

PATIENT PRESENTING CLINICAL SIGNS

Poe Visser History of polyuria. Creatinine 2.4, BUN 34, USG 1.014, no proteinuria, inactive sediment, negative culture, normal CBC and T4.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Domestic longhair

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic 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.

SEX

Male, neutered

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.

AGE

7/20/15

The left kidney is normal size (3.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.22 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

10 lbs.

The right kidney is normal size (3.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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Medicine)

Adrenal Glands

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

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

HOSPITAL NAME

Long Point AH

Spleen

The spleen is normal in size (0.64 cm in width at the level of the hilus) with a normal capsular contour. Using the high frequency probe, the parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Burton

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.

INVOICE

14245

DATE

11/22/22

Gastrointestinal



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The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 2-3 prominent lymph nodes are observed adjacent to the ileocecolic junction, the largest measuring 0.55 cm in length. Surrounding mesentery is mildly hyperechoic.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral, non-specific chronic renal changes. The left pyelectasia may be secondary to parenchymal remodeling, occult pyelonephritis, PU/PD, other.

Secondary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*The polyuria is suspected to be secondary to early renal disease. Occult pyelonephritis is also a possibility.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Despite the negative urine and sensitivity results, consider a short antibiotic course as empirical treatment for occult pyelonephritis.
- Given the azotemia, serial monitoring (i.e., every 3-4 months) of the patient's renal values is recommended.
- Also consider a baseline blood pressure measurement to assess for systemic hypertension.



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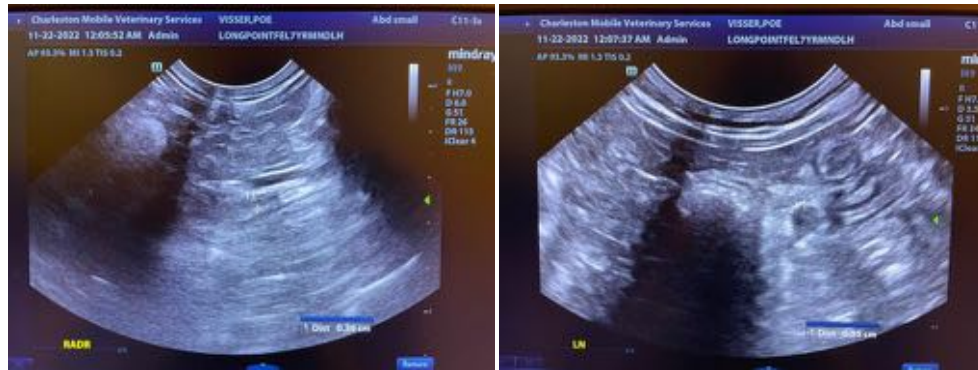
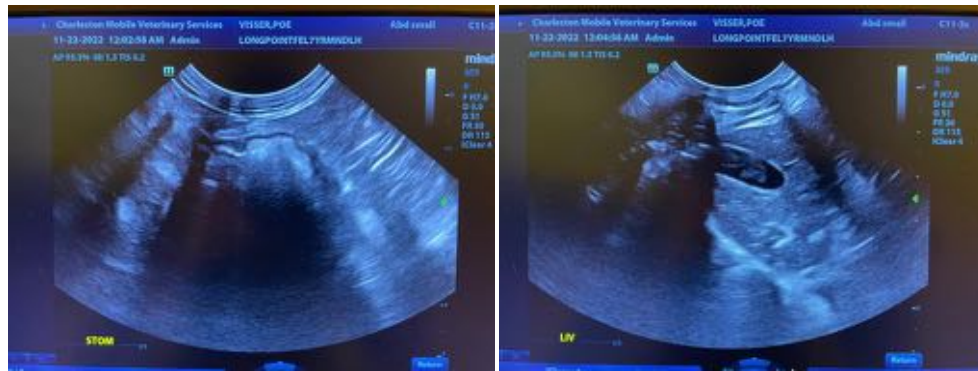
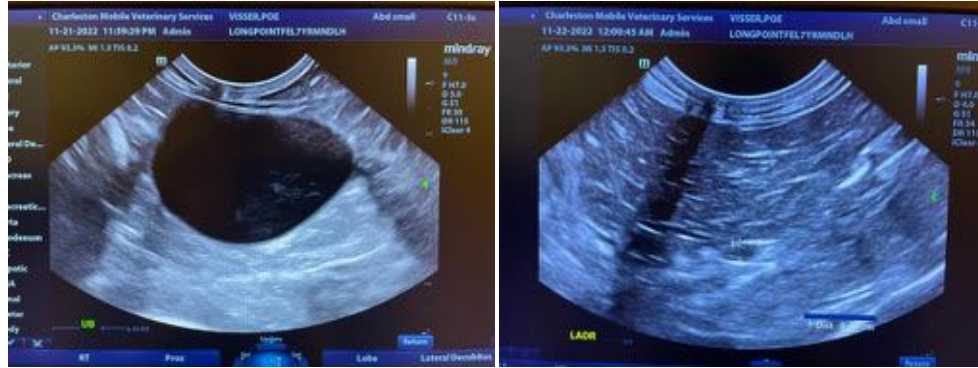
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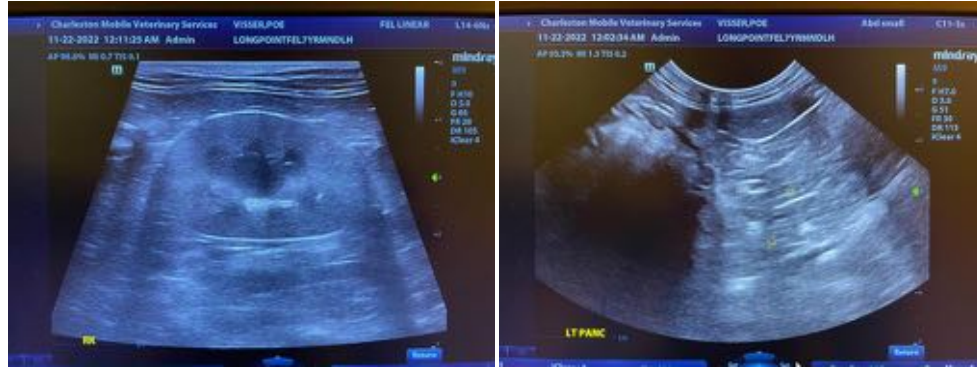
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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