

**PATIENT**

Buddy Hall

**PRESENTING CLINICAL SIGNS**

not sedated-Pet presented for PE. Pet has had increased urine clumps over the past 6 weeks. Maybe drinking more water. Still eating, but pet is picky. No vomiting. Visible weight loss. Owner concerned about renal disease. Unable to obtain urine sample, voided prior to AUS.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Glucose 87 IDEXX SDMA 34 \* Creatinine 4.3 \* BUN 143 \* BUN: Creatinine Ratio 33.3 Total Protein 8.4 Albumin 2.2 \* Globulin 6.2 \* Albumin: Globulin Ratio 0.4 \* ALT 40 ALP 5 RBC 7.31 Hematocrit 29.2 Hemoglobin 9.3

**BREED**

Siamese

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered Male

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**AGE**

3 Years 4 Months

The left kidney is enlarged size (4.74 cm in length); normal shape and smooth peripheral contours. The cortex is diffusely thickened and there is mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

9.2 Pounds

The right kidney is enlarged size (4.78 cm in length); normal shape and smooth peripheral contours. The cortex is diffusely thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal size (0.32 cm cranial pole, 0.38 cm caudal pole, 1.12 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**Spleen**

The spleen is subjectively normal in size (0.82 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely mottled, bordering on a moth eaten appearance. Splenic vasculature is normal with no evidence of thrombosis.

**HOSPITAL NAME**

Dr. Kim Barnes

**Liver**

**REFERRING VET**

Dr. Kim Barnes

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. The gall bladder lumen is mildly distended. A bilobed conformation is present. The wall is normal in thickness. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

**INVOICE**

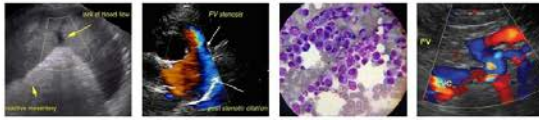
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**Gastrointestinal**

**DATE**

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The gastric lumen is 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 segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and



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Buddy Hall appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of obstruction.

**SPECIES** *Pancreas*

Feline The left limb and body of the pancreas are prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated, measuring 0.19 cm in diameter.

**BREED**

Siamese *Free Abdomen*

**SEX**

Neutered Male Trace free fluid is observed. 1.09 cm x 0.39 cm medial iliac lymph node is visualized. A few prominent lymph nodes are also seen at the ileocecolic junction.

*Other*

**AGE**

3 Years 4 Months A brief echocardiogram reveals no evidence of pericardial effusion.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

9.2 Pounds

- The bilateral renal changes could be consistent with infiltrative neoplasia (i.e., lymphoma) or inflammatory disease (i.e., interstitial nephritis, pyelonephritis).
- The splenic parenchymal changes are also concerning for infiltrative neoplasia (i.e., lymphoma). However, benign pathology (i.e., extramedullary hematopoiesis, lymphoid hyperplasia) cannot be completely excluded.
- The pancreatic changes are suggestive of mild acute or chronic pancreatitis.
- The trace ascites is likely secondary to renal pathology, low oncotic pressure, and/or increased hydrostatic pressure.

**INTERPRETED BY**

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Diplomate ACVIM (*Small  
Animal Internal Medicine*)

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**HOSPITAL NAME**

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**REFERRING VET**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Fine needle aspirates of the spleen and kidneys should be considered if clotting status and blood pressure are normal. 25-gauge needle should be used. 3-view thoracic radiographs are also recommended to assess cardiopulmonary status. Other diagnostic considerations include:

- 1) Urine culture and sensitivity
- 2) UPC if proteinuria is present
- 3) Baseline blood pressure measurement
- 4) Serum protein electrophoresis

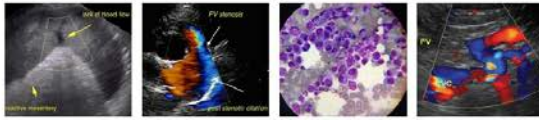
While awaiting test result, IV fluid, diuresis, empirical antibiotic therapy, gastroprotectants and supportive care are recommended.

