


PATIENT PRESENTING CLINICAL SIGNS

Oona Romme

History: can be spicy, hx of inappropriate urination, comes and goes, all over the house hx of pancreatitis last week elevated CREA as well History of occasional vomiting currently on Trialing fluxoetine, gabapentin and zylkene

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Elevated SDMA, Crea and Urea fPL now normal but was abnormal last week

BREED

Domestic shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
SEX

Female, spayed

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine visible to a depth of 1 cm. 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.

AGE

6 Yrs

The left kidney is normal size (3.60 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. Several tiny nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

3.1 kg.

The right kidney is small in size (2.95 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands
IMAGING PERFORMED BY

Kelly Reshny, RVT

The left adrenal gland is normal in size (0.51 cm length; 0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.39 cm length; 0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Oxford County VC

Spleen

The spleen is normal in size (0.72 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.

REFERRING VET

Dr. Halfon

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.

INVOICE

12732

DATE

12/21/21



PATIENT *Gastrointestinal*

Oona Romme 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 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. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

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.

Free Abdomen

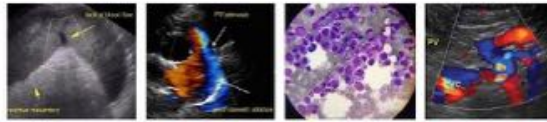
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Bilateral, age-related renal pathology with left non-obstructive nephrolithiasis.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further investigate for possible medical causes of inappropriate urinations, consider a urine culture and sensitivity and UPC (if proteinuria is present).
- Given the history of azotemia, a baseline blood pressure measurement should also be considered as well as a prescription renal diet, if the patient will tolerate it.
- If the patient develops gastrointestinal signs, a more advanced GI workup (i.e., malabsorption panel, fecal evaluation for ova and Giardia, +/- endoscopic or surgical gastrointestinal biopsies) may be warranted.



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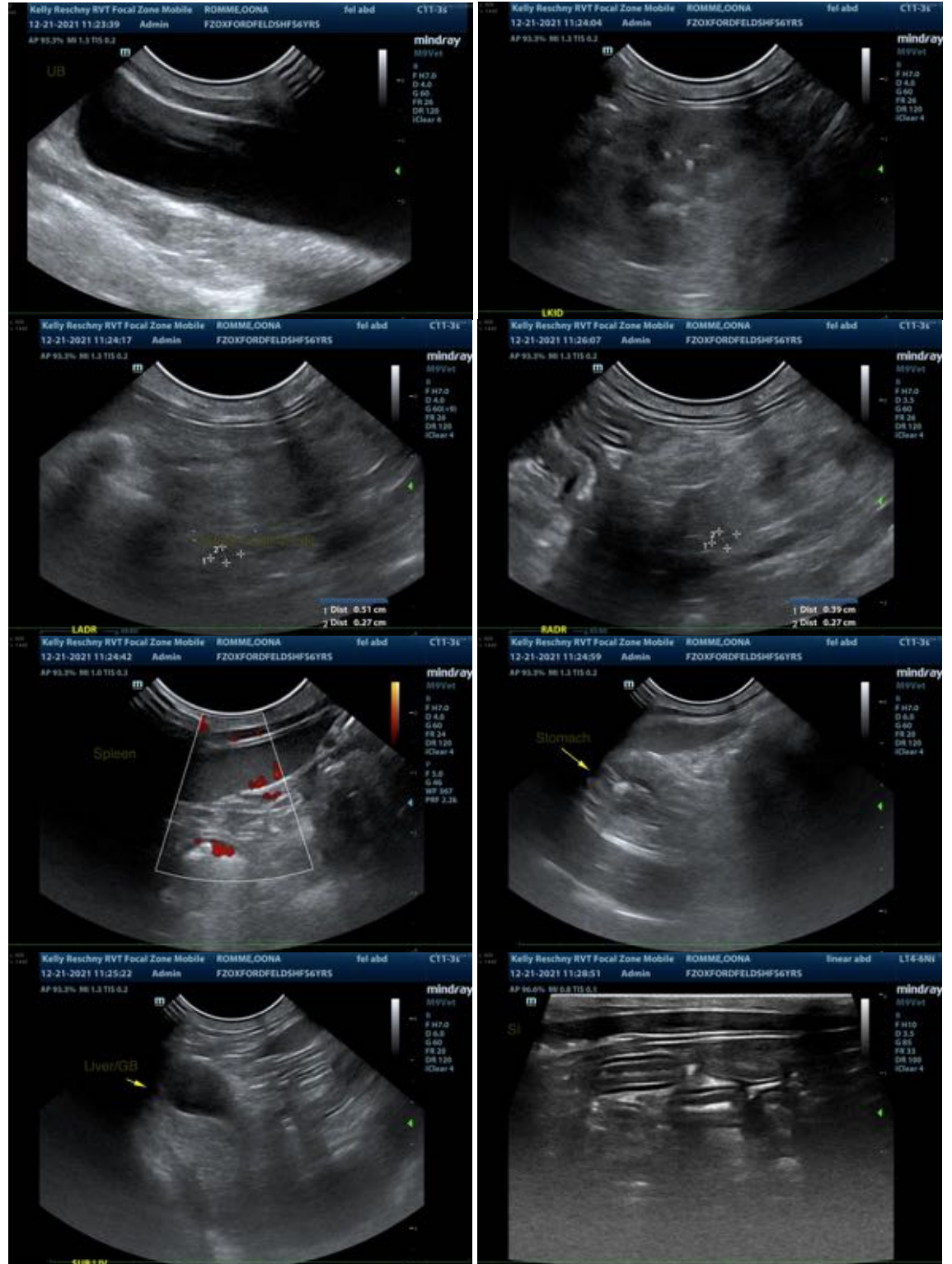
Dr. Halfon

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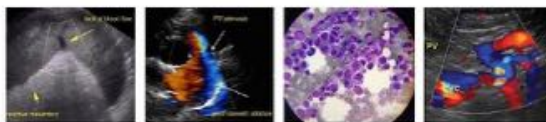
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



PATIENT visible in the image/video clips provided.

Oona Romme 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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Andrea.nicastro@sonopath.com

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