



PATIENT

Tyrion Nino de Rivera

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

2.5 Years

WEIGHT

10.8 Pounds

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Amanda Crook- SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Cora Hollomon

INVOICE

13745

DATE

10/14/21

PRESENTING CLINICAL SIGNS

History: Presents for inappropriate urination, PU/PD. pt is 7-10% dehydrated, lethargic, suspected abdominal pain. constipated (mild to moderate) treated for UTI by rDVM for July for hematuria, no recheck performed afterwards but seemed to resolve. P ill for 1 week per the O, other household cats are fine, indoor cat. No access to any houseplants etc. While here in hospital, started urinating pink tinged blood, and now has progressed to gross frank blood with clots. Current medications while in hospital - IVF, cerenia, buprenex, unasyn

Abnormal PE/Chem/CBC/UA Results: RBC 12.48, HGB 17.2, HCT 44.7%, MCV 35.8, MCHC 38.5, WBC 15.02, neutrophils 14.02, lymphocytes 0.73, eosinophils 0.00, basophils 0.00. Glucose 202, Creatinine 9.1, BUN 327, Phos 20.6, TP 11.2, albumin 4.4, globulins 6.8, Tbili 1.0, cholesterol 318, amylase 2398, Na 111, K 9.6, Cl 85. Felv/Fiv Negative. No radiographs performed at this time.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is distended. The wall is normal in thickness with a smooth mucosal surface. A 3.37 cm x 2.31 cm irregular echogenic tissue structure is observed within the lumen. The structure appears to be free floating and is avascular. A small amount of suspended echogenic debris is also seen within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is borderline enlarged in size (4.50 cm in length); with a normal shape and architecture with smooth peripheral margins. There is minimal loss of corticomedullary distinction. Moderate pyelectasia is present (0.39 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is borderline enlarged in size (4.49 cm in length); with a normal shape and architecture with smooth peripheral margins. There is minimal loss of corticomedullary distinction. Moderate pyelectasia is present (0.30 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.43 cm length: 1.06 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is contracted (0.60 cm in width at the level of the hilus) with a normal curvilinear peripheral contours. 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.



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The gall bladder is distended. The wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is gas 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. Discreet masses are not identified. The ileocecal junction and colonic wall are normal. No obstructive disease is noted.

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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.

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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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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild bilateral renomegaly with pyelectasia- Top differentials include pyelonephritis and infiltrative neoplasia (i.e., lymphoma).
- The large echogenic structure within the urinary bladder may represent an aggregation of cellular debris (i.e., thrombus). A soft tissue mass is also possible but considered less likely given that it appears to be avascular.

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Secondary Findings

- The splenic contraction is likely secondary to dehydration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the clinical history and sonographic findings, a urine culture and sensitivity is recommended as well as a UPC (if proteinuria is present). A baseline blood pressure should also be obtained. IV fluid, diuresis, empirical broad spectrum antibiotic therapy and supportive care is recommended while awaiting urine culture and sensitivity results. If urine culture and sensitivity results are negative, a fine needle aspirate of the kidney can be considered if clotting status and blood pressure are normal. A 25-gauge needle should be used.
- 3-view thoracic radiographs should also be considered particularly if fluid diuresis is to be initiated.
- Given the hyperglobulinemia, consider serum protein electrophoresis

