



## PATIENT PRESENTING CLINICAL SIGNS

**Rascal Garcia** History: P presented for weight loss, decreased appetite started on 1/10. HX of Heart Dx, on atenolol, last given today. employee pet

**SPECIES** Current Medications: Atenolol for heart dx  
Abnormal PE/Chem/CBC/UA Results: BUN 65. Creatinine 4.1. CBC unremarkable. (See attached diagnostic results - full bloodwork & radiology report)  
**Feline** Images dated 4-21-2011.

## BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

**DSH**  
**Urinary System**

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

**Female Spayed**

**AGE** The left kidney is upper limits of normal size (4.12 cm in length) with slightly swollen peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Hydronephrosis is present (1.49 cm in the longitudinal plane). Small, mineralized foci are visualized. At least proximal hydroureter is present (0.31 cm in diameter). Perirenal fat is hyperechoic. A small amount of retroperitoneal fluid is observed.

**15**

## WEIGHT

**5.32**

The right kidney is normal in size (3.60 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild-to-moderate pyelectasia is present (0.28 cm in the transverse plane). A few, small, nonobstructive nephroliths are visualized. There is no evidence of hydroureter. Perirenal fat is mildly hyperechoic.

## INTERPRETED BY

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

## Adrenal Glands

The left adrenal gland is normal size (0.40cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

## IMAGING PERFORMED BY

**Dr. Carver**

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

## Spleen

The spleen is normal in size (0.79 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.

## HOSPITAL NAME

**AEH Volusia**

## 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.

## REFERRING VET

**Dr. Carver**

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**22455**

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

## Gastrointestinal

## DATE

**1-25-26**

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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of



**PATIENT** an obstructive pattern.

Rascal Garcia **Pancreas**

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**

Feline **Lymph Nodes**

A 0.32 cm mesenteric lymph node is observed adjacent to the ileocecolic junction. Surrounding mesentery is mildly hyperechoic.

**BREED**

DSH **Free Abdomen**

A small amount of retroperitoneal fluid is observed adjacent to the left kidney.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Female Spayed

**Primary Findings**

**AGE**

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Bilateral chronic renal changes with left renomegaly/hydronephrosis, and at least proximal hydroureter. The left renal changes could be secondary to ureteral obstruction such as stone, stricture, tumor (although none is seen), pyelonephritis, interstitial nephritis, emerging neoplasia (less likely), other. Bilateral nephrolithiasis is present. There is evidence of cranial retroperitonitis.

**WEIGHT**

5.32

**Secondary Findings**

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The hyperechoic splenic nodules likely represent benign myelolipomas, with a lower possibility of more insidious splenic pathology.

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Medicine)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the renal changes, consider the following:
  - Urinalysis with culture and sensitivity
  - UPC (if proteinuria is present in the absence of infection)
  - Baseline blood pressure measurement
  - IV fluid diuresis and supportive care, with close monitoring of the patient's renal values to assess progression of the azotemia
  - A contrast abdominal CT scan would be useful in further evaluating for a left ureteral obstruction.

**IMAGING PERFORMED BY**

Dr. Carver

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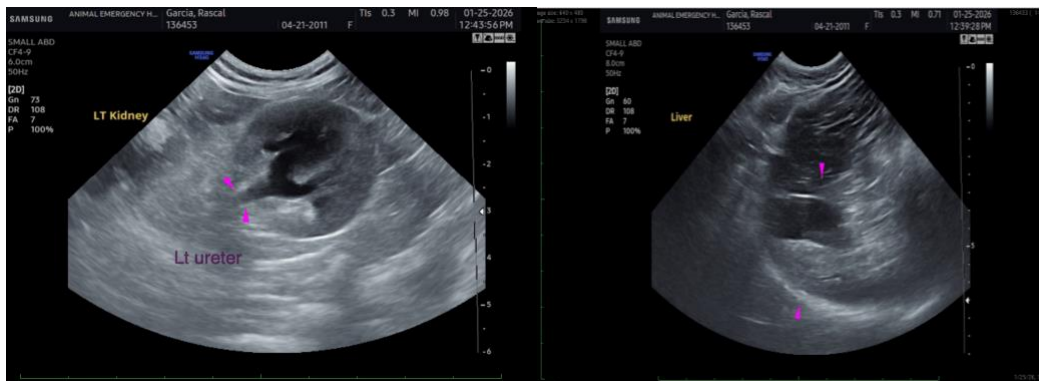
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**PATIENT**

