



PATIENT

Tiger Verdon

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.1 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Giammanco

INVOICE

14062

DATE

10/29/21

PRESENTING CLINICAL SIGNS

History: CKD, ascites, nephroliths. Current meds: IVF, Cerenia, Famotadine, Unasyn, Lasix 2mgs/kg (low dose).

Abnormal PE/Chem/CBC/UA Results: BUN 100, creat. 4.8, RBC 3.1, HCT 14%.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal to borderline thickened with a smooth mucosal surface. A scant amount of echogenic debris is observed 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 small in size (3.04 cm in length); with an irregular shape. The cortex is hyperechoic, thickened and irregular and there is poor corticomedullary distinction. A 0.45 cm nephrolith is observed within the renal pelvis. Trace pyelectasia is present. There is no evidence hydroureter. Renal vasculature is normal.

The right kidney is small in size (2.97 cm in length); with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic and there is poor corticomedullary distinction. 1-2 small nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated and no obvious pathology is observed.

Spleen

The spleen is not definitively visualized.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the right renal cortex and diffusely mottled in appearance. A 0.83 cm x 0.74 cm hyperechoic nodule is observed at the right caudal aspect. Hepatic vascular and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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. The common bile duct can be followed to the level of the duodenal papilla. There is no evidence of intraluminal obstruction.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas



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The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

There is no evidence of free fluid. Several prominent lymph nodes are observed in the right cranial quadrant, the largest measuring 1.83 cm in length.

Other

The caudal vena cava is subjectively mildly dilated.

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ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Neutered Male

- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis with non-obstructive nephrolithiasis.

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- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

- The prominent abdominal lymph nodes could be consistent with lymphoid hyperplasia, reactive lymphadenitis or infiltrative neoplasia (i.e., lymphoma).

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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 hepatic parenchyma changes are non-specific and could be secondary to age-related remodeling with foci of lymphoid hyperplasia, hepatic lipidosis, inflammatory/immune mediated disease or infiltrative neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three view thoracic radiographs are recommended to assess cardiopulmonary status
- Given the azotemia, a urine culture and sensitivity, UPC (if proteinuria is present) and blood pressure measurement are recommended along with IV fluid diuresis, supportive care and empirical treatment for pyelonephritis (while awaiting urine culture and sensitivity results).
- Given the anemia, consider a packed red blood cell transfusion
- Also consider a GI panel, including serum cobalamin, folate, TLI and PLI.

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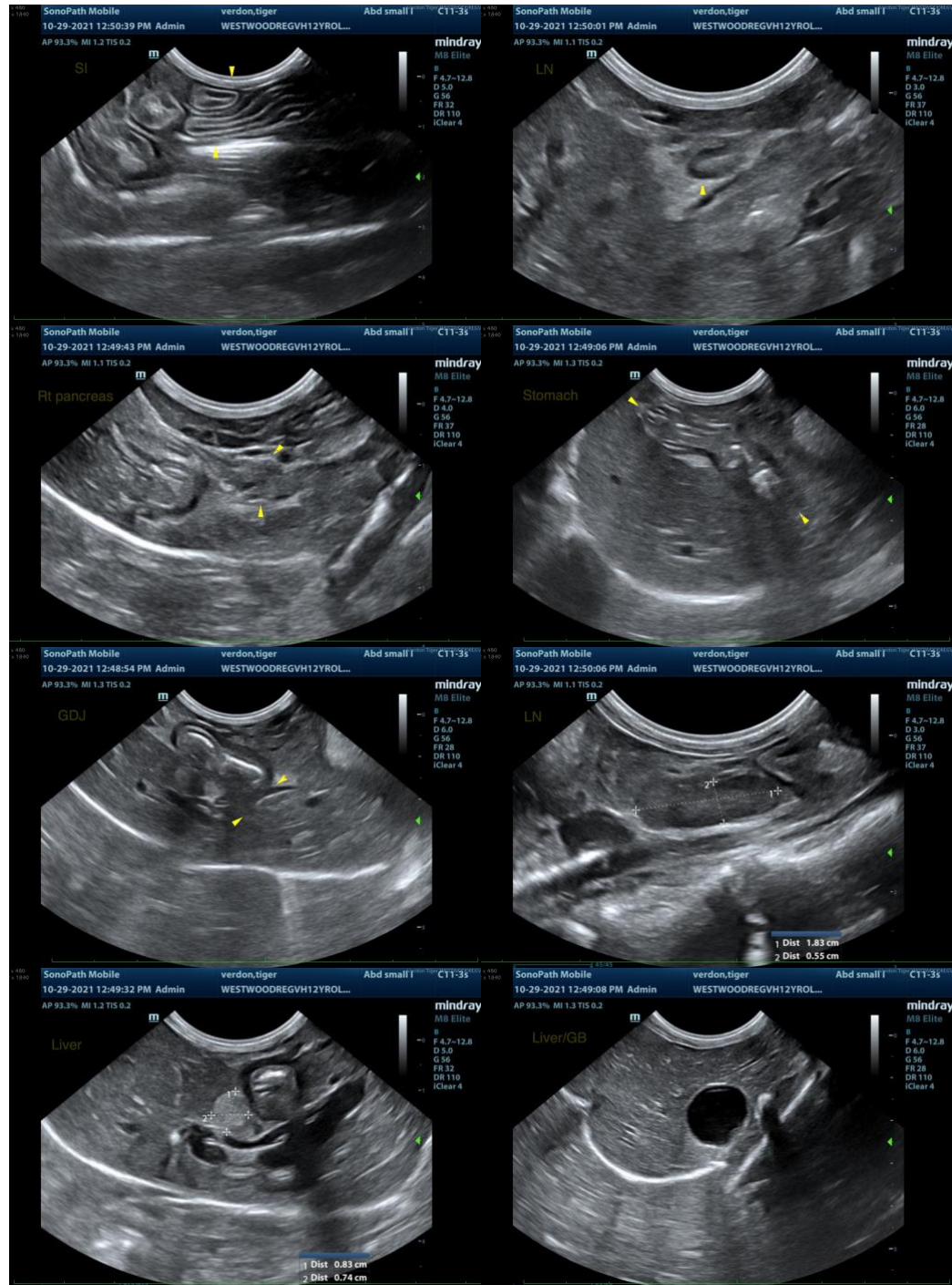
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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