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**SPECIES**

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**SEX**

Neutered Male

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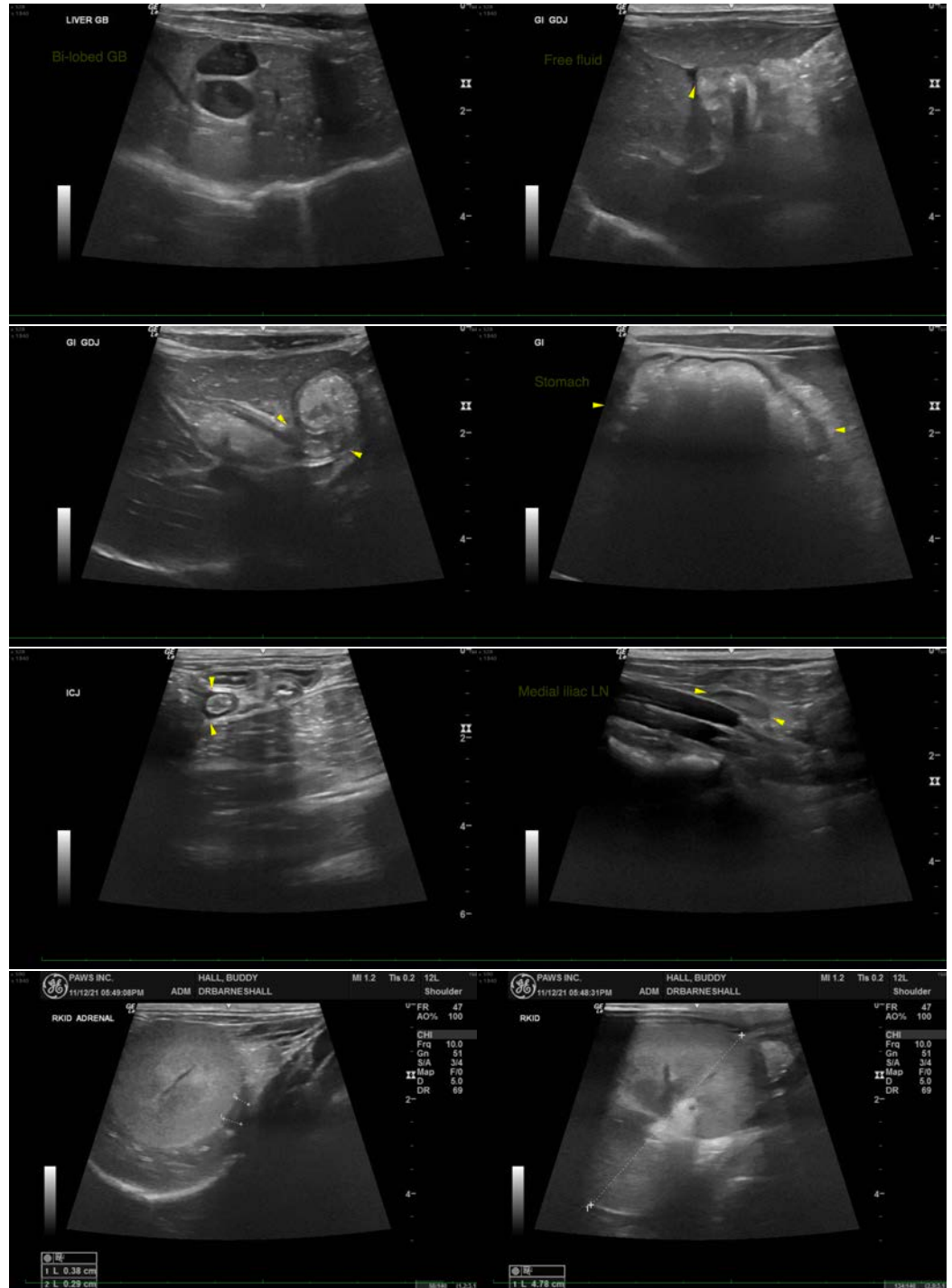
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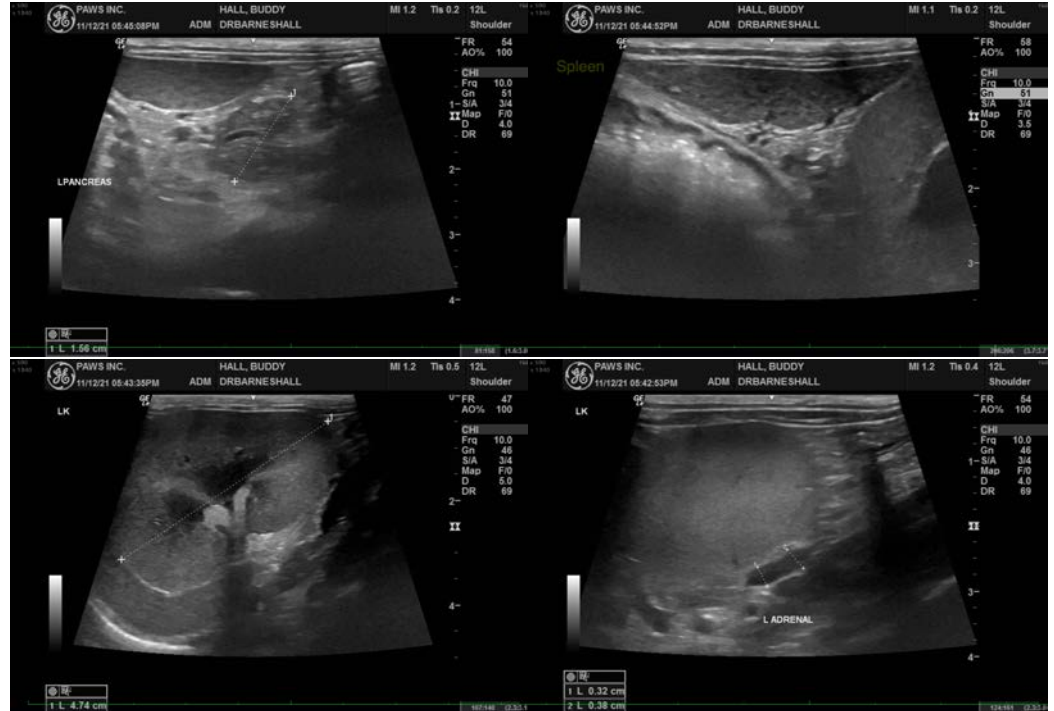
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com