

PATIENT

Sarah Grace Blake

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

16 Yrs.

WEIGHT

3.97 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region
Emergency Clinic

REFERRING VET

Dr. Bourque

INVOICE

12977

DATE

2/7/22

PRESENTING CLINICAL SIGNS

History: Seen @ rDVM Jan 28 for vomiting/ADR/constipation/vocal Survey rads taken then. (Will forward). Blood taken then - was normal. Still is ADR. Weight loss of 0.2kg (4.7% body weight) since then. BP at admit was mild high but repeated and was normal Exam: dull/dehydrated mild, poss mild abd pain. Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs. Bloodwork Jan 28 unremarkable other than mild hyperglycemia and mild neutrophilia. T4 normal. FeLV FIV unknown status Bloodwork today - azotemia Creat 298 (high N 212), BUN 15.3 (5.7-12.9) Urinalysis today appears dilute/clear, SG 1.024, pH 6.5, proteinuria 30mg/dL, wbc 3/hpf, rbc 50/hpf, Non-Squamous Epithelial Cells 1-2/hpf, no crystals, no bacteria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The left kidney is small in size (2.71 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. Several non-obstructive nephroliths are seen. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is small in size (3.60 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Trace pyelectasia is present (0.29 in the longitudinal plane). Several non-obstructive nephroliths are seen. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

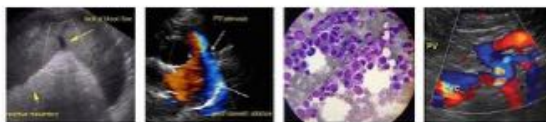
The right adrenal gland is normal in size (xxx cm length; xxx cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.74 cm in width at the level of the hilus) with a normal capsular contour. Using the high frequency probe, the parenchyma appears mottled. No focal lesions are observed. Splenic vasculature is normal.

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 portal vein: caudal vena cava ratio is approximately 1:1. The gallbladder is of normal contours and contains some dependent



PATIENT

Sarah Grace Blake

echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

SPECIES

Feline

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

BREED

Domestic shorthair

Pancreas

SEX

Female, spayed

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

AGE

16 Yrs.

No free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

WEIGHT

3.97 kg.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

A 0.65 cm focus of mineralization is observed within the mesentery in the left cranial quadrant.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The splenic changes could be consistent with lymphoid hyperplasia, reactive lymphadenitis or infiltrative neoplasia (i.e., round cell tumor).
- Bilateral degenerative renal changes with pyelectasia and non-obstructive nephrolithiasis.

Secondary Findings:

- The mineralized structure within the left cranial quadrant is consistent with a Bates body. This is a benign, incidental finding and can also be seen on the abdominal radiographs.

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hamilton Region
Emergency Clinic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Bourque

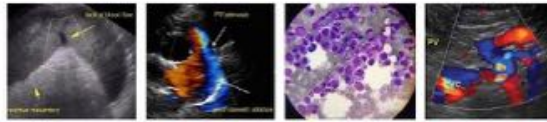
- Given the clinical history and sonographic changes, the following are recommended:
 1. Urine culture and sensitivity to assess for occult pyelonephritis.
 2. UPC
 3. Fluid therapy and supportive care as needed

