


**PATIENT PRESENTING CLINICAL SIGNS**

Devi Kila History: Weight loss, occasional vomiting, renal changes on bloodwork, increase in neut.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Female Spayed

**AGE**

15 Years

**WEIGHT**

2.9 kgs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Westoak Animal  
 Hospital

**REFERRING VET**

Dr. Kohlmaier

**INVOICE**  
 11775kk

**DATE**  
 9/7/21

Abnormal PE/Chem/CBC/UA Results: WBC 27.1 BUN 14.3 Creatinine 214

**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.

The left kidney is small in size (2.30 cm in length) with an irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed +/- a few small nephroliths are present. A few small cortical infarcts are also suspected. Trace pyelectasia is present. There is no evidence of hydronephrosis. Renal vasculature is normal.

The right kidney is small in size (2.95 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A cortical infarct is observed at the caudolateral aspect. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

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

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

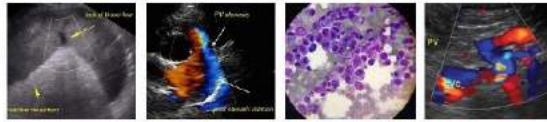
The spleen is normal in size (0.54 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. 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.

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



**PATIENT** *Pancreas*

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

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Domestic Shorthair

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

**SEX**

- Bilateral, age-related renal pathology with dystrophic mineralization and cortical infarcts.

Female Spayed

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The following diagnostic/treatment recommendations can be considered:

**AGE**

15 Years

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. A hypoallergenic, protein-restricted diet should be considered to address both the bowel and renal issues. Consider a nutritional consult with the University of Tennessee.
4. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
5. Three-view thoracic radiographs are recommended to evaluate cardiopulmonary status.
6. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.

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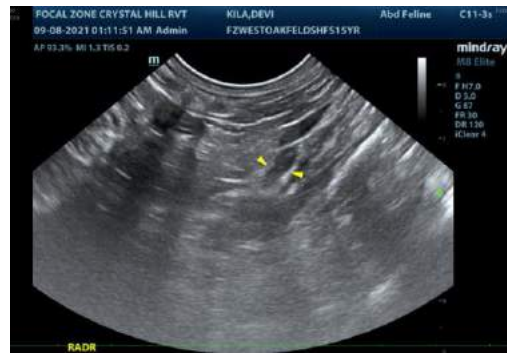
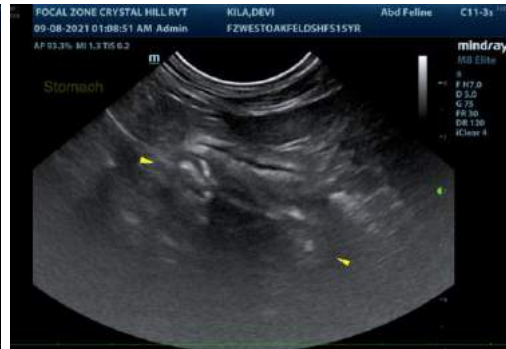
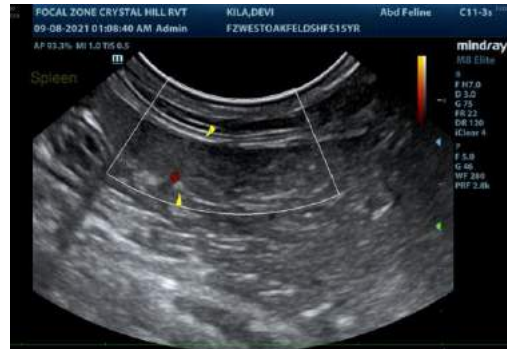
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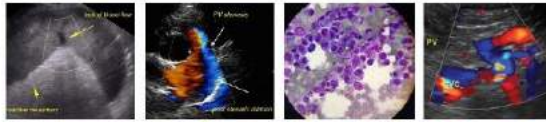
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

Devi Kila

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)  
[Andrea.nicastro@sonopath.com](mailto:Andrea.nicastro@sonopath.com)

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