

**PATIENT**

Torrie Deshaw

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 years

WEIGHT

6.75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

10184

DATE

1/21/22

PRESENTING CLINICAL SIGNS

History: History of renal disease. Presented today with neurologic symptoms. Acutely ataxic, unable to stand. Falling to the right.

Abnormal PE/Chem/CBC/UA Results: BUN 75.8 Creat 4.7 USG 1.016 Heart murmur 2/6 right side. Echo results pending. BP today 150

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 (2.31 cm in length); with normal shape and smooth peripheral contours. The cortex is variable in thickness and is hyperechoic with mild to moderate loss of corticomedullary distinction. Moderate pyelectasia is present (3.37 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.89 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Moderate to severe pyelectasia is present (0.89 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.33 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 with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

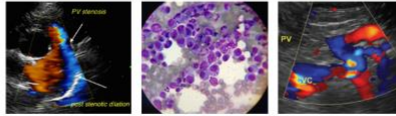
Liver

The liver is subjectively normal in size with slightly irregular contours. A 3.87 x 2.19 cm multi-septated cystic mass is observed deep on the right side, adjacent to the diaphragm. In addition, several smaller multi-septated cystic nodules/masses are observed throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is normal in thickness. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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 segmentally gas distended. The small intestinal wall thickness is normal with a normal layering pattern and appropriate

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mural detail. Discreet masses are not identified. The The ileoceccocolic junction and colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

The left limb/base is prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.23 cm in diameter). There is no evidence of peripancreatic effusion.

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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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Spayed Female

ULTRASONOGRAPHIC FINDINGS**Primary Findings****AGE**

17 years

- Bilateral chronic nephropathy with pyelectasia
- The cystic hepatic masses are most consistent with biliary cystadenomas or cystadenocarcinomas
- The pancreatic changes are most consistent with chronic pancreatitis, with suspected age-related remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**

Andrea Nicastro, DVM,
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- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest and to evaluate cardiopulmonary status.
- If an aggressive approach is desired, consider referral to a veterinary neurologist for further evaluation of the neurologic signs (i.e., MRI +/- CSF Tap).
- Given the azotemia, fluid therapy and a symptomatic treatment is recommended.
- Also consider a urine culture and sensitivity +/- a UPC (if proteinuria is present).

