

PATIENT

Midnight Shreffler

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

8 Yrs.

WEIGHT

2.1 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Moser

INVOICE

13999

DATE

9/21/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for tonight not greeting owner at door, normally very playful/social, head tilting to left, appetite decreased for approx. 3 days.

Previous Health Concerns: weeping eyes

Current Medications: none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.14 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened, hyperechoic and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.21 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened, hyperechoic and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.45 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 contracted (0.36 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 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.

Gastrointestinal

The gastric lumen is distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. 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

Midnight Shreffler

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

SPECIES

Free Abdomen

Feline

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

BREED

Domestic shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings:

Female, spayed

- Bilateral, non-specific degenerative renal changes. Given the patient's clinical history, acute on chronic renal failure is suspected.

AGE

Secondary Findings:

8 Yrs.

- The splenic contraction is likely secondary to dehydration.

WEIGHT

2.1 kg.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

- A urinalysis with urine culture and sensitivity is recommended along with a baseline blood pressure measurement.
- Also consider a UPC (if proteinuria is present) in the face of a negative urine culture.
- While awaiting test results, IV fluid diuresis and symptomatic care is recommended.
- A full neurologic examination should also be considered with possible consultation with a board certified neurologist if deficits are present.

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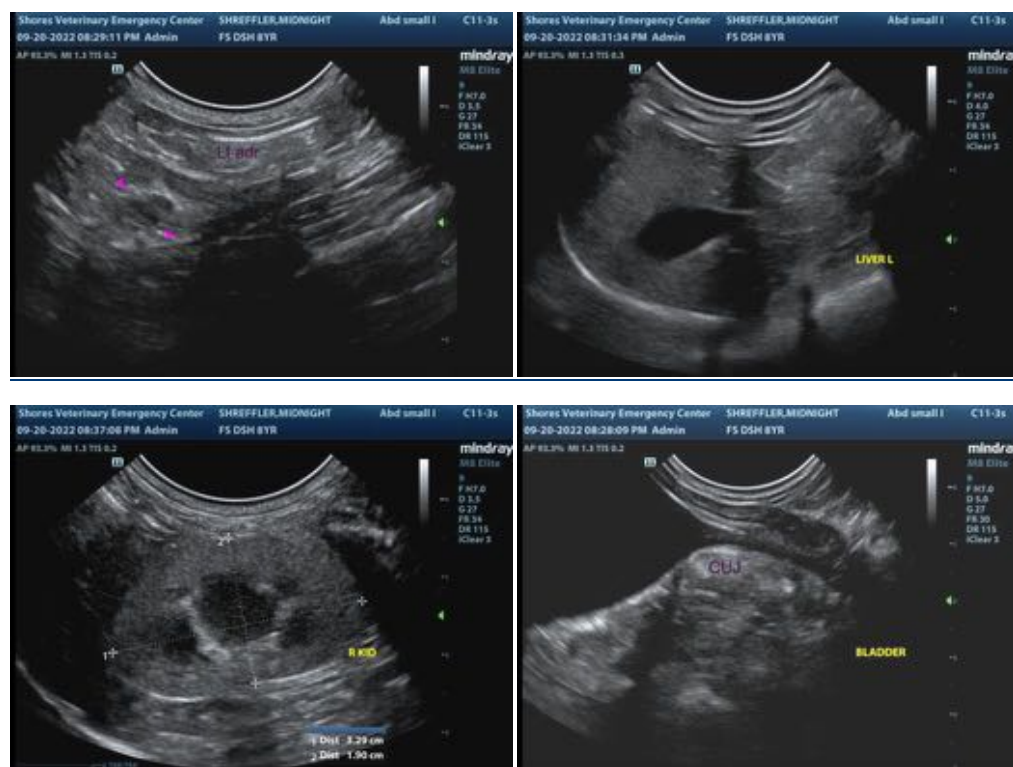
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com

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