



**PATIENT**

Gracie Feuchack

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

10 Yrs.

**WEIGHT**

12 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Elaina Petrone

**HOSPITAL NAME**

Long Branch AH

**REFERRING VET**

Dr. Elaina Petrone

**INVOICE**

12271

**DATE**

9/27/21

**PRESENTING CLINICAL SIGNS**

History: Odd history of holding her urine and feces. Owner has brought her in for not urinating for 5 days, then she'll urinate in the carrier on the way to the office. Currently on Fluoxetine  
Abnormal PE/Chem/CBC/UA Results: Struvite crystals on UA and USG 1.066 Creatinine 2.1  
Repeating urinalysis today Diarrhea while in hospital

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A moderate to large amount of aggregated, echogenic, suspended debris is observed within the lumen. 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 (3.85 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 hydroureter.

The right kidney is normal size (4.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

*Adrenal Glands*

The adrenal glands are not definitively visualized.

*Spleen*

The spleen is normal in size (0.60 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. A small amount of aggregated echogenic debris is suspended within the lumen. The cystic and common bile ducts are normal/not seen.

*Gastrointestinal*

The gastric lumen is mildly distended with ingesta and soft shadowing material. 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. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction is normal. The lumen of the proximal colon is fluid distended. The colonic wall is normal. No obstructive disease is noted.

*Pancreas*



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The left limb of the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

**SPECIES**

Feline

**Free Abdomen**

There is no obvious evidence of free fluid. A few prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 0.79 cm in length. Surrounding mesentery is mildly hyperechoic.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

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- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- Bowel changes with consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The gastric luminal contents could be consistent with food and/or foreign material (i.e., hair). Correlation with clinical findings is recommended.

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**Secondary Findings:**

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- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor bilateral age-related renal changes.

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\*The clinical signs in this patient are unusual and the cause is not definitively identified on the sonogram. Considerations include an occult urinary tract infection, behavioral issue, hind end discomfort (i.e., secondary to osteoarthritis, other).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- A urine culture is recommended to further evaluate for a urinary tract infection.
- Thorough orthopedic and neurologic evaluations to assess for sources of pain that might be causing discomfort during urination and bowel movements. Whole body radiographs with the inclusion of the pelvis should be also considered to assess for bony abnormalities.
- If the patient is exhibiting other more chronic gastrointestinal signs consider a malabsorption panel, fecal evaluation for ova and Giardia +/- endoscopic or surgical gastrointestinal biopsies.

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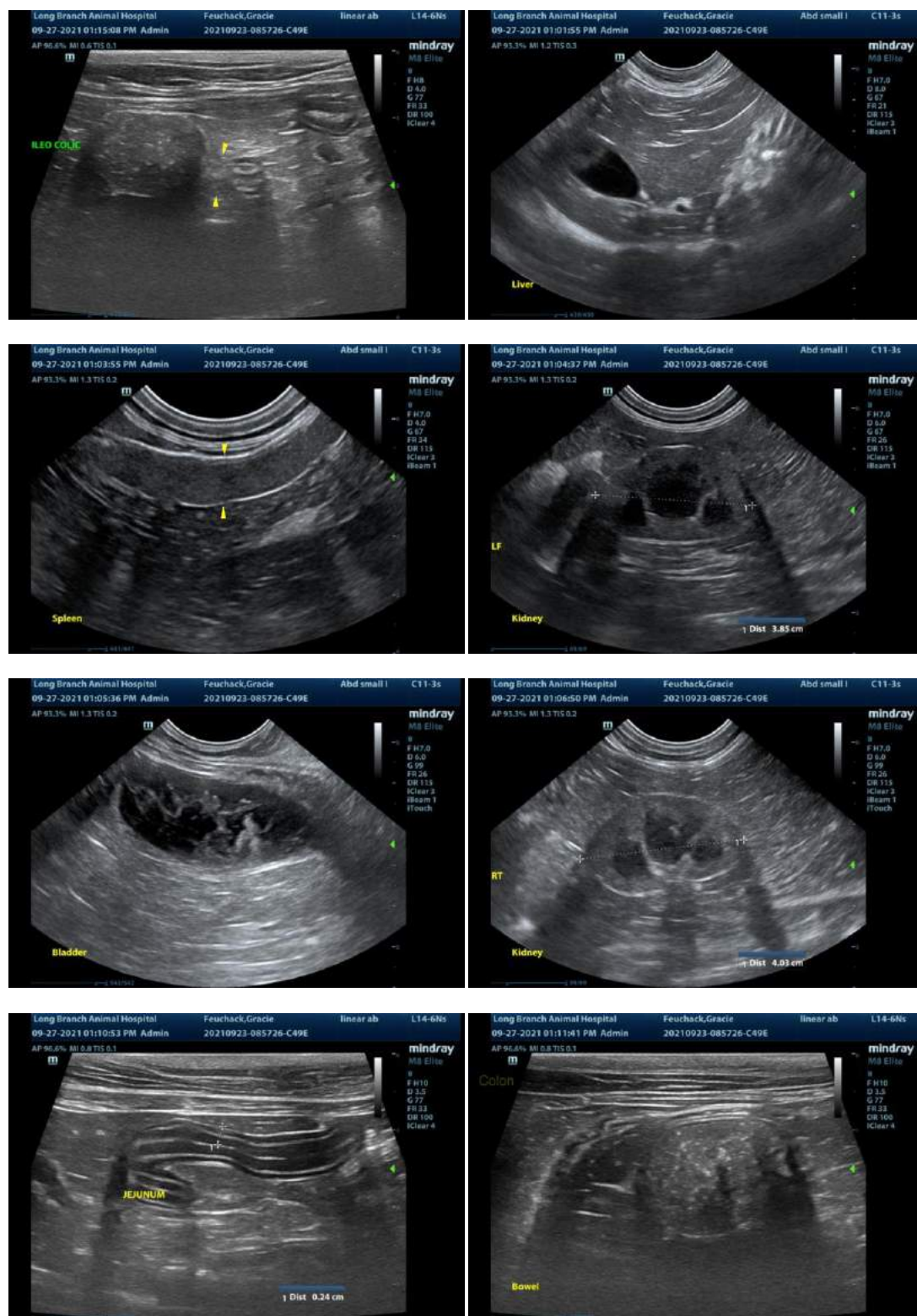
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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