



PATIENT PRESENTING CLINICAL SIGNS

Abby Priester

SPECIES

Feline

BREED

Siamese X

SEX

Spayed Female

AGE

4.5.2010

WEIGHT

11.5 lbs

Clinical Exam Findings: 8/5/22 - P presented for limping and inappropriate urination. Completed radiographs and UA. Gave Convenia injection. 8/19/22 - UTI- improved but hematuria still present RL - pt still not wanting to use. Pt has normal reflexes but will not bear weight. Radiographs - stool in colon, arthritic cx in stifles, otherwise naf Plan - prednisolone trial, discussed neuro referral if no improvement in mobility. Clavamox for UTI. 9/2/22 - Recheck P has abnormal bladder and not using rear legs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate 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 2-3 cm, are normal.

The **left kidney** is normal size (3.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (3.95 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro,
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ACVIM (Small Animal
Internal Medicine)

Adrenal Glands

The **left adrenal gland** is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The **spleen** is normal in size (0.68 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.

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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.

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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 is normal to mildly thickened (up to 0.32 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most



PATIENT

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

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

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Other

A brief **echocardiogram** reveals no obvious evidence of pericardial effusion.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

Primary Findings

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- The urinary bladder debris could be consistent with cells, crystals, lipid droplets and/or exfoliated material.

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- Bilateral degenerative renal changes

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- The small intestinal wall changes are consistent with inflammatory bowel disease. However, Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Repeat baseline lab work, (i.e., CBC, chemistry panel, urinalysis and T4) is recommended along with a urine culture and sensitivity to assess for infection.
- Consider a baseline blood pressure measurement to rule out systemic hypertension as a cause for the patient's clinical signs (although this is considered less likely).
- Given the patient's neurologic deficits, referral to a board-certified neurologist is recommended for further workup (i.e., brain/cervical MRI +/- CSF tap).

