



PATIENT

Chips Verhey

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

9 Yrs.

WEIGHT

11 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Lynette Reyes

HOSPITAL NAME

Dr. Lynette Reyes

REFERRING VET

Dr. Lynette Reyes

INVOICE

12086

DATE

9/15/21

PRESENTING CLINICAL SIGNS

History: Pet presented for decrease appetite and energy level for the past 2 days. No exposure to toxins at home. Pet has also been vomiting more often
Abnormal PE/Chem/CBC/UA Results: CBC: WNL UA: pending with culture Chem: BUN: 180 Crea: 12.4 Phosp: 19.3 Cal: 11.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A 0.73 cm cystic calculus is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is borderline enlarged (4.56 cm in length) with a normal shape and smooth peripheral contours. Severe pyelectasia/hydronephrosis is present (2.41 cm in the longitudinal plane). A scant amount of echogenic debris is observed within the renal pelvis. There is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci +/- small nephroliths are visualized. No nephroliths are seen. The left proximal ureter is dilated (0.34 cm) at its exit point from the renal pelvis and can be followed for a few cm after which it can no longer be seen. At the distal most point of visualization it measures 0.24 cm in diameter. The mesentery in the left retroperitoneal space is hyperechoic.

The right kidney is difficult to visualize but is borderline enlarged (4.50 cm in length); normal shape and architecture with smooth peripheral margins. There appears to be a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is severe pyelectasia/hydronephrosis (1.81 cm in the longitudinal plane). There is no obvious evidence of hydronephrosis.

Adrenal Glands

The adrenal glands are not definitively visualized.

Spleen

The spleen is subjectively prominent in size (1.09 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic mostly gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal



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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 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. 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

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There is no evidence of free fluid. A few visible lymph nodes are observed at the ileocecal colic junction. Surrounding mesentery is hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

Bilateral hydronephrosis with left hydroureter. Differentials for the left hydroureter include left ureteral stricture, stone or small tumor. Concurrent pyelonephritis may also be present- correlation with urine culture and sensitivity results is recommended. Left retroperitonitis is present. Bilateral age-related renal pathology.

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Cystic calculus

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Secondary Findings:

Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for acute on chronic renal failure/pyelonephritis is recommended while awaiting urine culture and sensitivity results.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if IV fluid diuresis is to be performed.
- A baseline blood pressure measurement is also recommended.
- If possible, acquisition of additional images of the right kidney is recommended to assess for further renal pathology.

