Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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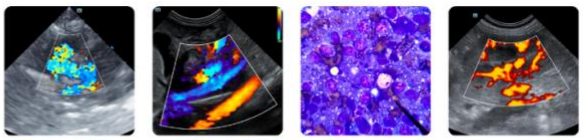

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Clawdia Conflenti

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

01/30/2022

WEIGHT

8.3lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Long Point AH

REFERRING VET

Brett Burton DVM

INVOICE

22389

DATE

1-16-26

PRESENTING CLINICAL SIGNS

Came in for a respiratory infection. A 2-lb weight loss was noted. Bloodwork revealed hematocrit of 25%, nonregenerative. White blood cell 36,000 with a neutrophilia and lymphocytosis, monocytosis and thrombocytosis. BUN 65. Creatinine 2.6. SDMA 21. Phosphorus 7.4. Urinalysis revealed a USG of 1.028, 2+proteinuria. Some hematuria on a cystocentesis-obtained sample. T4 1.8. Fecal negative. Heartworm antigen negative. Patient was found by the owner 3 years ago, so age uncertain.
Current Medications: Gabapentin Give between 6:30 and 7:00 the morning of her ultrasound for sedation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is borderline small-in-size (3.07 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild-to-moderate pyelectasia is present (0.27 cm in the longitudinal plane). A few, small, nonobstructive nephroliths are visualized. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.71 cm in length) with a slightly irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. A few, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia or hydroureter. 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 mildly enlarged (0.56 cm width) with swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged (1.60 cm in width at the level of the hilus) with swollen peripheral margins and rounding at the poles. The spleen has a folded contour. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.25 cm in width).

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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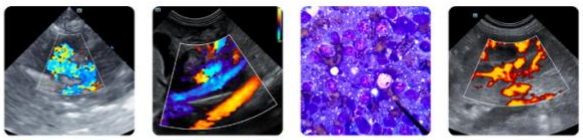

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Pancreas
The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is mildly dilated (up to 0.28 cm). There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic changes could be consistent with infiltrative neoplasia (i.e., round cell tumor), lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other.
- Bilateral chronic nephropathy with nonobstructive nephrocalcinosis. The left pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), or some combination thereof.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The mild right adrenomegaly may be a normal variant for this patient or may be secondary to stress, hyperplasia, or less likely, emerging neoplasia.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient's long-term clinical history is recommended.

*Ultrasound-guided fine-needle aspiration of the spleen was performed at the end of this study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Splenic aspirates should be submitted for splenic cytology. Depending on the results, consultation with a board-certified oncologist or other work-up may be indicated.
- Regarding the azotemia, consider the following:
  1. Baseline blood pressure measurement
  2. Transition to a prescription renal diet
  3. +/- antibiotic therapy (depending on urine culture and sensitivity results)
  4. UPC if proteinuria persists in the absence of infection
  5. Serial monitoring of the patient's renal values to assess progression of azotemia
- Regarding the CBC changes, consider a clinical pathology review.

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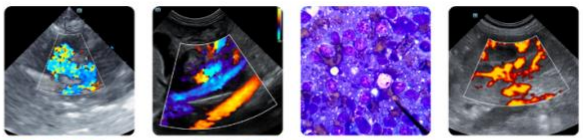

