



PATIENT

Ethel Handi

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female spayed

AGE

12 Years

WEIGHT

13.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Reyes

HOSPITAL NAME

Chain of Lakes Animal
Hospital

REFERRING VET

Dr. Reyes

INVOICE

11830kk

DATE

9/16/21

PRESENTING CLINICAL SIGNS

History: Pet presented for acute onset of vomiting, decreased appetite and painful around mouth that started on Monday. On oral exam, only 1 FLR found, no ulceration seen. Pet appears painful on palpation of caudal abdomen. Owners have Lilies plant at home, but they said that they are out of reach.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT: 50% Chem: Amy: 1218 BUN: 139 Cre: 16.7 K: 7.0 TP: 8.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is contracted. The wall is of appropriate thickness for the level of repletion. Luminal contents are minimal and anechoic. A 0.39 cm cystic calculus is observed. The region of the trigone is normal.

The left kidney is enlarged (4.85 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.47 cm in the longitudinal plane). There is no evidence of nephroliths or hydronephrosis. The mesentery surrounding the kidney is hyperechoic.

The right kidney is not visualized.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.80 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

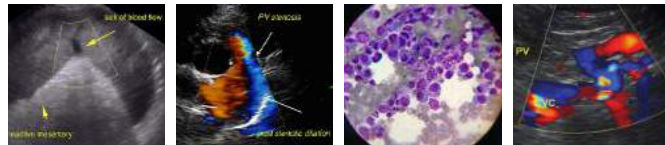
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic



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duct is mildly dilated (0.25 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Left renomegaly with age-related pathology and pyelectasia. Interstitial nephritis +/- pyelonephritis is suspected. Left retroperitonitis is present. The right kidney is extremely small/not seen.
- Small cystic calculus.

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Secondary Findings:

- The pancreatic changes are suggestive of chronic pancreatitis. However, correlation with clinical findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the severe azotemia, the following diagnostics/therapeutics are recommended:
 - a. Urine culture and sensitivity
 - b. UPC (if proteinuria is present)
 - c. Baseline blood pressure measurement
 - d. IV fluid diuresis with supportive care for acute on chronic renal failure.
 - e. Three-view thoracic radiographs are also recommended to assess cardiopulmonary status, particularly if IV fluid administration is to be pursued.
 - f. Serial monitoring of the patient's renal values is recommended to assess progression.

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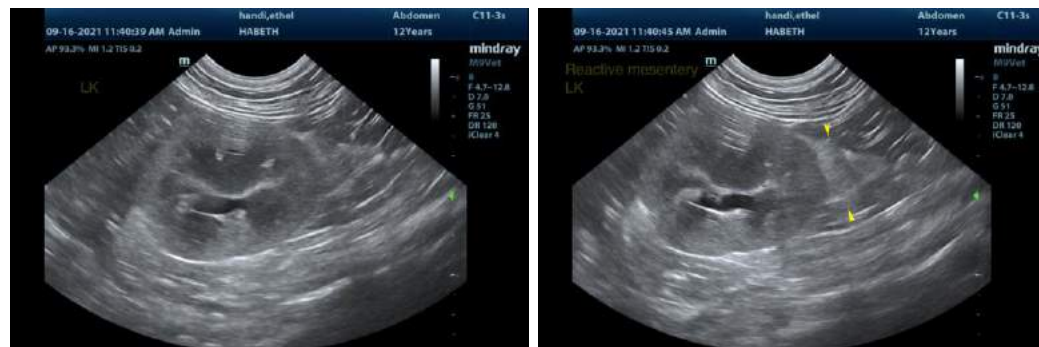
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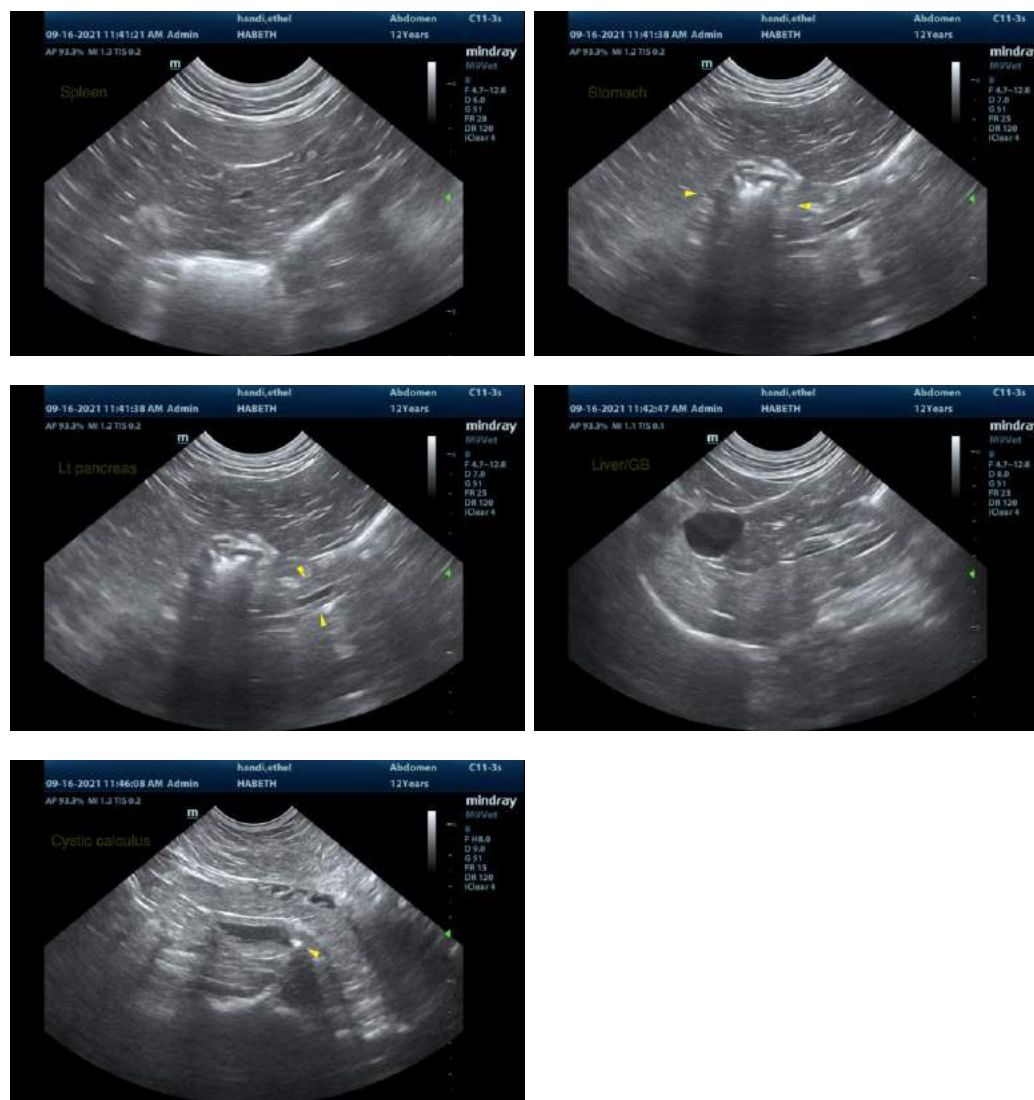
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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