


**PATIENT**

Kate Hansen

**PRESENTING CLINICAL SIGNS**

History: Was seen at Emerg a few weeks ago for straining to urinate. Was treated for UTI. Follow up urinalysis showed blood still present in urine. Cat seemed better. Was seen again this past weekend at emerg vet for urinating straight blood. No stones seen on radiographs.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
***Urinary System***
**BREED**

Domestic shorthair

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant 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**

Female, spayed

The left kidney is normal size (3.40 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

11 Yrs.

The right kidney is normal size (3.43 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

**WEIGHT**

9.7 lbs.

***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.

**INTERPRETED BY**

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

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

***Spleen***

The spleen is normal in size (0.66 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.

**IMAGING PERFORMED BY**

Crystal Hill

***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.

**HOSPITAL NAME**

The Maples AH

**REFERRING VET**

Dr. Kazienko

***Gastrointestinal***

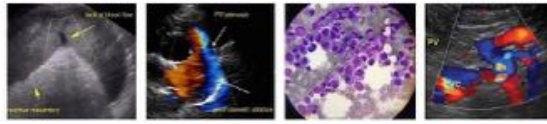
The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**INVOICE**

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**DATE**

10/19/21



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*Pancreas*

Kate Hansen

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.

**SPECIES**

Feline

*Free Abdomen*

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

**BREED**

Domestic shorthair

**SEX**

Female, spayed

- Urinary bladder debris.

\*An obvious cause for the patient's hematuria is not identified in this study. Differentials include urinary tract infection, idiopathic cystitis, benign idiopathic renal hematuria, coagulopathy, other.

**AGE**

11 Yrs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

9.7 lbs.

- A urine culture and sensitivity is recommended. A urine sample should be obtained 5-7 days after the last dose of antibiotics. Empirical treatment for idiopathic cystitis is recommended while awaiting test results.
- If there is concern for a coagulopathy, consider evaluating clotting times and platelet count.
- Baseline labwork (i.e., a CBC chemistry panel and T4) should also be considered if not already performed.

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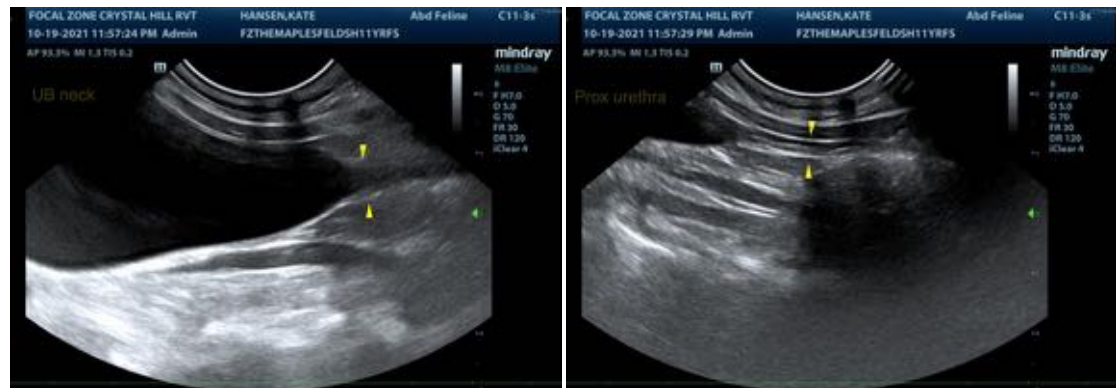
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**PATIENT**

