


**PATIENT PRESENTING CLINICAL SIGNS**

Roxie Olivieri

History: Presented with fever of 40.6, smelly urine like previously a few years ago when had pyelonephritis. Reactive and painful on abdominal palpation. Was previously a diabetic on steroids for IBD but no longer on steroids or insulin. Is currently on IVF and IV antibiotics.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: U/A very sludgy, Waiting on culture results. Bloodwork increased WBCs

**BREED**

Domestic Shorthair

**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 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 2 cm, are normal.

**SEX**

Female Spayed

The left kidney is borderline small in size (3.14 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, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

11 Years

The right kidney is small in size (2.96 cm in length) with an irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. A cortical infarct is present at the cranial aspect. Trace pyelectasia is present. Hyperechoic, shadowing diverticular foci are seen. There is no evidence of hydroureter.

**WEIGHT**

5 kgs.

**Adrenal Glands**

The left adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**Spleen**

The spleen is normal in size (0.98 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.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. A 0.32 cm anechoic cyst at the tip of the left lateral lobe. 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 mostly anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosal ratio in some segments. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

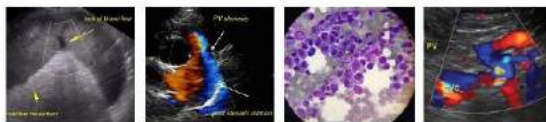
**HOSPITAL NAME**

Animal Hospital of  
 Stoney Creek

**REFERRING VET**

Dr. Ozimok

**INVOICE  
 11803kk**
**DATE  
 9/10/21**



**PATIENT**

*Pancreas*

Roxie Olivieri

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**

*Free Abdomen*

Feline

There is no evidence of free fluid. Several prominent hypoechoic lymph nodes are observed in the mid-abdominal cavity, the largest measuring 1.42 cm in diameter. Surrounding mesentery is hyperechoic.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

Domestic Shorthair

**Primary Findings:**

**SEX**

- Bilateral, age-related renal pathology with a right cortical infarct.
- The lymphadenopathy may represent reactive lymphadenitis, lymphoid hyperplasia, or infiltrative neoplasia.

Female Spayed

**Secondary Findings:**

**AGE**

- The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

11 Years

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

5 kgs.

1. Given the clinical history, empirical treatment (Fluoroquinolone, fluid therapy) for suspected pyelonephritis is recommended while awaiting a urine culture and sensitivity results. If confirmed, a 3-4 week course of antibiotics may be warranted with a repeat urine culture 5-7 days following the last dose. Client should be warned of possible side effects of fluoroquinolones (i.e., blindness) in cats.
2. Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
3. Baseline lab work including a CBC chemistry panel and T4 are recommended if not already performed.

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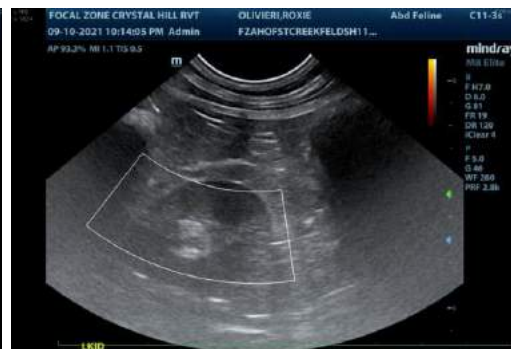
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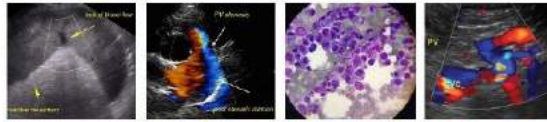
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**PATIENT**