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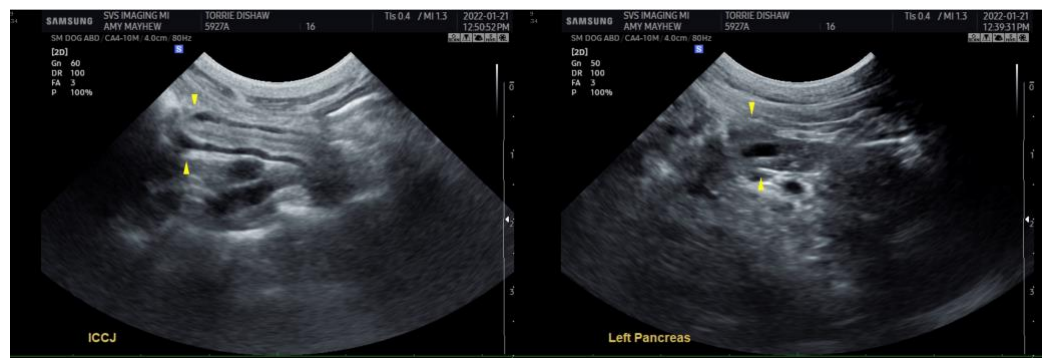
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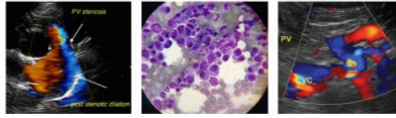
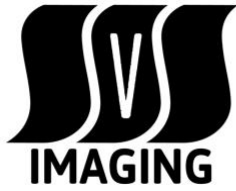
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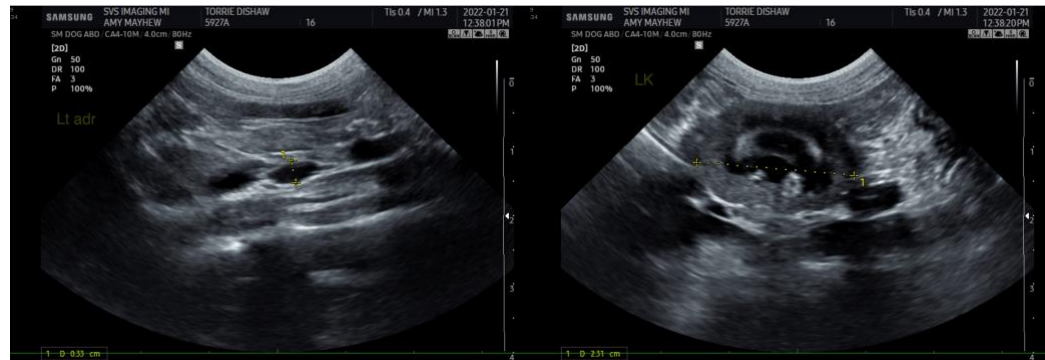
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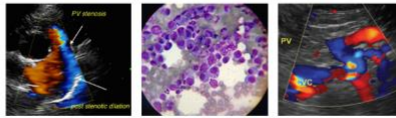
