



PATIENT

Pib Holmes

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

18.14 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Eguchi-Coe

DATE

4/24/23

INVOICE

14836

PRESENTING CLINICAL SIGNS

History: Chronic UTI recheck recent enterococcus UTI - Urine needs recheck. Previous PU finished veraflox Primary Question/Differential to Be Answered in This Exam Any issues or changes in his bladder to cause his chronic UTI Last US - 2021

Abnormal PE/Chem/CBC/UA Results: Pyuria - chronic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.92 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and is mildly thickened. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.51 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and is mildly thickened. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.26 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.95 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal



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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 base of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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.

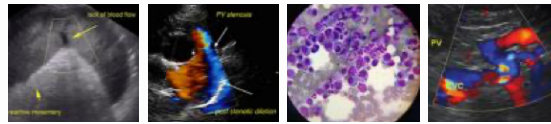
ULTRASONOGRAPHIC FINDINGS

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis. Changes are similar to the previous sonogram.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

*An obvious structural cause for the patient's chronic urinary tract infections is not definitively identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued periodic monitoring (i.e., every 3 months) of urine culture and sensitivities is recommended to assess for recurrence of infection. More frequent urine cultures may be warranted if the patient begins to exhibit clinical signs of infection.
- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is also recommended, if not already performed.



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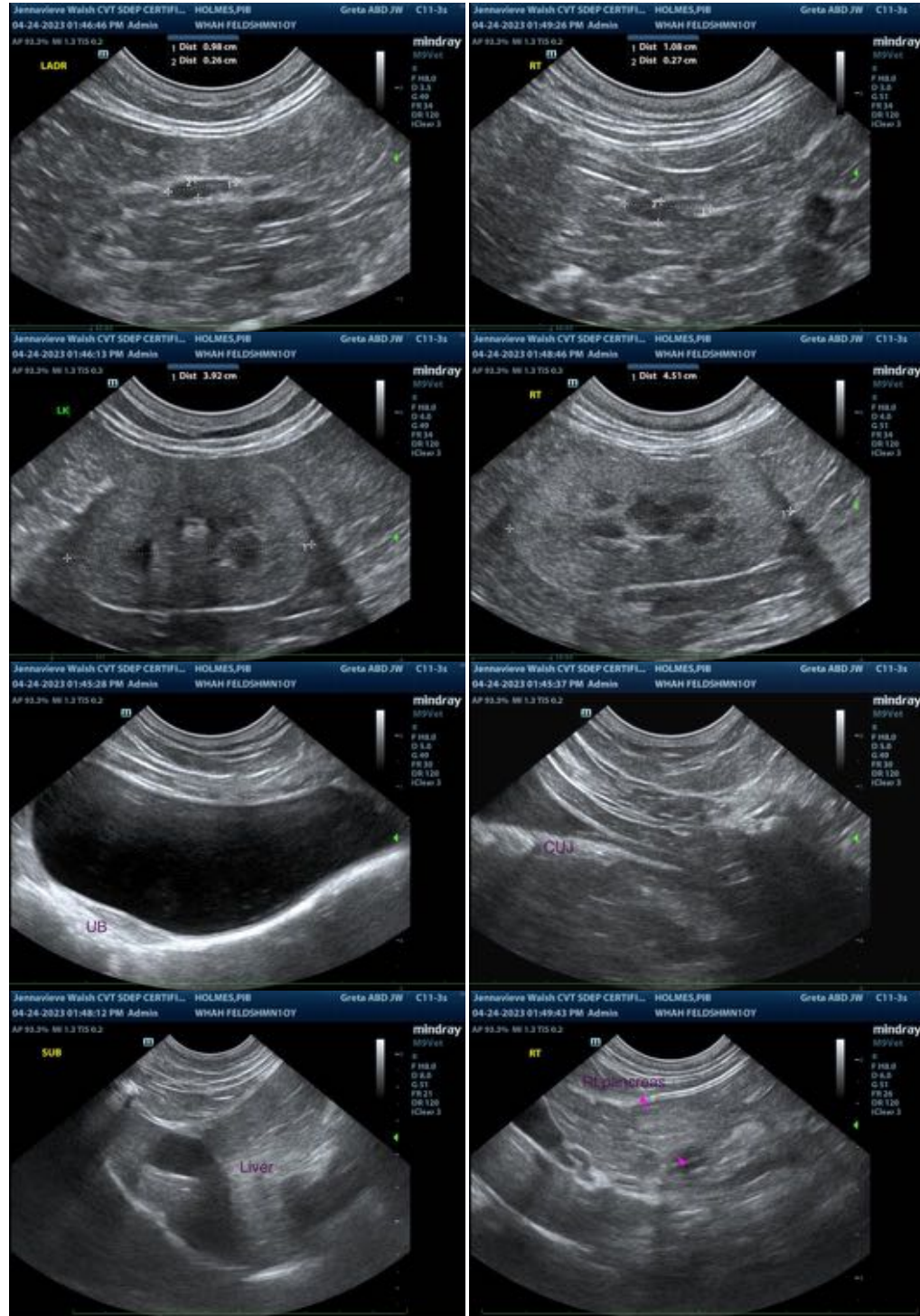
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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