Roxie Olivieri

**SPECIES**

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**BREED**

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**SEX**

Female Spayed

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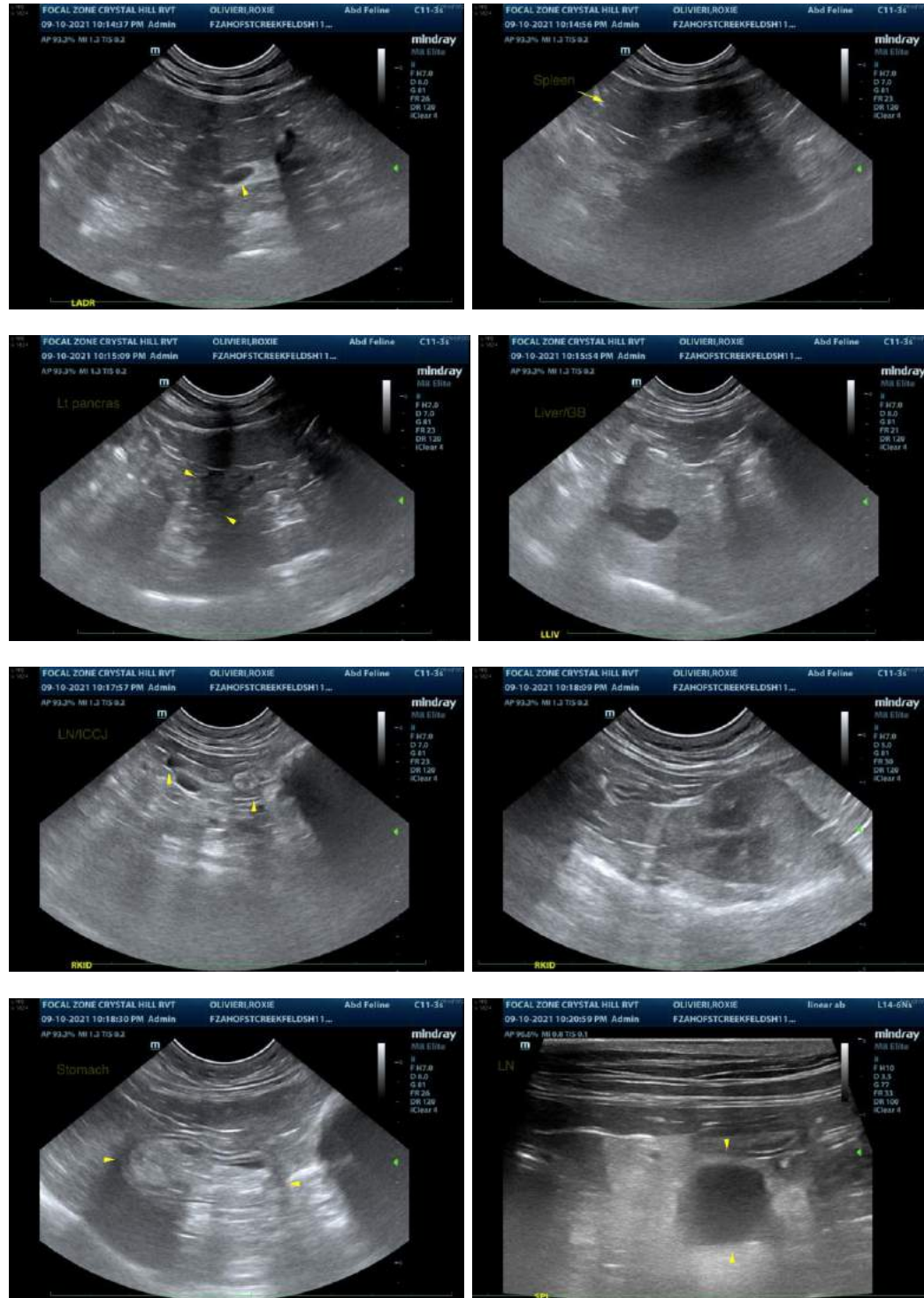
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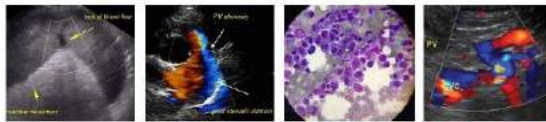
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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