



**PATIENT**

Chewbacca Barnes

**SPECIES**

Feline

**BREED**

Domestic longhair

**SEX**

Female spayed

**AGE**

2 Years 4 Months

**WEIGHT**

5.5 kgs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Barnes

**HOSPITAL NAME**

Westview VH

**REFERRING VET**

Dr. Barnes

**INVOICE**

11910kk

**DATE**

9/27/21

**PRESENTING CLINICAL SIGNS**

History: Previous Ureteral obstruction March 2020, bilateral nephrolithiasis, left sided renomegaly cystic micro calculi. Was stage 4 IRIS., ARD from obstruction Improved on fluid therapy and placed on Simentra and k/d diet. Recheck Nov 2020 cystic debris present. culture negative. Small stone collected and determined to be a blood stone. Cat has been doing well since then. Recheck today.

Abnormal PE/Chem/CBC/UA Results: Blood and urine pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is moderately distended. The wall is normal in thickness. A large amount of suspended, echogenic debris is observed within the lumen along with a small amount of mineralized, gravity-dependent sand, as well as a few small cystic calculi. The region of the trigone and the visible portion of the proximal urethra are normal. An ultrasound-guided cystocentesis was performed during the exam.

The left kidney is at the upper limits of normal size (4.23 cm in length) with an irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. A few nephroliths are visualized. Moderate pyelectasia is present (0.67 cm in the longitudinal plane). A scant amount of echogenic debris is observed within the renal pelvis. The proximal ureter remains persistently dilated (up to 0.72 cm in diameter) and quickly tapers to the point where it is no longer visualized approximately 1-2 cm from the renal pelvis. Renal vasculature appears normal.

The right kidney is small in size (2.95 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic, shadowing diverticular foci and a few small nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

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

The right adrenal gland is normal size (0.44 cm cranial; 0.33 cm caudal; 1.50 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (0.79 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 is moderately distended. The wall is normal in thickness. A small to moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.



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## 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

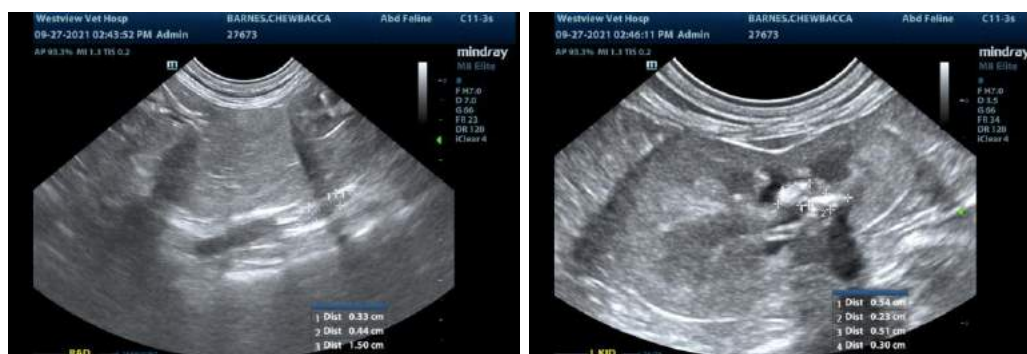
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS

- Bilateral, non-obstructive nephrolithiasis with chronic renal pathology. The left pyelectasia/proximal hydroureter is similar to the previous sonogram.
- Cystic calculi with urinary bladder sand/debris.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.





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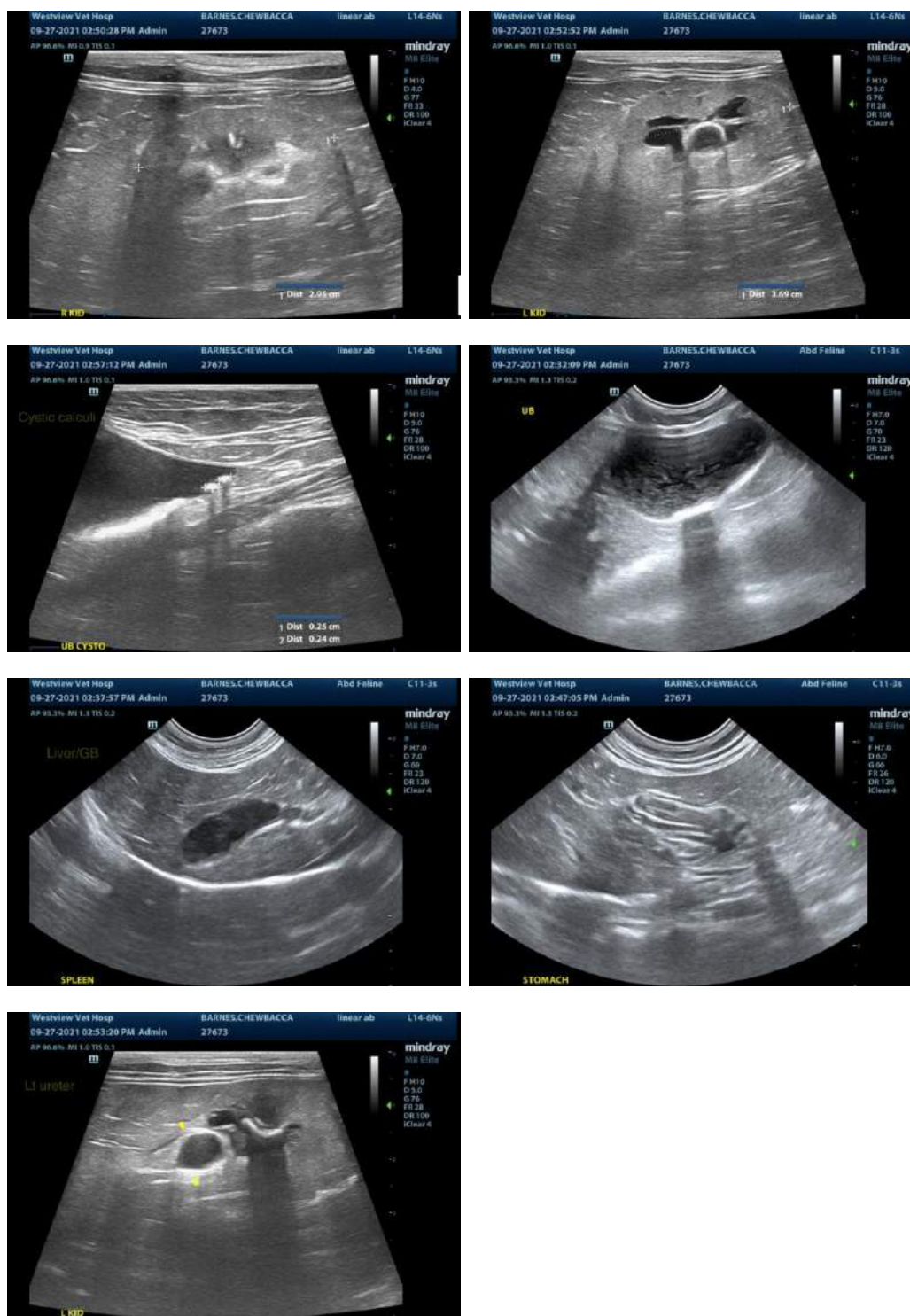
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Andrea.nicastro@sonopath.com

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