


PATIENT PRESENTING CLINICAL SIGNS

Lil Bosely
 History: Repeat abdominal ultrasound of previously diagnosed bladder mineralization and nephropathy. Gabapentin 25mg BID PRN for discomfort. Previous scan 12/1/21
 Abnormal PE/Chem/CBC/UA Results: Urine culture 11/29/21 showed no growth Significant hematuria present on urinalysis 11/26/21

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Domestic shorthair
 The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. Several tiny cystic calculi are visualized within the lumen along with a small amount of aggregated echogenic suspended debris. The region of the trigone and the visible portion of the proximal urethra are normal.

BREED
SEX

Female, spayed

The left kidney is normal size (3.55 cm in length) with an irregular shape. The cortex is variably thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Cortical infarcts are suspected. Several non-obstructive nephroliths are seen. Trace pyelectasia is present. There is no evidence of hydronephrosis. Renal vasculature is normal.

AGE

12 Yrs.

The right kidney is normal size (3.58 cm in length) and severely misshapen. The cortex is variably thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Cortical infarcts are present. Several non-obstructive nephroliths are seen. There is no evidence of pyelectasia or hydronephrosis. Renal vasculature is normal.

WEIGHT

5.8 kg.

Adrenal Glands
INTERPRETED BY

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

The left adrenal gland is normal in size (0.24 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen
IMAGING PERFORMED BY

Crystal Hill

The spleen is normal in size (0.80 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.

HOSPITAL NAME

Snelgrove VS

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 anechoic. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Perit

Gastrointestinal
INVOICE

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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated. The small intestinal wall thickness is normal to mildly thickened (up to 0.27 cm) with a normal layering pattern and appropriate mural detail. There is

DATE

1/4/2022



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slight 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.

Pancreas

SPECIES

Feline

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated.

BREED

Domestic shorthair

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

SEX

Female, spayed

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Tiny cystic calculi and urinary bladder debris.

Secondary Findings:

- Bilateral nephropathy with non-obstructive nephrolithiasis and cortical infarcts.
- Age-related pancreatic remodeling/fibrosis.
- The small intestinal wall changes are suggestive of inflammatory bowel disease. However, correlation with clinical findings is recommended.

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(*Small Animal Internal
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.
- Given the patient's age, three-view thoracic radiographs and baseline lab work should be performed prior to any anesthetic event.

IMAGING PERFORMED BY

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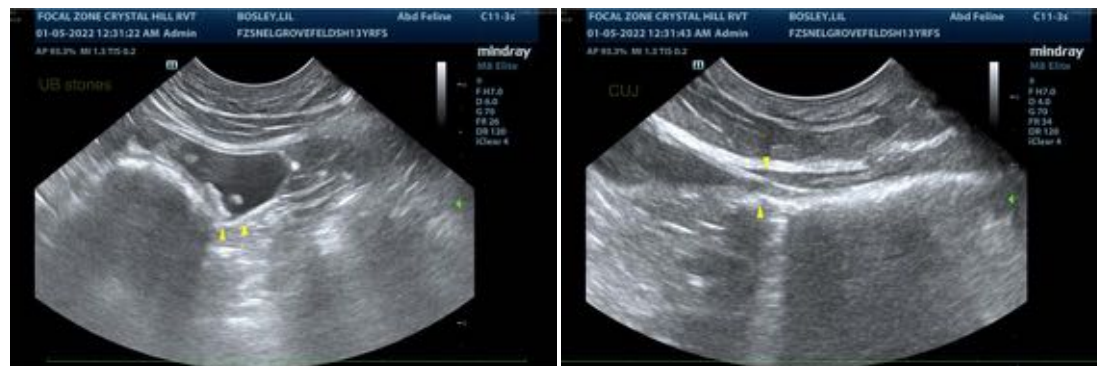
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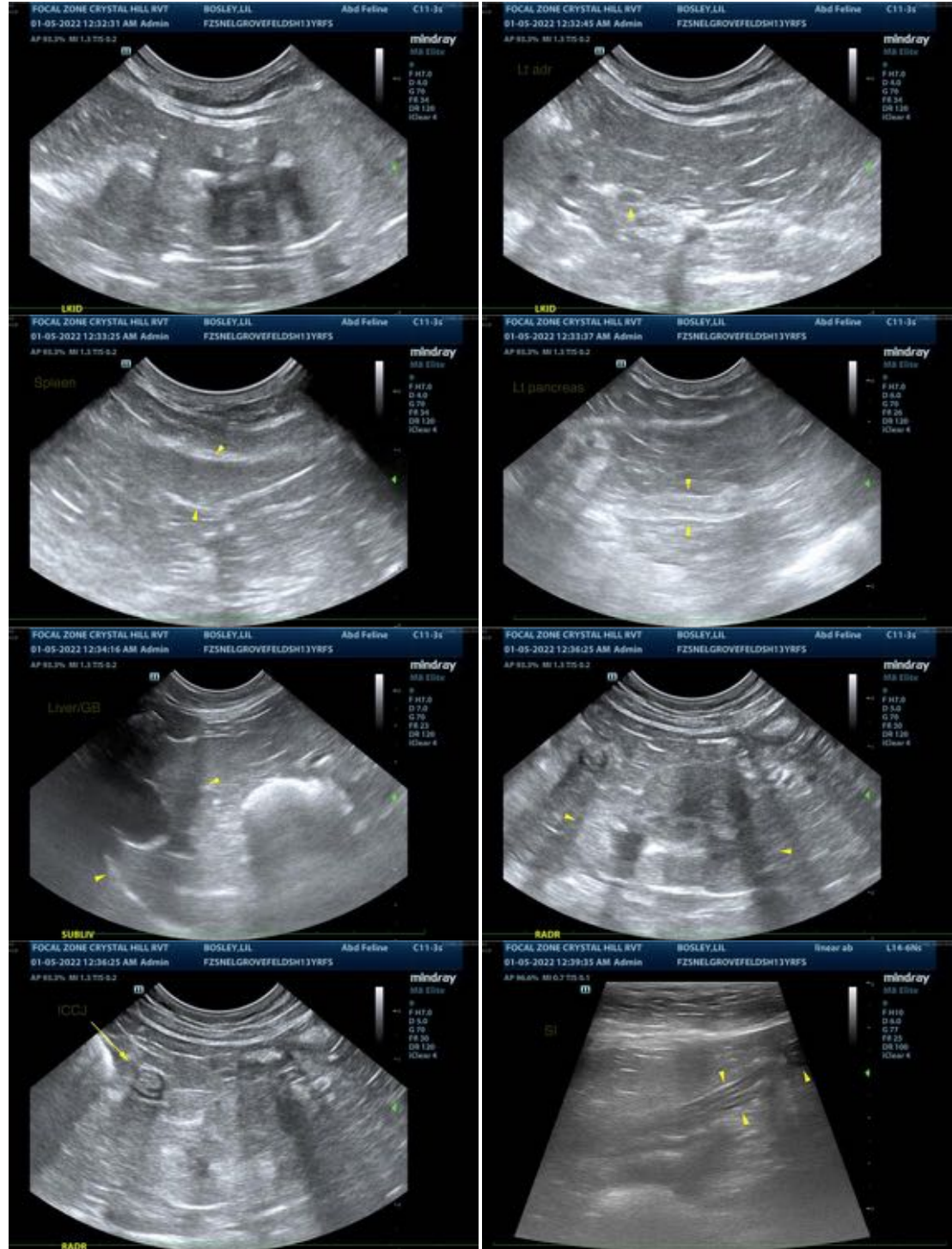
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

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