



PATIENT

Mira Slamani

PRESENTING CLINICAL SIGNS

History: Presented for inappetence, not sleeping, not drinking, blood in stool, abnormal bowel movements, and vaginal discharge. Diagnosed with stage 3 kidney disease last week. Getting fluid therapy, cefazolin, gabapentin, Cerenia, mirtazapine, Veraflox. Being force fed.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Very high BUN, high Creatinine, phosphorus, Mg, triglycerides, WBC, RBC, Hemoglobin, NE and Monos. Low NA/K ratio, chloride, lymphocytes and eosinophils. U/A- USG 1.027, pH 5, red color, turbid, protein 3, glucose neg.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is mildly thickened (up to 0.29 cm) with a slightly irregular mucosal surface. A moderate amount of echogenic to mineralized debris is observed within the lumen, some of which is gravity dependent and some of which is suspended. No distinct calculi are seen. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female Intact

The left kidney is normal size (4.35 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. Trace pyelectedasia is present but there is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

11 Years

The right kidney is normal size (4.45 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. Trace pyelectedasia is present but there is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9.1 lbs.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.95 cm length; 0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.07 cm length; 0.58 cm width) with slightly swollen peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. No focal lesions are observed. Surrounding vasculature appears normal.

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Potomac Mobile
Veterinary Ultrasound

Spleen

The spleen is normal in size (0.94 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.

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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 gallbladder 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.

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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.

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with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis:mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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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

There is no evidence of free fluid. 1-2 prominent mid-abdominal lymph nodes are visualized.

SEX

Female Intact

Other

The left ovary is normal in size (0.90 x 0.54 cm) with a normal shape and echogenicity. No distinct focal lesions are observed.

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The uterus is diffusely fluid-distended (up to 1.95 cm in diameter), the wall is mildly thickened (up to 0.30 cm) and irregular in some areas.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

9.1 lbs.

Primary Findings:

- The clinical history and sonographic uterine changes are most consistent with pyometra. Mucometra and hydrometra are also possible differentials but considered less likely.
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.

Secondary Findings:

- Minor age-related renal pathology.
- The mild left adrenomegaly is most consistent with physiologic stress. However, hyperplasia or an early neoplastic process cannot be completely excluded.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma. Correlation with clinical findings is recommended.
- The prominent mesenteric lymph nodes are most likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Following ovariectomy, supportive care for acute (vs acute-on-chronic) renal failure is recommended. Consider a baseline blood pressure measurement.
- Three-view thoracic radiographs are recommended if not already performed.
- If gastrointestinal signs persist following recovery from the surgery, consider a more advanced GI workup (i.e., fecal evaluation for ova and giardia, malabsorption panel, hypoallergenic diet trial +/- endoscopic or surgical gastrointestinal biopsies).