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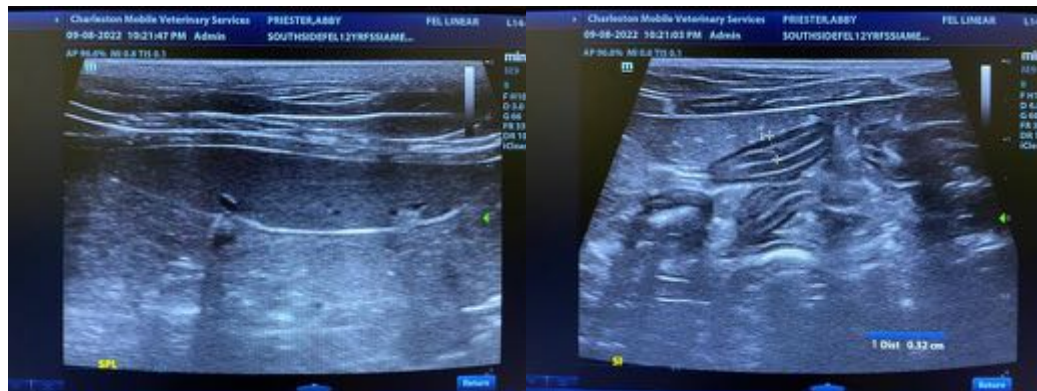
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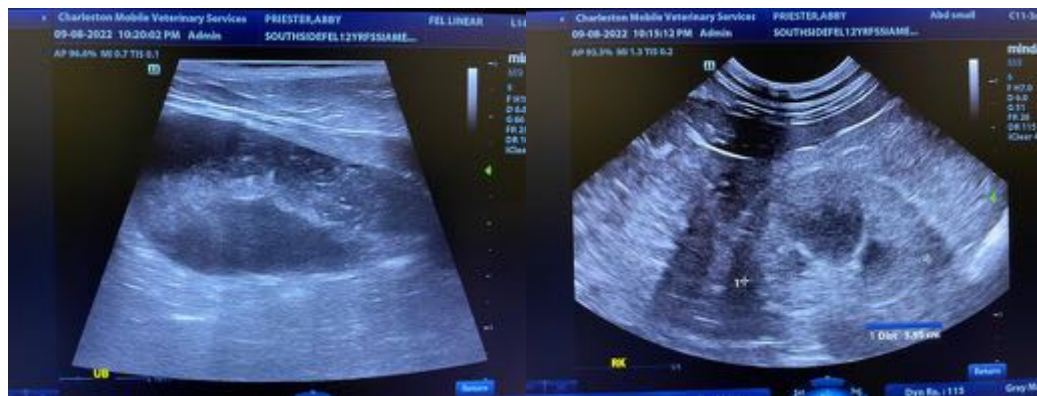
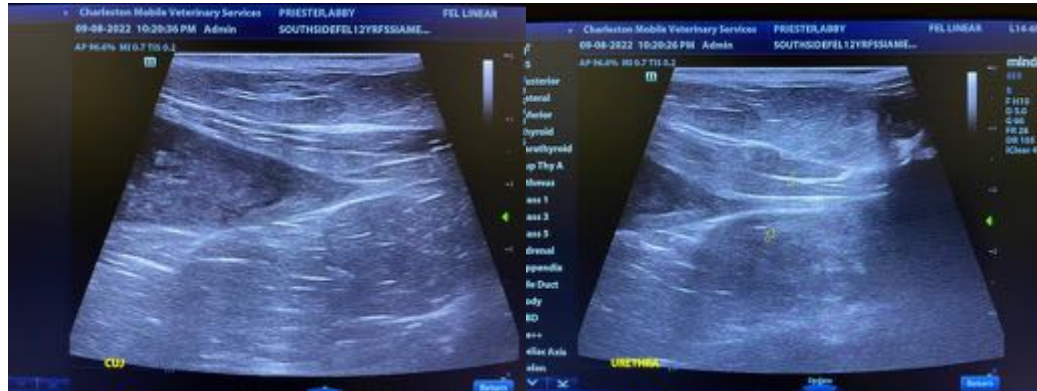
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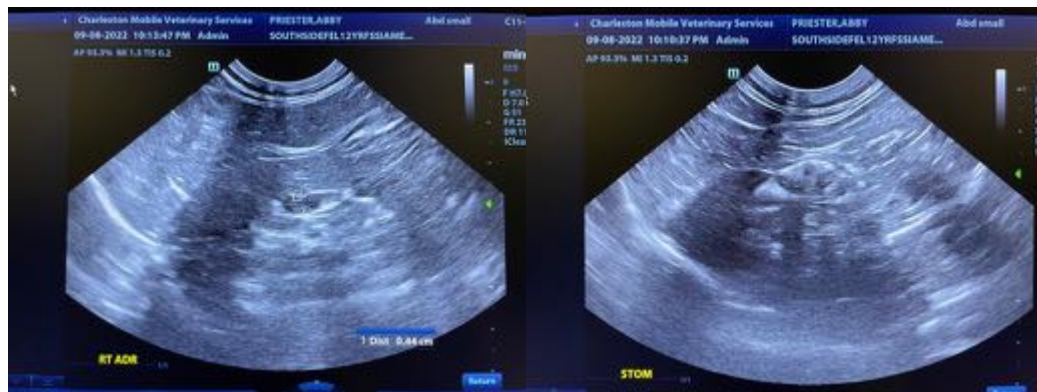
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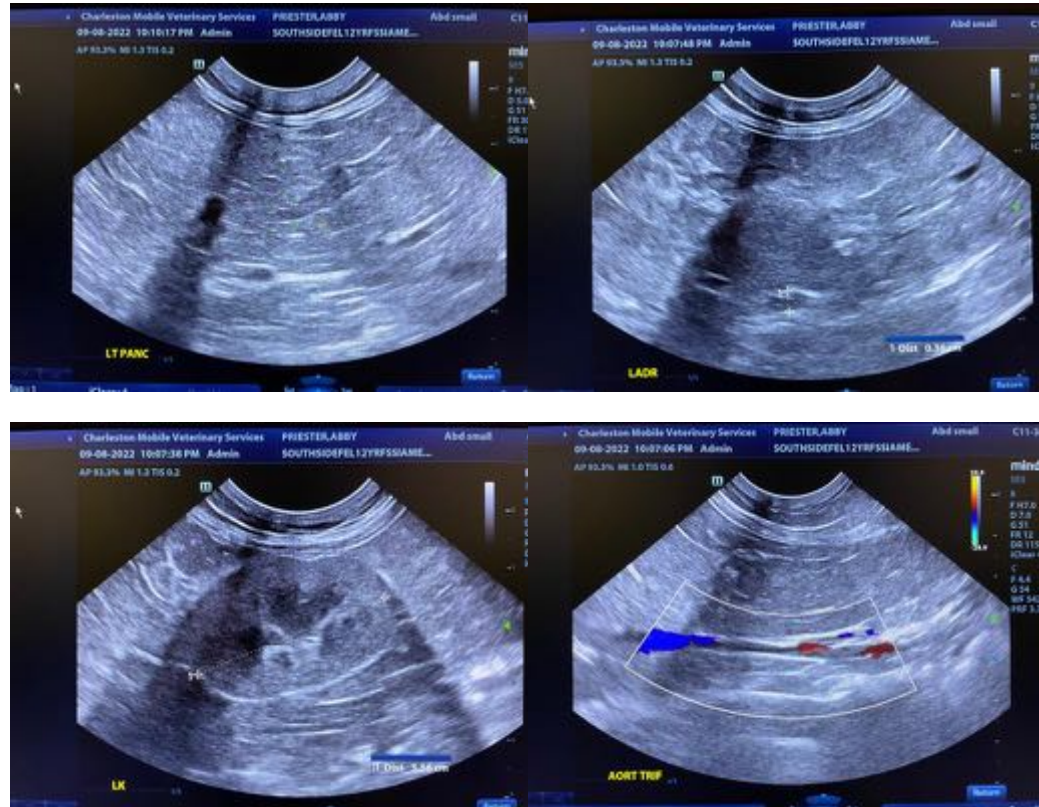
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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