



PATIENT PRESENTING CLINICAL SIGNS

Hoki Vann
Clinical Exam Findings: CKD, hypertension, heart murmur, anemia, azotemia
Recently anorexia for 5 days, vomiting when defecation
SPECIES hx of constipation - received enema yesterday and cleared colon
Has been getting SC fluids- has dependent edema likely secondary to fluids

Feline

Abnormal lab-work values: BUN 65, Creatinine 2.9, HCT 23.1, mild leukocytosis with lymphopenia
Current Medications: Cerenia, Convenia, Lacutlose, mirtazpine,

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

SEX

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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.

Neutered Male

AGE

The **left kidney** is normal size (3.94 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

09/03/2003

WEIGHT

The **right kidney** is normal size (3.51 cm in length); with an irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. Several, nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. The kidney itself is engulfed by an irregular and hypoechoic, irregular mass effect (approximately 5.00 cm) which appears to be invading the subcapsular space. The mesentery is hyperechoic throughout the retroperitoneal space. A small amount of free fluid is observed.

10.7 lbs

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Adrenal Glands

The **left adrenal gland** is normal in size (0.36 cm width), with a normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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The region of the **right adrenal gland** is evaluated. Due to the large right renal mass, this area is obscured, and the gland is not visualized.

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Spleen

The **spleen** is normal in size (0.75 cm in width at the level of the hilus) with a normal capsular contour. Using the high-frequency probe, the parenchyma appears subtly mottled. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen, with changes consistent with age-related remodeling. A 1.94 x 1.43 cm hyperechoic, heterogenous nodule/mass with small, cystic areas is observed in the right caudal aspect. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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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.

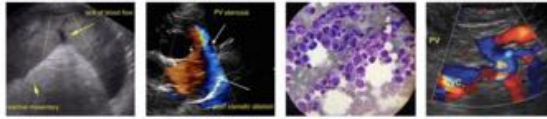
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Gastrointestinal

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

10.21.22



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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 colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The **pancreas** is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is dilated (0.32 cm in diameter).

Free Abdomen

A small amount of free fluid is present. Several prominent mesenteric **lymph nodes** are visualized, the largest measuring 1.89 cm in length. Surrounding mesentery is hyperechoic.

Other

A **brief echocardiogram** reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right renal mass engulfing the entire kidney with concurrent retroperitonitis. Neoplasia (i.e., adenocarcinoma, lymphoma) is suspected with a lower possibility of a benign inflammatory process. There is evidence of bilateral chronic age-related renal changes with nonobstructive nephrolithiasis.
- The hepatic nodule could be consistent with a metastatic disease lesion. Alternatively, a biliary cystadenoma, cystadenocarcinoma, inflammatory focus, or other lesion may be present. Diffuse hepatic changes are most consistent with age-related remodeling.
- The pancreatic changes are consistent with chronic pancreatitis.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The mesenteric lymphadenopathy could be consistent with metastatic disease or reactive change.

Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Two additional thoracic radiographs (left lateral, VD) can be considered to fully assess for pulmonary metastatic disease.

A fine-needle aspirate of the right kidney can also be considered if clotting status is appropriate and if blood pressure is normal. A 25-gauge needle should be used, and sedation would be necessary.

If further diagnostics are not pursued, palliative care is recommended.