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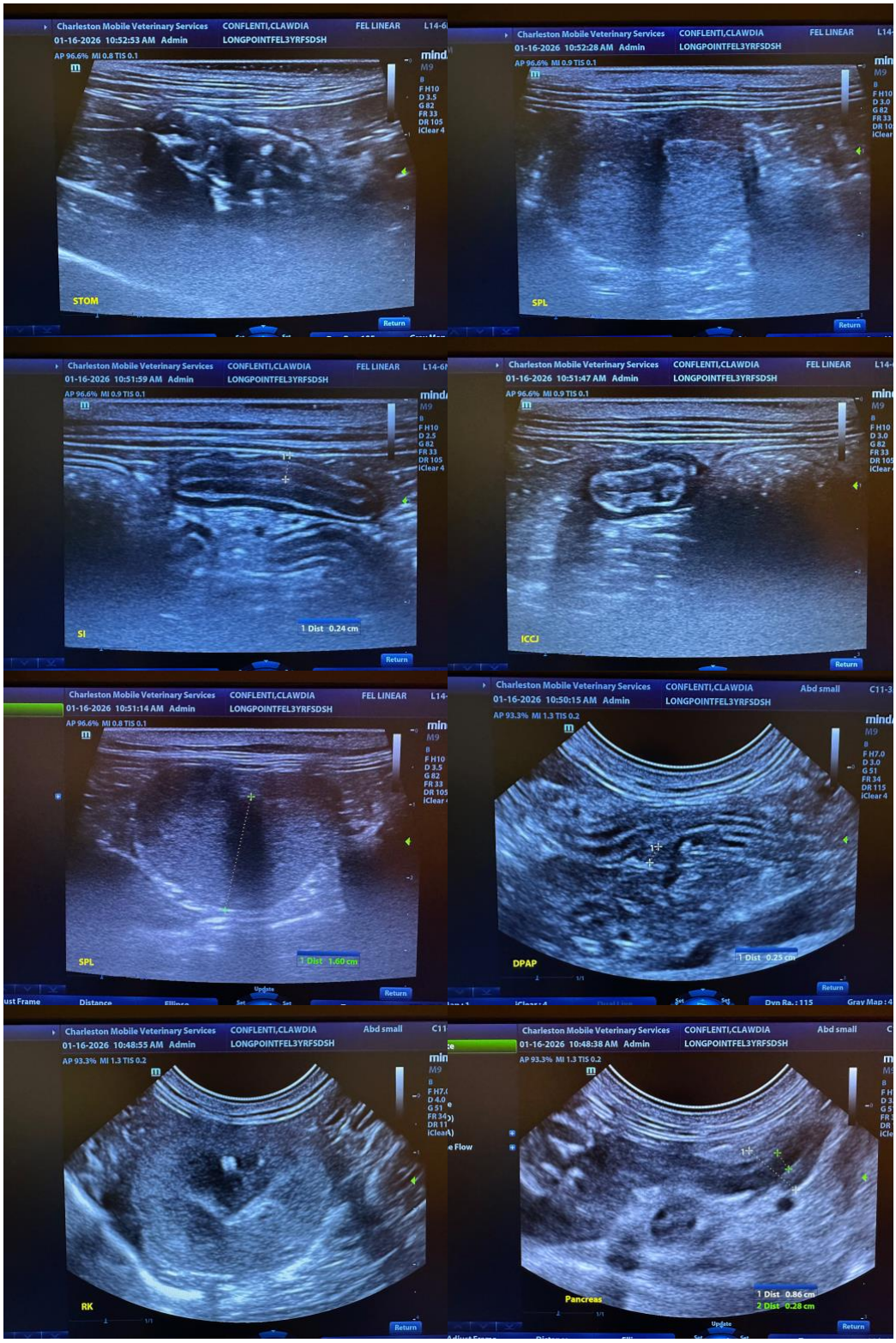

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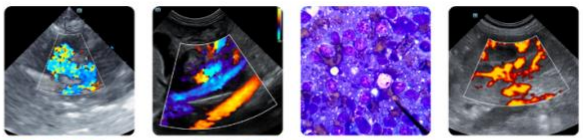