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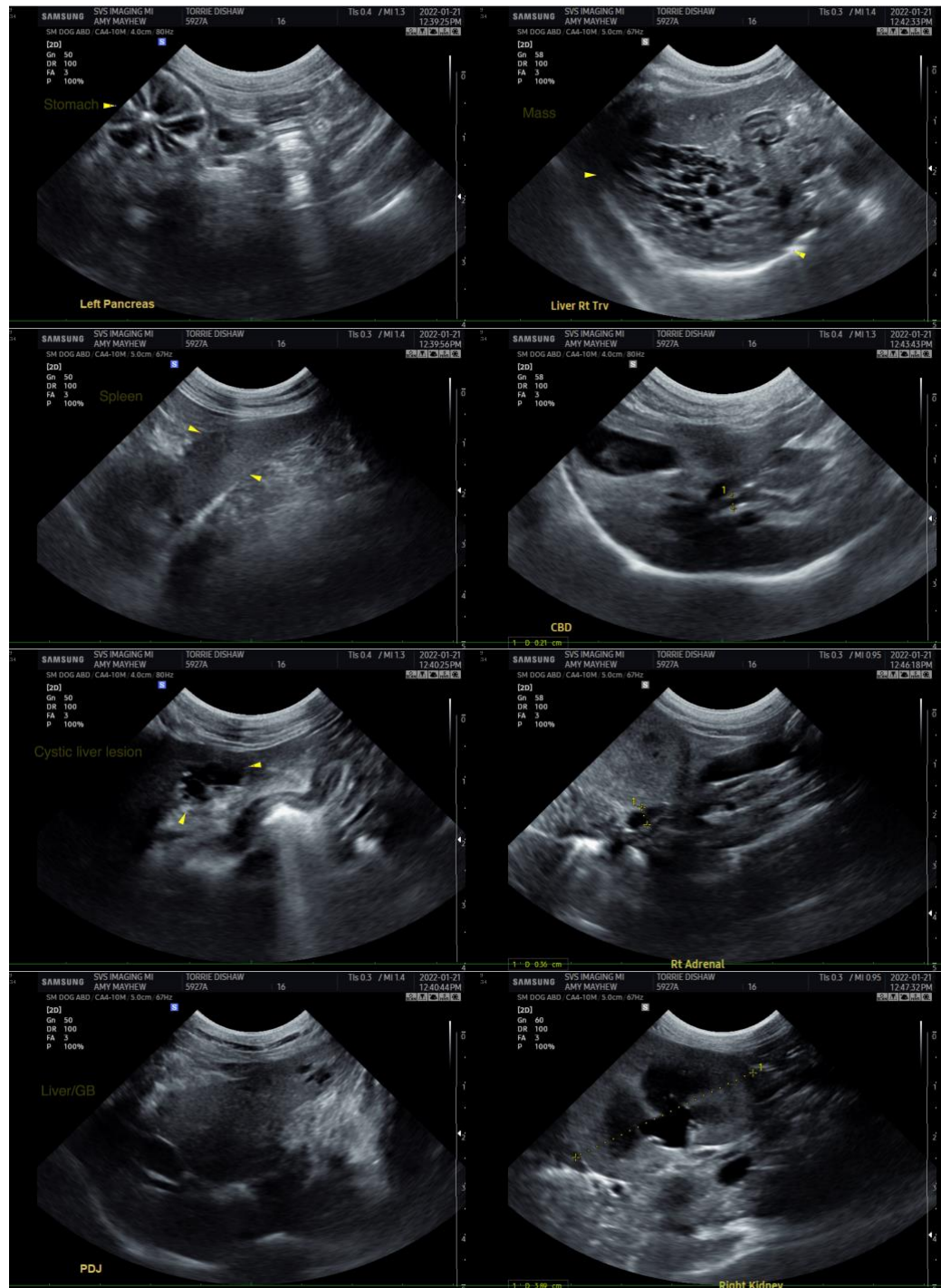
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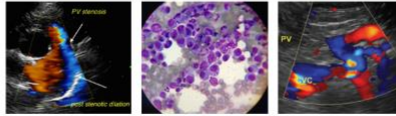
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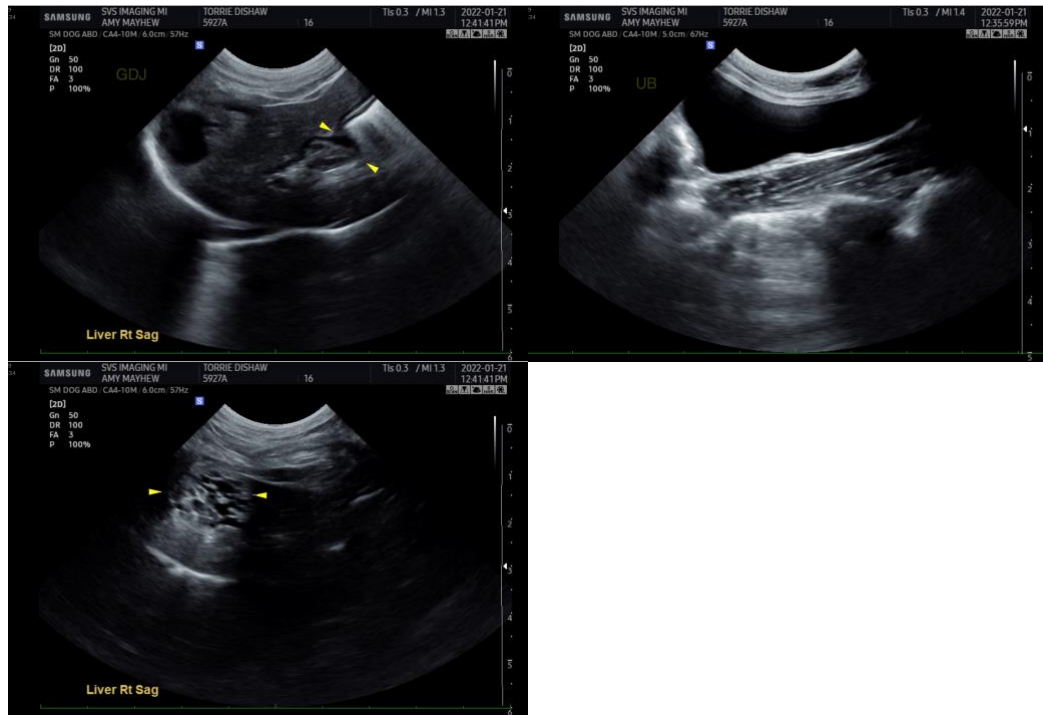
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
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