



PATIENT

Brauny Laing

SPECIES

Feline

BREED

Domestic longhair

SEX

Male, neutered

AGE

13 Yrs. 2 months

WEIGHT

16.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

M. Kermendy

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

Dr. Haynes

INVOICE

12095

DATE

9/15/21

PRESENTING CLINICAL SIGNS

History: Multiple week history of urinating outside the liter box. Urinalysis showed WBC's, RBC's, bacteria; no growth on culture. Behavior not improved with Convenia, Zeniquin. Screening for urinary tract/kidney disease. Cat developed diarrhea on meds, owner stopped meds but diarrhea has continued.

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 moderate to large amount of suspended echogenic debris is observed within the lumen. No cystic calculi are seen. The region of the trigone is normal.

The left kidney is normal in size (3.23 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.77 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.

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.84 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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally fluid 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 segmentally gas distended. The small intestinal wall thickness is normal to borderline thickened (up to 0.30 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3



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muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional 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

Primary Findings:

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- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material. An obvious cause for the patient's clinical signs is not identified in this study. Considerations include feline lower urinary tract disease, behavioral or metabolic issue, other.

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Secondary Findings:

- Bilateral age-related renal changes.
- Bowel pattern consistent with inflammatory bowel disease with possibility of emerging lymphoma. Correlation with clinical findings is recommended.

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(*Small Animal Internal
Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

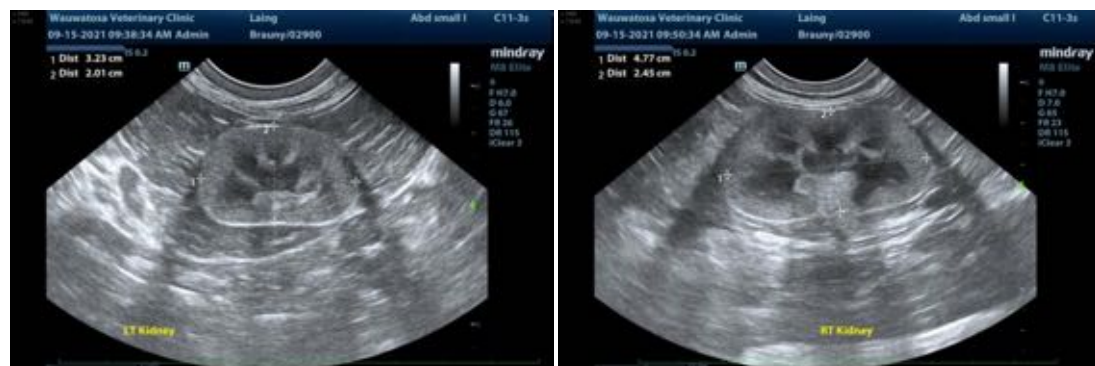
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- Baseline labwork including a CBC chemistry panel and T4 is recommended if not already performed.
- Consider medical management for feline lower urinary tract disease, if suspected.
- If the patient develops gastrointestinal signs, further workup may be warranted.

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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



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image/video clips provided.

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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.

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Andrea.nicastro@sonopath.com

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