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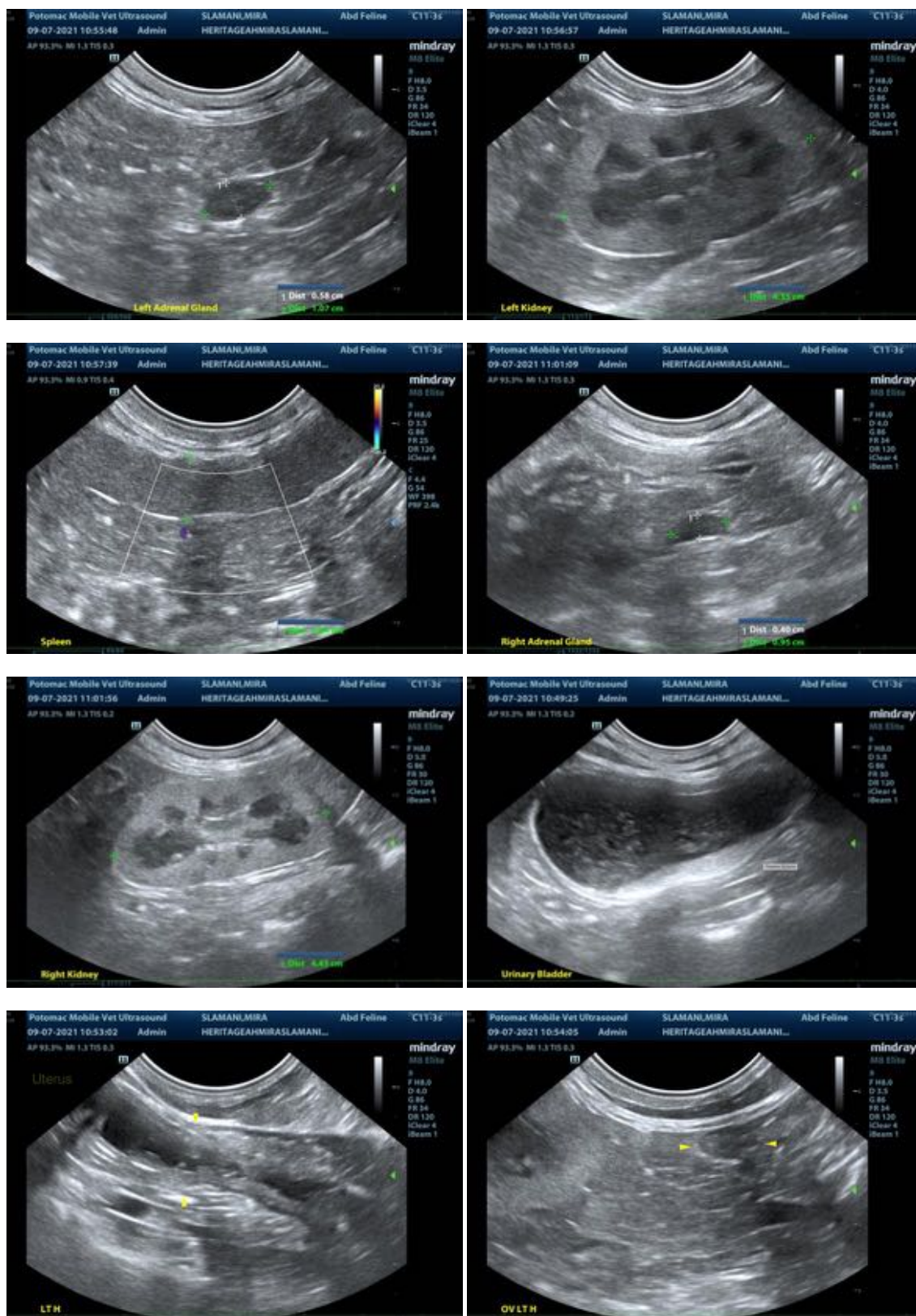
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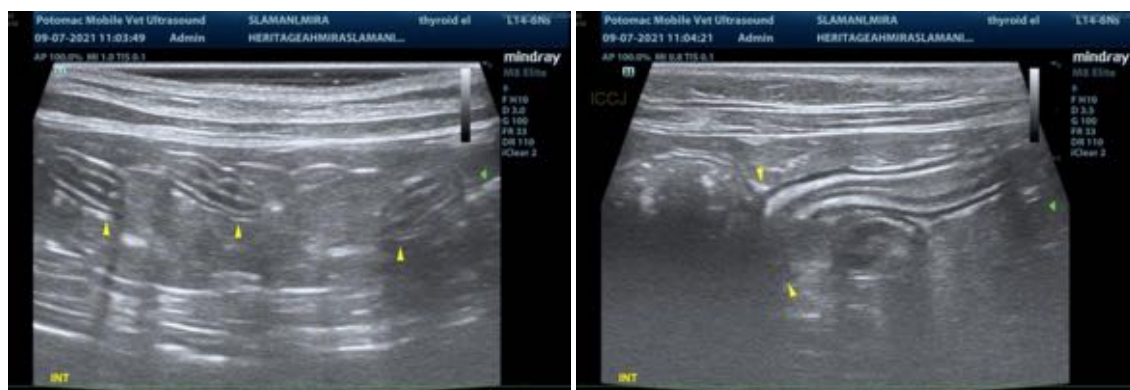
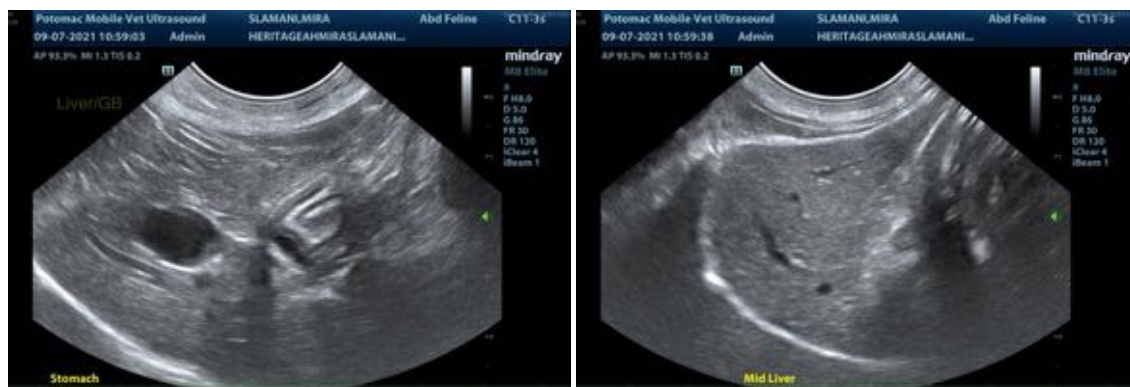
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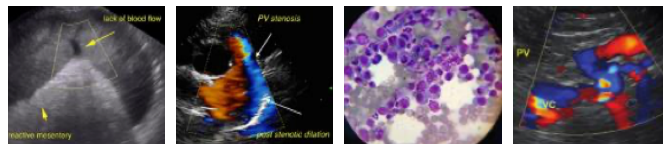
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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