Rascal Garcia

**SPECIES**

Feline

**BREED**

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**SEX**

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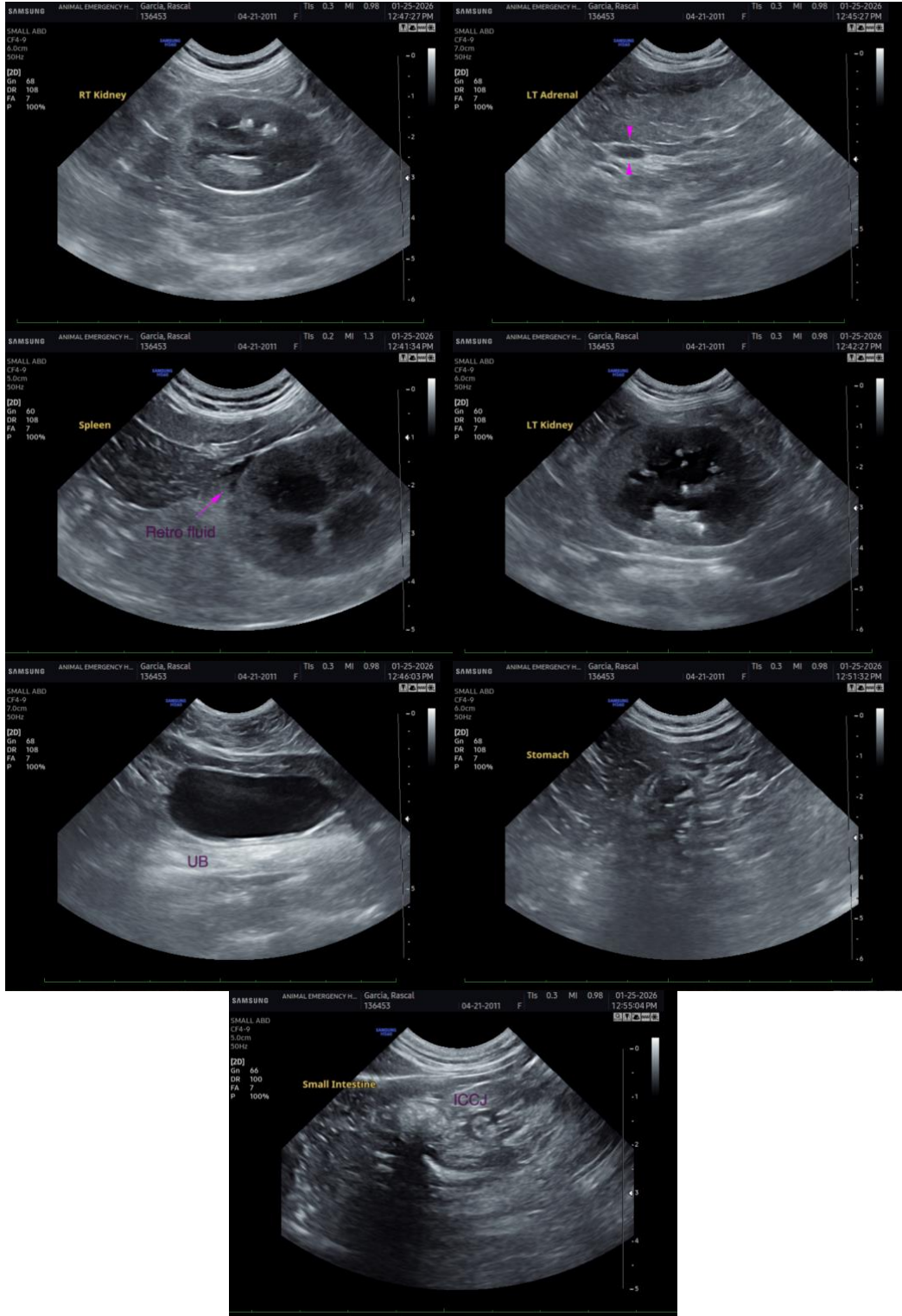
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## PATIENT

Rascal Garcia

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.

## SPECIES

Feline

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.

## BREED

DSH

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## SEX

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## AGE

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