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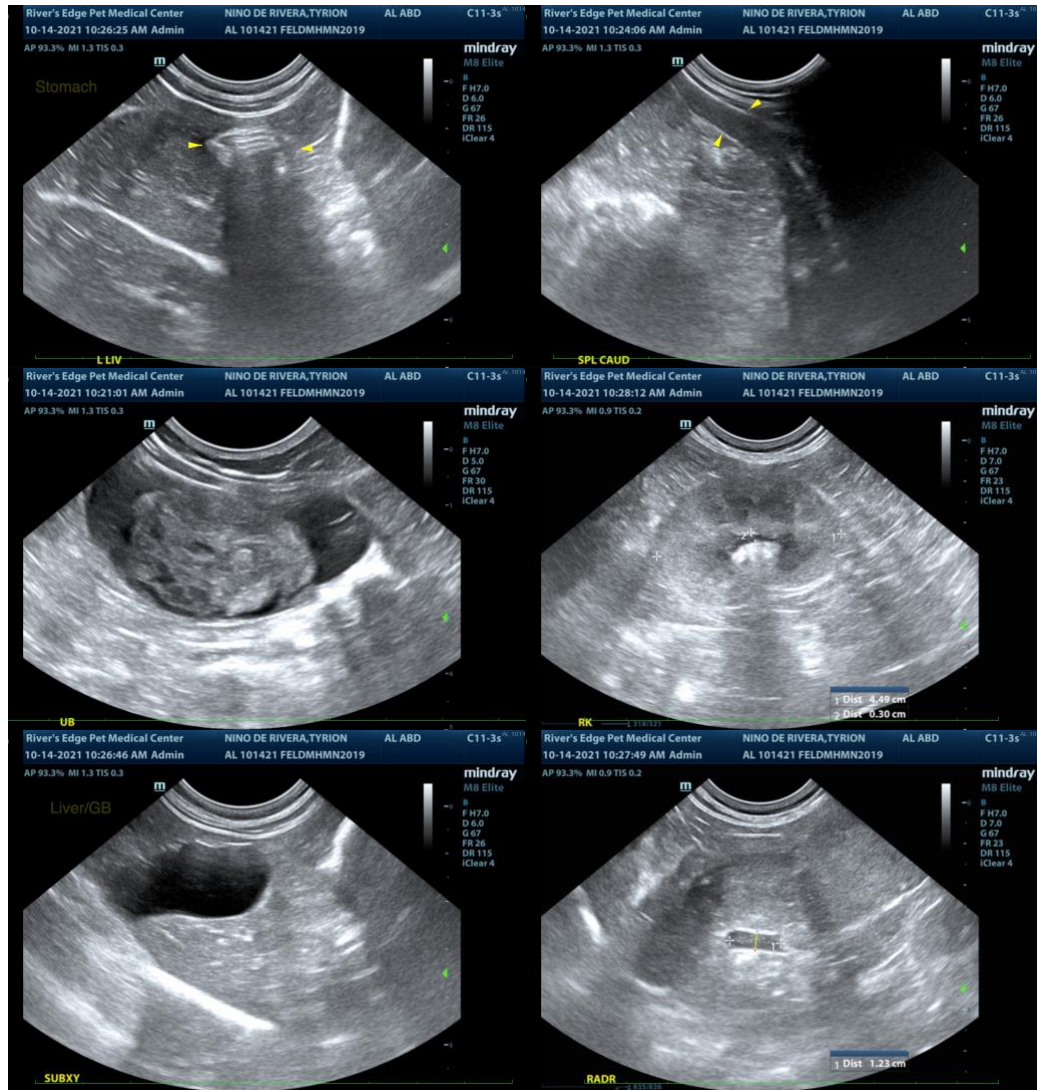
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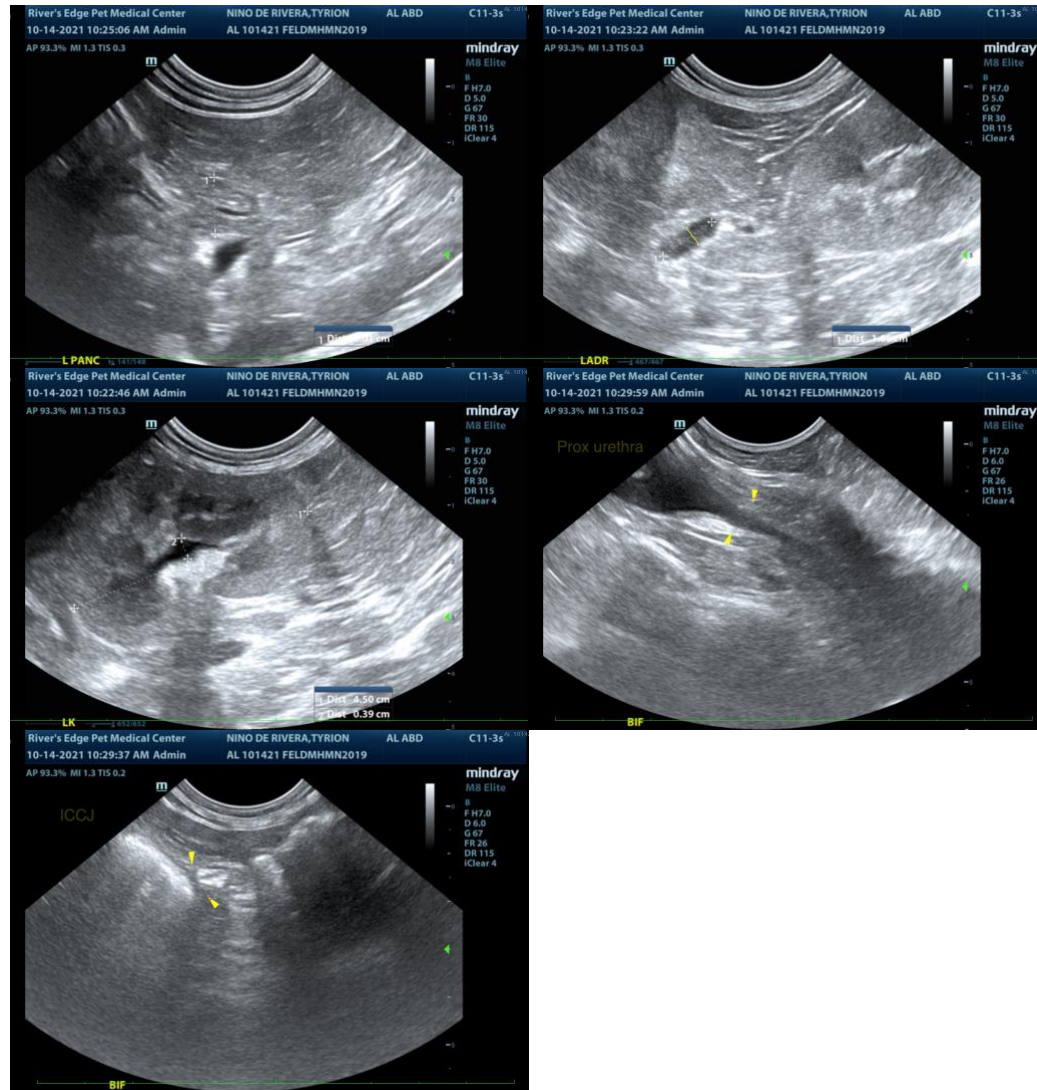
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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