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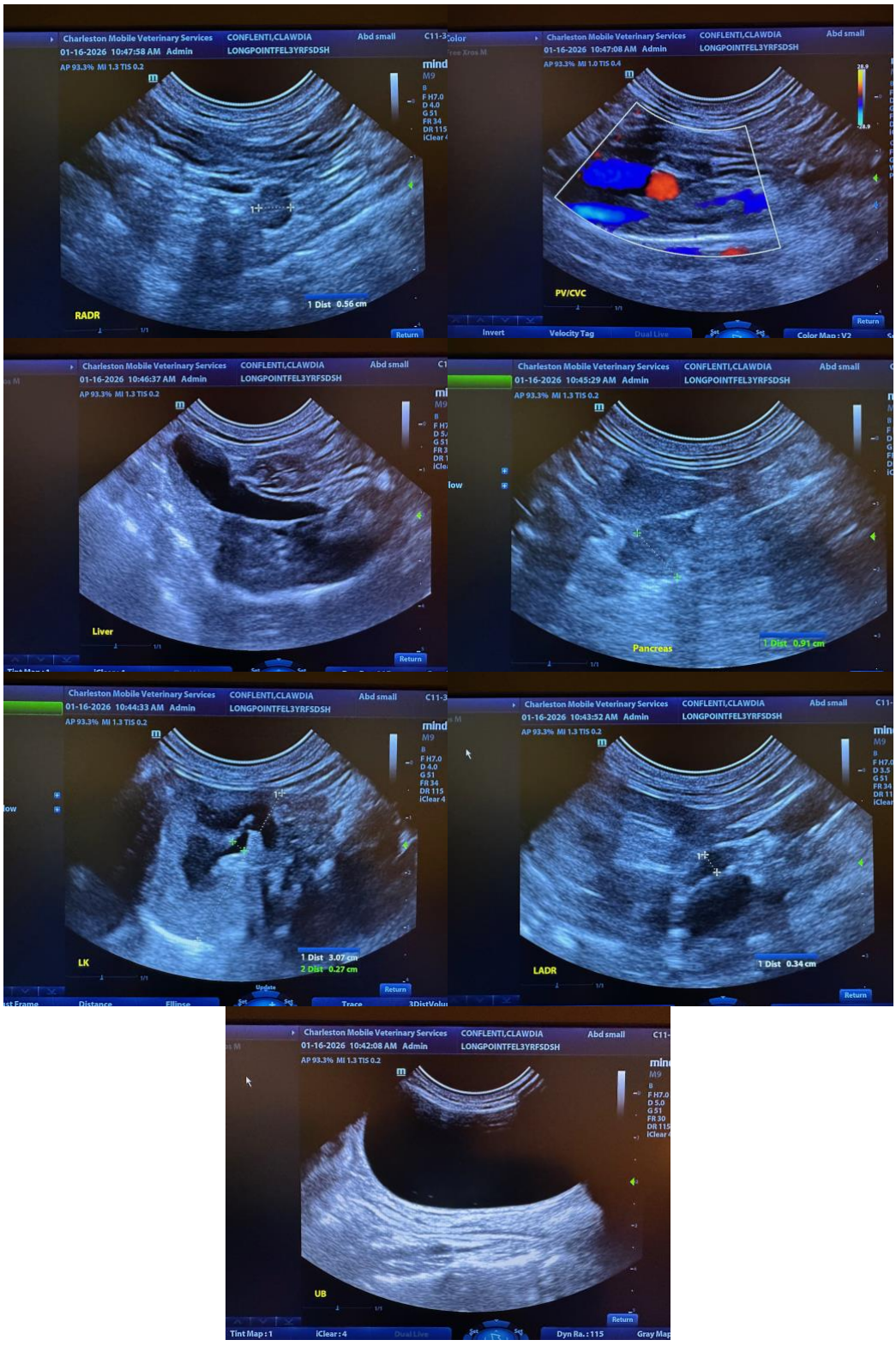

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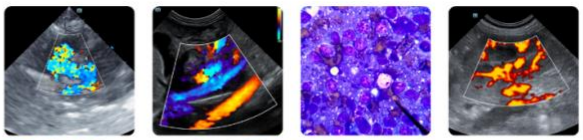

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com