



## PATIENT

Sparta Whaley

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

5.14.2014

## WEIGHT

13.1 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

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

## HOSPITAL NAME

Southside AH

## REFERRING VET

Dr. Michael Forcier

## INVOICE

11662

## DATE

9.19.2022

## PRESENTING CLINICAL SIGNS

Clinical Exam Findings: inappropriate urination, hx urinary obstruction  
Abnormal lab-work values: n/a

Current Medications: Cerenia, Convenia inj 09/15, c/d rx diet  
Radiographic Findings: NAF xrays on 07/28

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** is moderately distended. The wall is normal to slightly thickened (up to 0.32 cm) with a mildly irregular mucosal surface. A scant amount of suspended, echogenic debris is observed within the lumen. The mesentery effacing the serosal surface of the urinary bladder is hyperechoic. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

The **left kidney** is normal size (3.76 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.

The **right kidney** is normal size (4.08 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.

### Adrenal Glands

The **left adrenal gland** is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### Spleen

The **spleen** is normal in size (0.66 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 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



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detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**SPECIES**

Feline

**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**

Trace free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

**SEX**

Neutered Male

**Pancreas**

A brief **echocardiogram** reveals no evidence of obvious evidence of pericardial effusion.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**AGE**

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- The urinary bladder wall changes are most consistent with mild cystitis. Given the patient's clinical history, idiopathic cystitis/lower urinary tract disease is suspected.
- Caudal retroperitonitis is present, likely secondary to urinary bladder pathology.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider baseline lab work, including a CBC, chemistry panel, urinalysis and T4, if not already performed (to assess overall metabolic function).
- Also consider a urine culture and sensitivity to rule out a urinary tract infection.
- If the above diagnostics are inconclusive, supportive care for feline lower urinary tract disease is recommended. Treatments could include increasing the patient's water consumption (i.e., canned food, water fountains), antispasmodics, pain medication, stress reduction, +/- anti-inflammatories.

