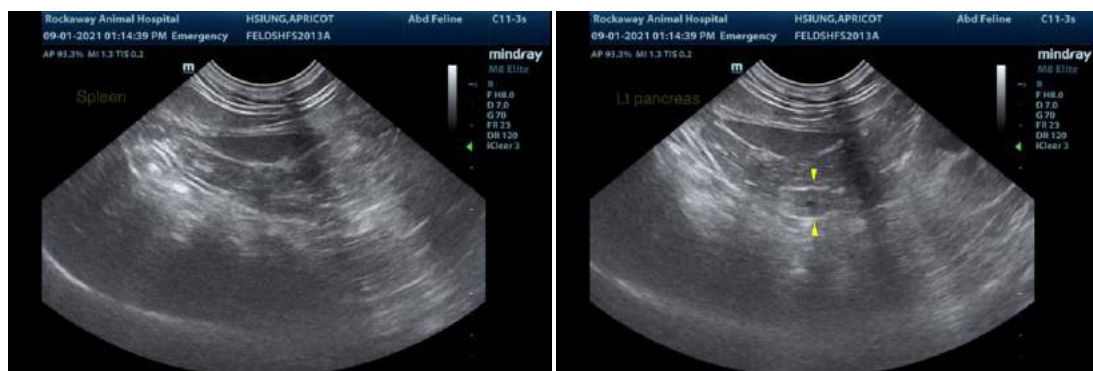
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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