



PATIENT PRESENTING CLINICAL SIGNS

Sasha Catargiu

History: Recurrent hematuria. Historical B12 deficiency from previous vet records. Was given 100mg of Gabapentin.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: U/A 12/6/22 - Cysto sample: pale yellow, cloudy, sp. grav - 1.023, pH 8.0, trace protein, blood 4+, WBCs 2/hpf, RBCs 26/hpf, Suspect presence of Cocci bacteria, rods present. Blood - Hematocrit high 0.46(0.29-0.45), Retics high 53.0(3-50) Lymphs low 0.4(0.9-5.9) Chemistry normal.

BREED

Domestic longhair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Female, spayed

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

AGE

12 Yrs.

The left kidney is small in size (2.57 cm in length) with a severely irregular shape. There is a normal 1:3 cortex: medullary ratio with moderate loss of corticomedullary distinction. The internal renal architecture is somewhat disrupted. A cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia, infarcts or hydronephrosis.

WEIGHT

7.34 kg.

The right kidney is normal size (4.36 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

East Credit VH

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. Webster

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 not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discrete masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

DATE

12/13/22


PATIENT
Pancreas

Sasha Catargiu

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.

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ULTRASONOGRAPHIC FINDINGS
SEX

Female, spayed

Primary Findings:

- Bilateral, degenerative renal changes. The left kidney appears dystrophic or dysplastic.

Secondary Findings:

- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

AGE

12 Yrs.

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

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended to further assess for infection.
- Also consider abdominal/pelvic radiographs to evaluate for distal urethroliths.
- Consider empirical treatment for idiopathic cystitis if lower urinary tract signs are present.

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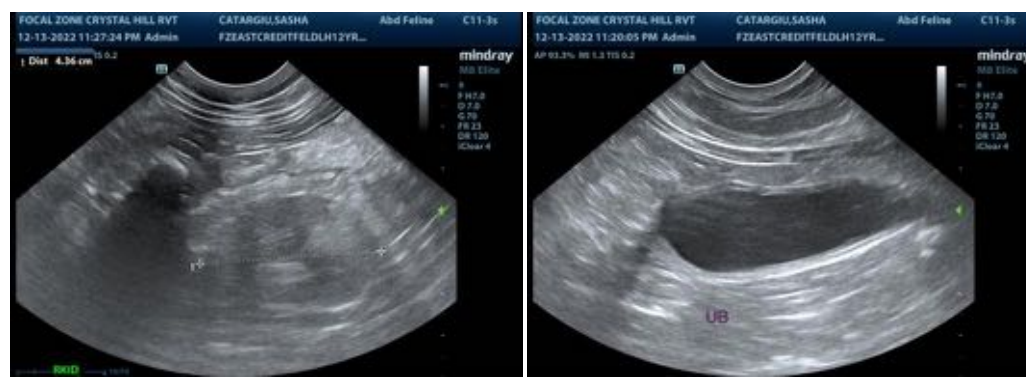
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HOSPITAL NAME

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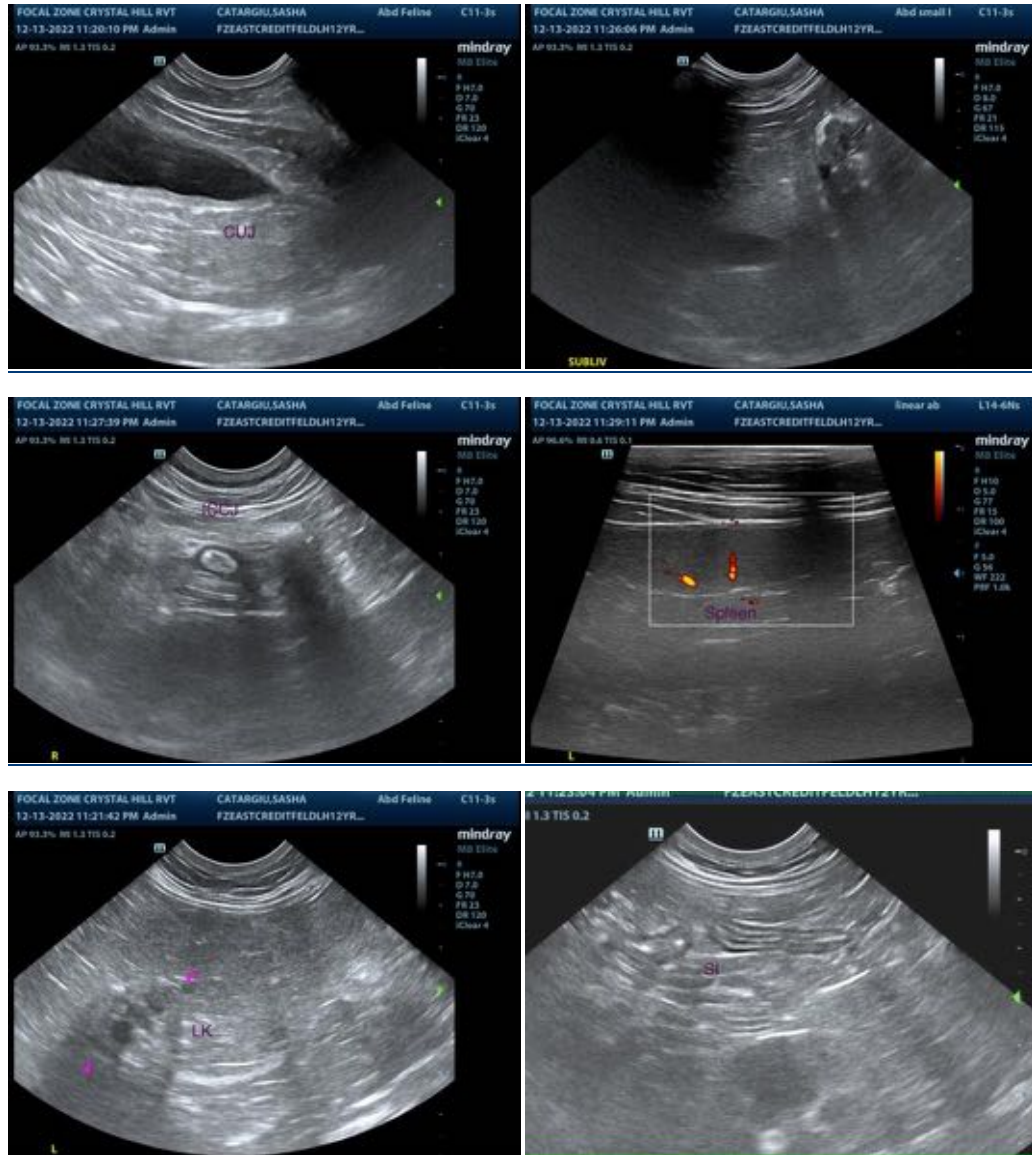
Crystal Hill

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REFERRING VET

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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

DATE

12/13/22