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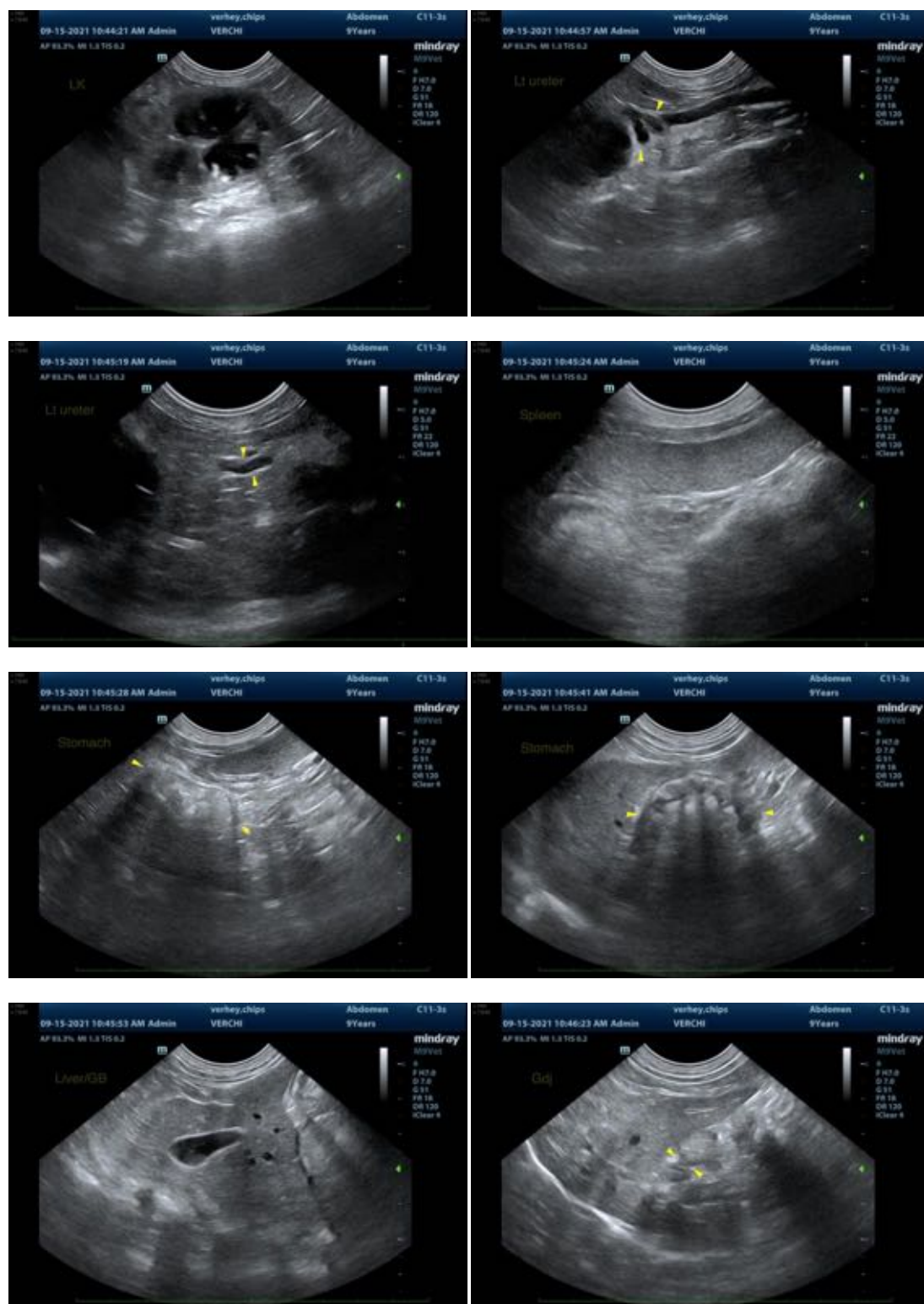
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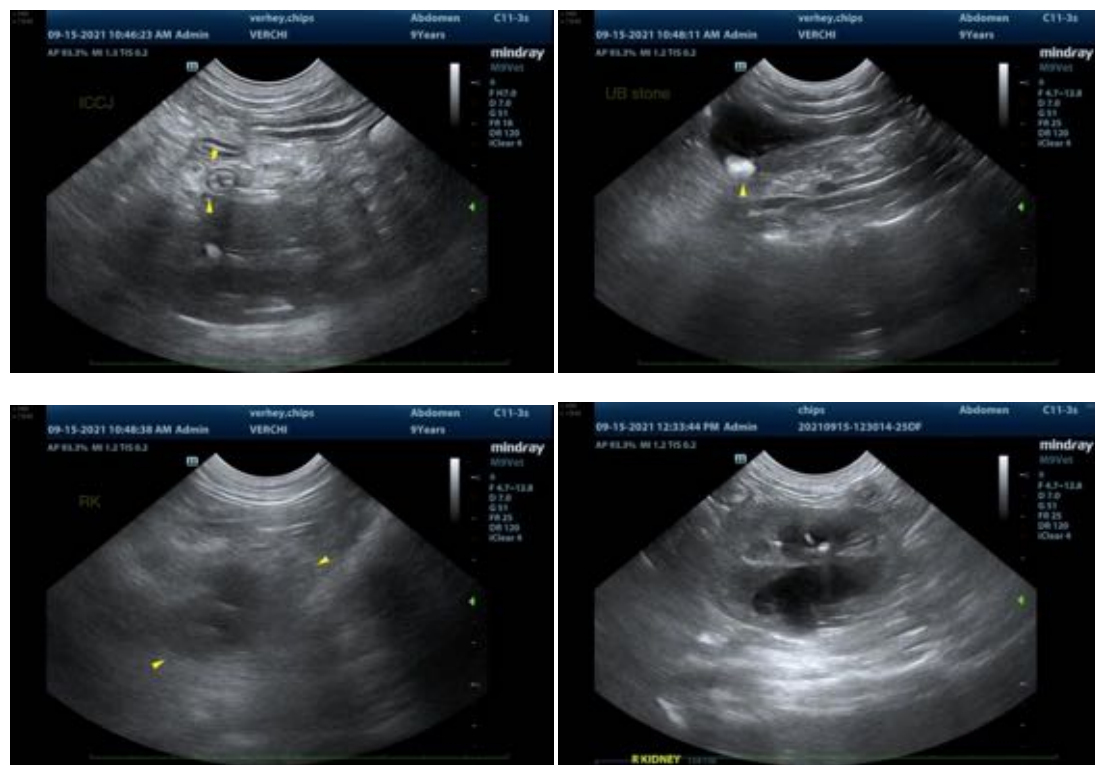
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

Andrea.nicastro@sonopath.com