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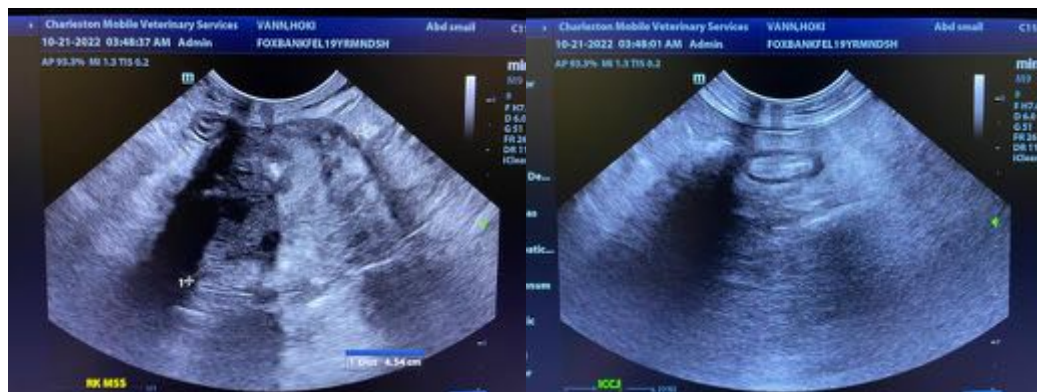
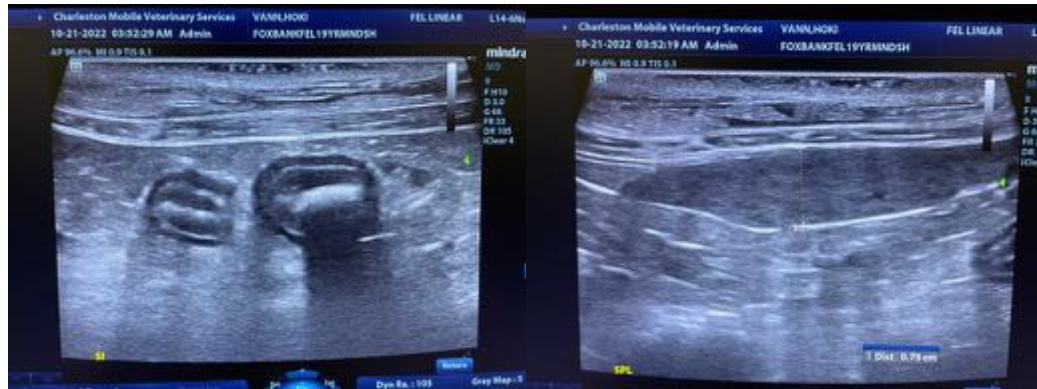
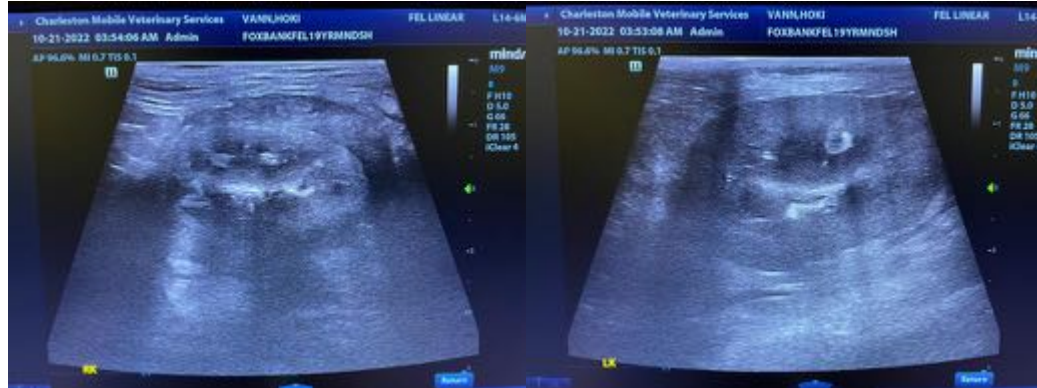
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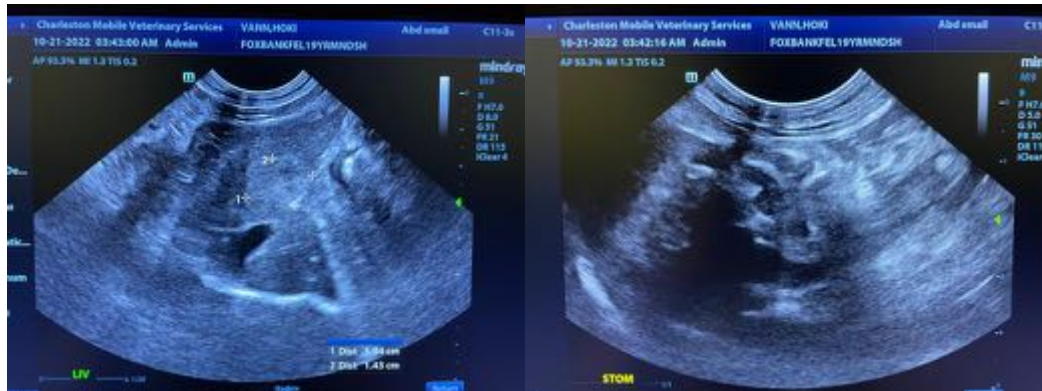
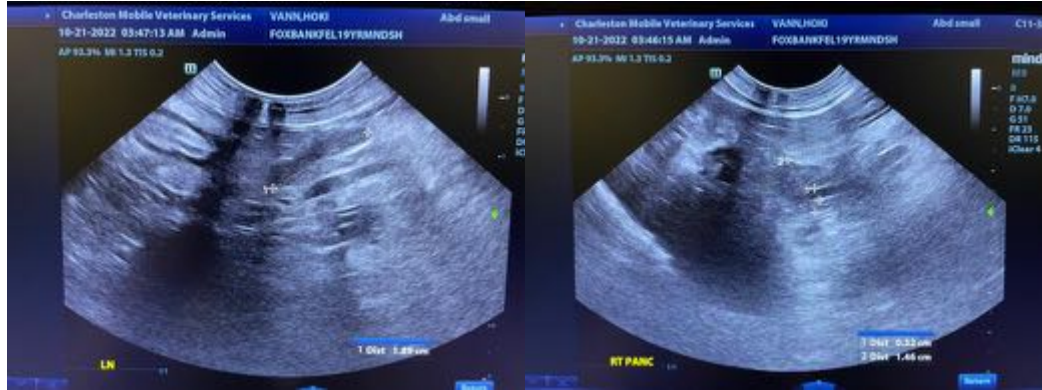
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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