Kate Hansen

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

11 Yrs.

**WEIGHT**

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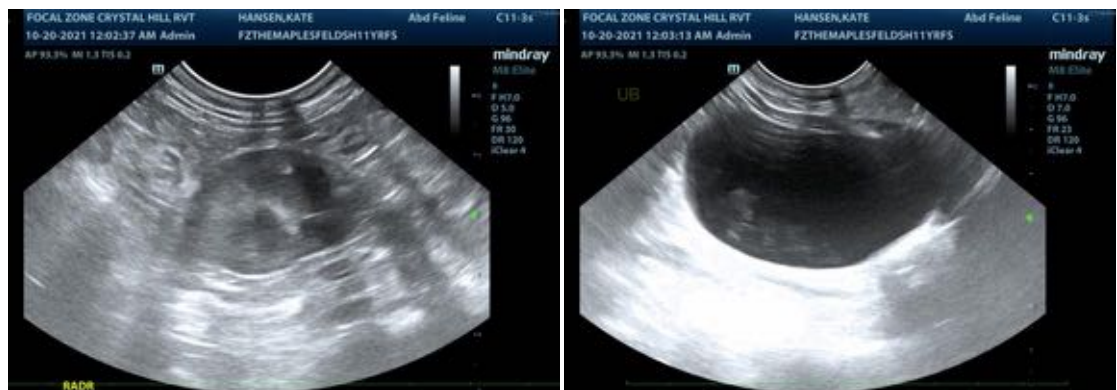
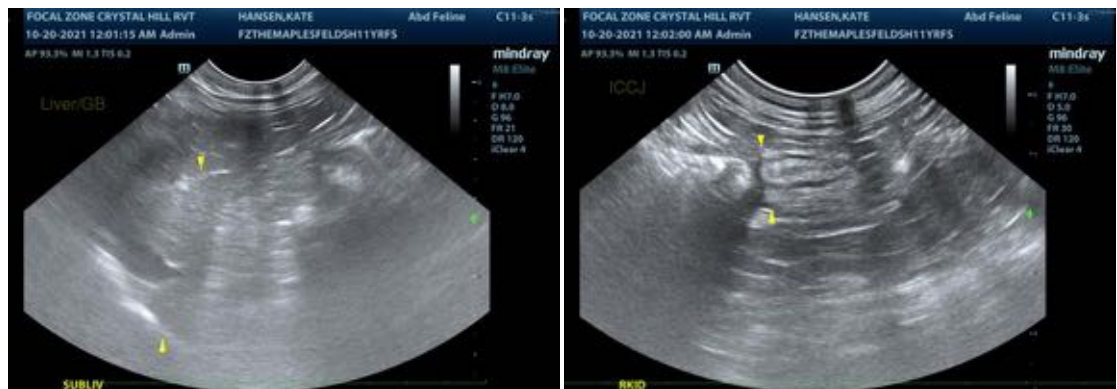
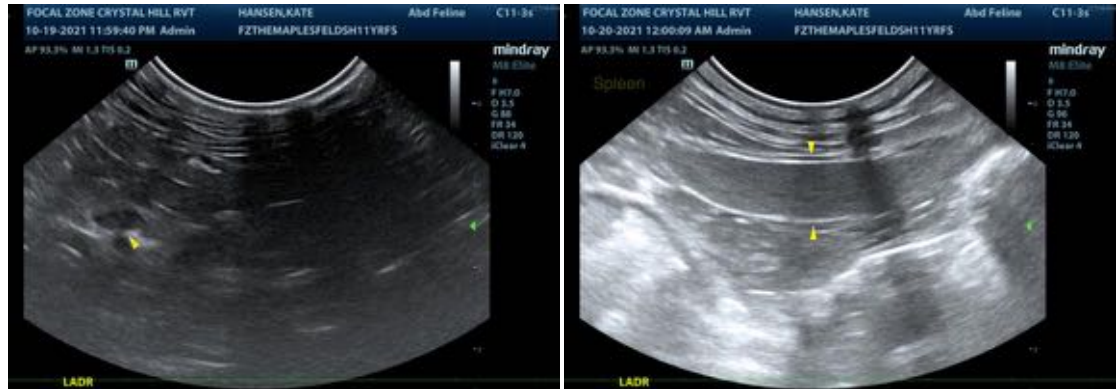
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

#### SPECIES

Feline

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.

#### BREED

Domestic shorthair

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

Andrea.nicastro@sonopath.com

#### SEX

Female, spayed

#### AGE

11 Yrs.

#### WEIGHT

9.7 lbs.

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