

**DATE PRESENTING CLINICAL SIGNS**

9/24/21

History: Presenting Complaint: Not Urinating. Date: 09-23-2021 Notes: Seen last year for possible pancreatitis/ had UTI and 2 small stones since-- stones resolved past day-- not moving around much, hiding no straining, soft stringy stool; urinated in carrier. Felv/fiv negative when young. Assessment: signs are vague- started with workup. Rads-- a couple small pieces of stool, no uroliths, no obvious mass/fb. Lab work-- increase in lymphocytes, and neutrophils. Sent out to path review-- read out as neutrophilia, toxic changes can indicate chronic infection, but can also be seen in lymphoma/cancer changes-- not jumping to, but has to be a concern. Small stress hyperglycemia.

PATIENT

Luna Friedel

SPECIES

Feline

Current Medications: Cerenia, Unasyn, Gabapentin, Mirtazapine.

BREED

Domestic Shorthair

Radiographs: patchy region in the cranial thorax- cranial heart, a couple small pieces of stool, no uroliths, no obvious mass/fb.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SEX

Female Spayed

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

AGE

2/26/09

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****WEIGHT**

23.5 lbs.

The urinary bladder is mildly distended. The wall is normal to mildly thickened (up to 0.34 cm) with an irregular mucosal surface in some areas. A scant amount of aggregated echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal

INTERPRETED BY

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The left kidney is normal size (4.50 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 hydroureter.

The right kidney is normal size (4.33 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. A few small nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter.

HOSPITAL NAME

Animal Emergency
Hospital

Adrenal Glands

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

Spleen**REFERRING VET**

Dr. King

The spleen is normal in size (0.92 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**INVOICE**

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 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 detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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.

Free Abdomen

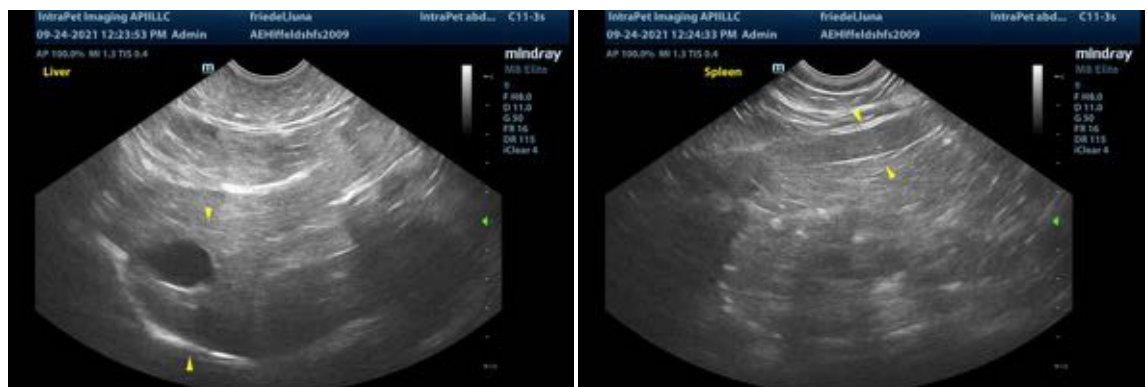
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

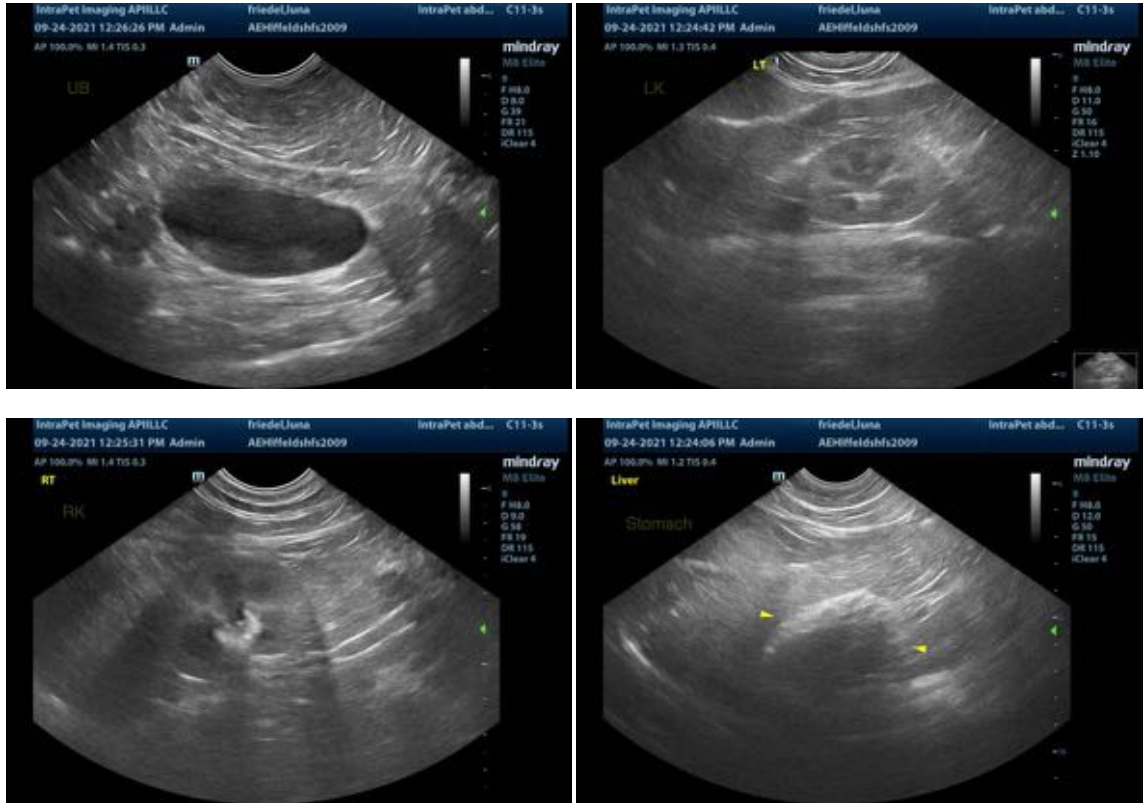
ULTRASONOGRAPHIC FINDINGS

- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion.
- Bilateral age-related renal changes with right non-obstructive nephroliths and trace pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a urine culture and sensitivity to further assess for occult pyelonephritis.
- Other diagnostic considerations include a fecal evaluation for ova and Giardia and a malabsorption panel to assess for causes of soft stool.
- Given the patient's age, three-view thoracic radiographs should also be considered.





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.

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