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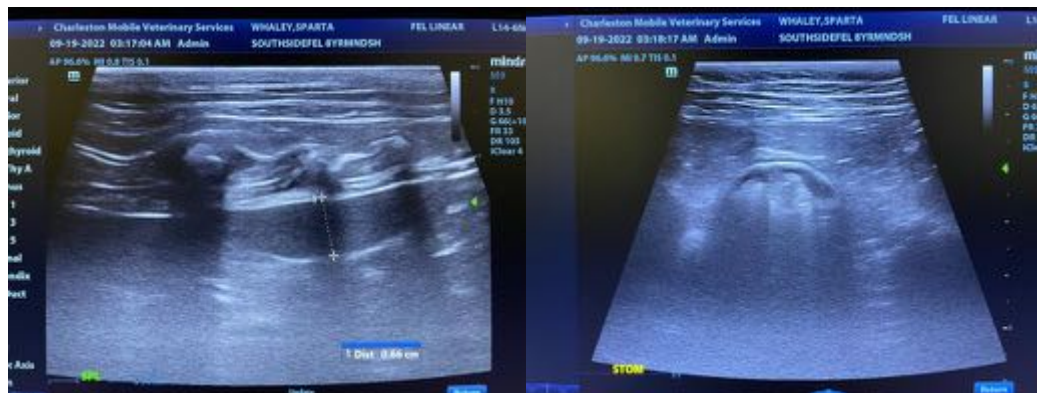
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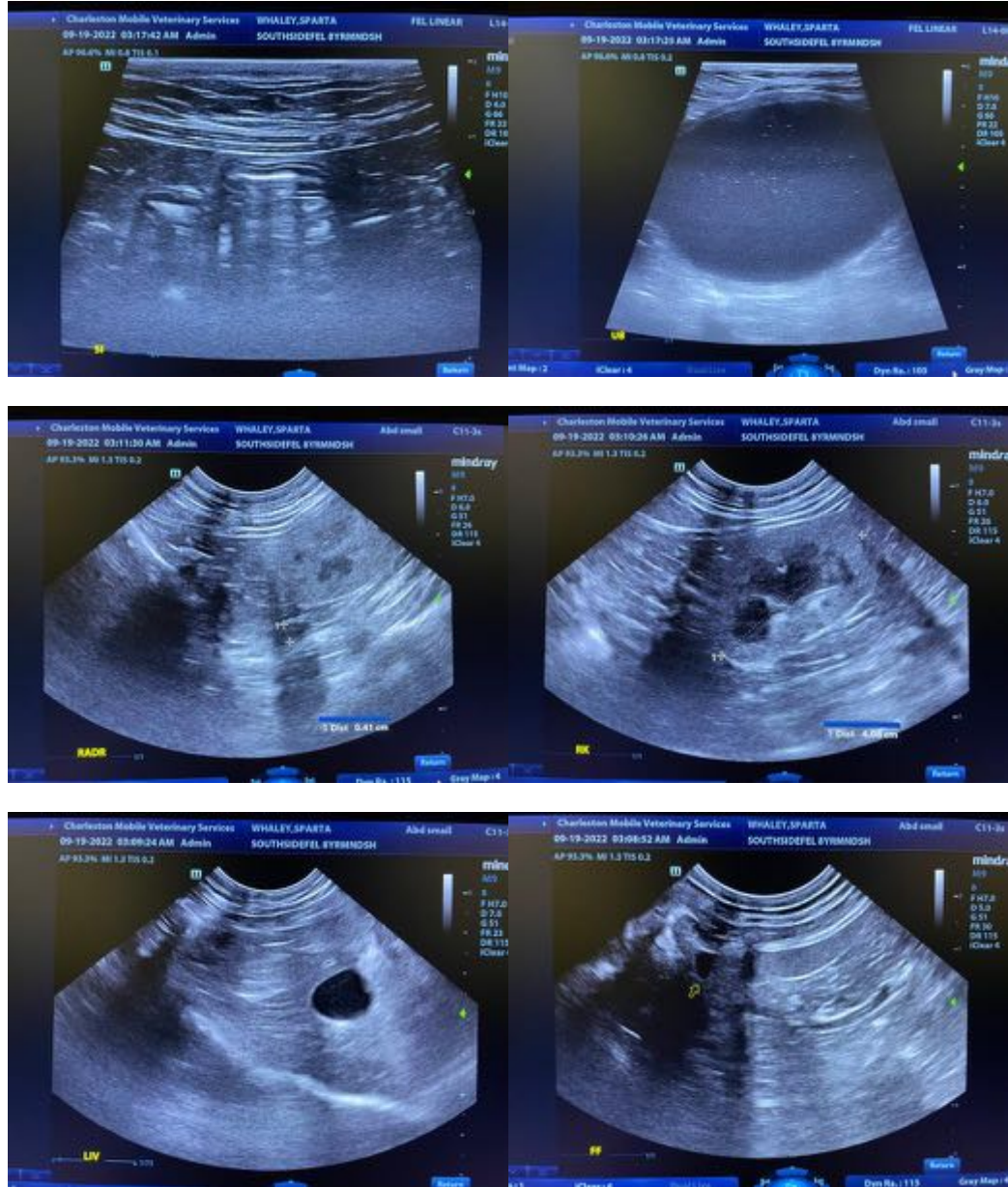
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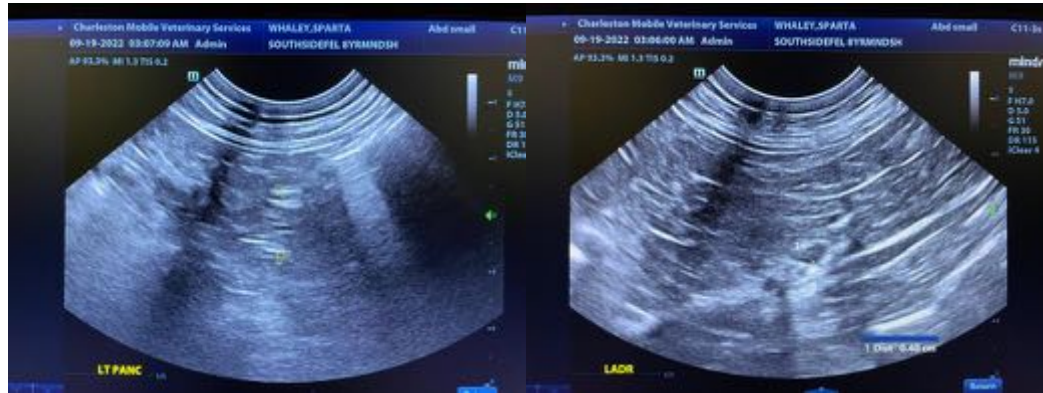
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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