


**PATIENT PRESENTING CLINICAL SIGNS**

Cosmo Nyznyk History: not eating for 10 days, obese, NAF on exam currently on mirtazapine  
 Abnormal PE/Chem/CBC/UA Results: very mild increase in amy, triG, chol, T4 normal, HWT net, mild hematuria, USG 1.043

**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 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 left kidney is normal size (4.47 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.26 cm in the transverse plane). The proximal ureter is slightly dilated (0.25 cm in diameter) but is no longer visible, approximately 1-2 cm distal to the renal pelvis. There is no evidence of nephroliths. Renal vasculature is normal.

**AGE**

10 Yrs.

The right kidney is normal size (4.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

7.6 kg.

***Adrenal Glands***
**INTERPRETED BY**

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

The left adrenal gland is normal in size (0.57 cm length; 0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.55 cm length; 0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

***Spleen***

The spleen is normal in size (1.07 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**

Westoak AH

***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/not seen.

**REFERRING VET**

Dr. Fisher

**INVOICE**

12556

***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 segmentally dilated with chyme. The small

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**PATIENT**

Cosmo Nyznyk

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**

**SPECIES**

Feline

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.

**BREED**

Domestic shorthair

**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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Male, neutered

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral, age-related renal change. Left pyelectasia/proximal hydroureter - differentials include pyelonephritis, ureteral stricture or less likely, ureteral stones or tumor.

**AGE**

10 Yrs.

\*An obvious cause for the patient's clinical signs is not identified in this study.

**WEIGHT**

7.6 kg.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for occult neoplasia.
- Given the presence of hematuria, consider a urine culture and sensitivity to assess for pyelonephritis.
- Other diagnostic considerations include the following:
  - GI panel (send to Texas A&M).
  - Fecal evaluation for ova and Giardia.
  - Neurologic/orthopedic examinations to assess for non-metabolic causes for inappetence.

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**HOSPITAL NAME**

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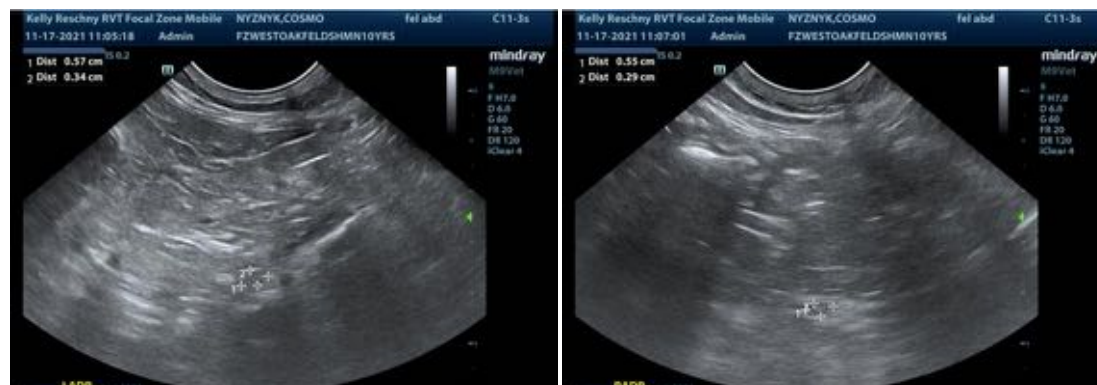
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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