INVOICE

12977

DATE

2/7/22



PATIENT

Sarah Grace Blake

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

16 Yrs.

WEIGHT

3.97 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

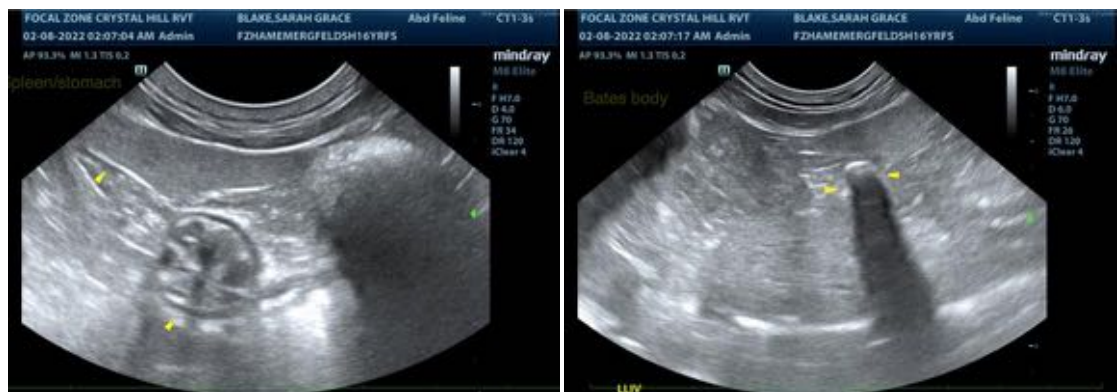
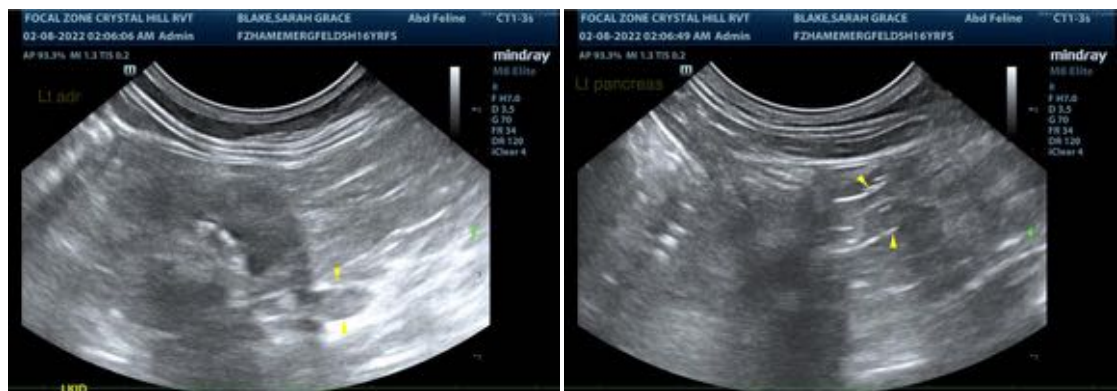
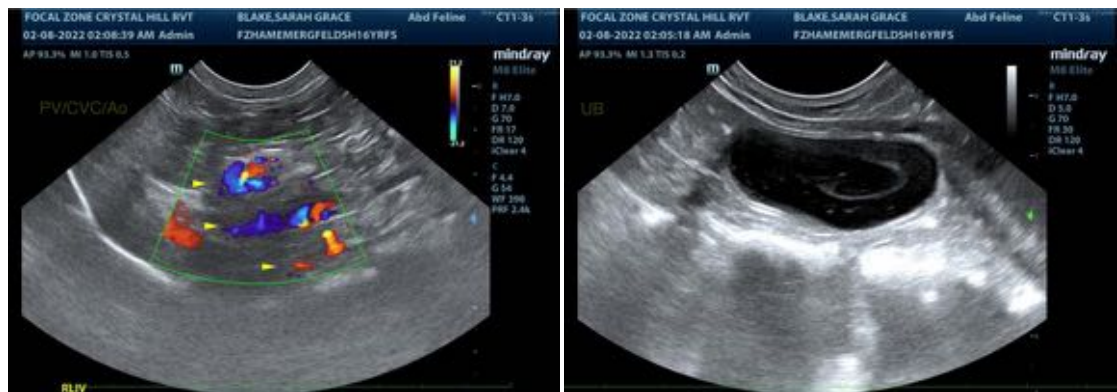
HOSPITAL NAME

Hamilton Region
Emergency Clinic

REFERRING VET

Dr. Bourque

- Consider a fine needle aspirate of the spleen to rule out round cell neoplasia (if clotting status is appropriate).
- Also consider a fPLI +/- full GI panel to further assess for pancreatitis and small intestinal disease, respectively.
- Given the patient's age, three-view thoracic radiographs are also recommended.

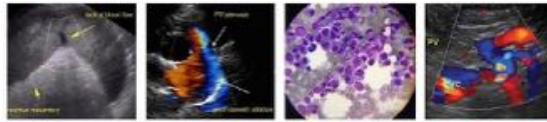


INVOICE

12977

DATE

2/7/22



PATIENT

Sarah Grace Blake

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

16 Yrs.

WEIGHT

3.97 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hamilton Region
Emergency Clinic

REFERRING VET

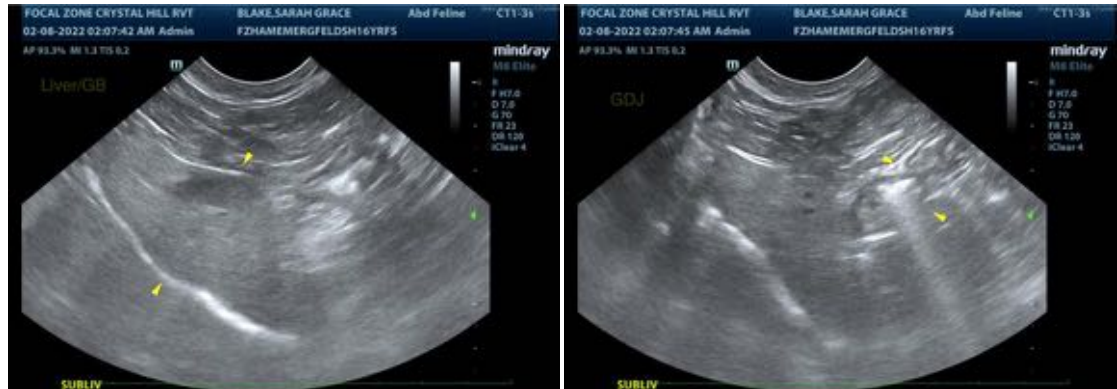
Dr. Bourque

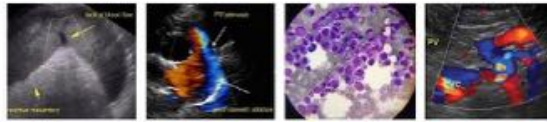
INVOICE

12977

DATE

2/7/22





PATIENT

Sarah Grace Blake

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

16 Yrs.

WEIGHT

3.97 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hamilton Region
Emergency Clinic

REFERRING VET

Dr. Bourque

INVOICE

12977

DATE

2/7/22



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

Andrea.nicastro@sonopath.com