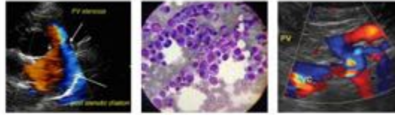


PATIENT

Garfield Hormig
56655A

SPECIES

Feline

BREED

Persian Himalayan Mix

SEX

Neutered Male

AGE

6 years

WEIGHT

3.03 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary Specialists-Dr. Klein

INVOICE

12231

DATE

2.16.23

PRESENTING CLINICAL SIGNS

History: Garfield, a 6yo MN Domestic Long Hair was presented to the MVS Emergency Service on Feb 15, 2023, at 5:20p, for evaluation of elevated kidney values. On Monday and today, Garfield had urinated outside of the litter box, and it was bloody urine. Today, they went to Banfield where bloodwork and UA was performed. Bloodwork showed elevated kidney levels and UA showed bacteria, casts, and inflammation. Eating, drinking, voiding, and acting normally.

Abnormal PE/Chem/CBC/UA Results: Thorax: 3-4/6 systolic murmur, no overt arrhythmia; lungs clear and eupneic BW and UA on 2/15: USG 1.018, TNTC RBCs and WBCs and epithelial (transitional vs renal), suspected cocci, protein WBC WNL HCT 22.5% BUN >130 Creat 13.4 Phos >16.1 Blood Pressure (Life Window): Cuff size: 2 Leg: RH 10pm >300mmHg 2am 220mmHg 6am 218mmHg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is severely enlarged (6.49 cm in length) with an irregular shape. Numerous varying-sized cortical cysts are observed throughout the organ, causing complete obliteration of the normal renal architecture. Some of the cysts contain echogenic debris. There is no obvious evidence of nephrolithiasis or hydroureter.

The right kidney is enlarged (6.91 cm in length) with an irregular shape. Numerous varying-sized cortical cysts are observed throughout the organ (the largest measuring 3.14 cm in diameter). Some of the cysts contain echogenic debris. A few foci of mineralization are visualized. There is questionable renal pelvic dilation, although it is difficult to discern between cysts and renal pelvis. The proximal urethra appears slightly dilated and contains echogenic debris within the lumen. Renal vasculature appears normal.

Adrenal Glands

The left adrenal gland is normal in size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.52 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.

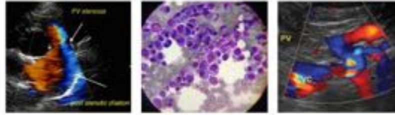
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.03 cm cystic structure is observed on the left side. The remaining parenchyma is relatively homogenous. Hepatic vasculature 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/not seen.

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



PATIENT

Garfield Hormig
56655A

SPECIES

Feline

BREED

Persian Himalayan Mix

SEX

Neutered Male

AGE

6 years

WEIGHT

3.03 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary Specialists-Dr. Klein

INVOICE

12231

DATE

2.16.23

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

The left limb is visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.16 cm in diameter).

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral renal changes are most consistent with polycystic kidney disease. This finding, in conjunction with the patient's clinical history, is likely causing acute on chronic renal failure. Given the bacteriuria, pyelonephritis is a primary concern.

Secondary Findings

- The hepatic cyst may represent a benign incidental finding with a lower possibility of an emerging tumor.

- Bowel pattern suggestive of inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

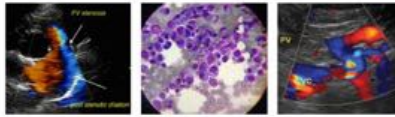
- A urine culture and sensitivity is recommended, along with IV fluid diuresis, symptomatic care, and broad-spectrum antibiotic therapy (i.e., fluroquinolone) while awaiting urine culture and sensitivity results. Initiation of treatment for systemic hypertension should also be considered.

- Serial monitoring of the patient's renal values is recommended to assess for progression.

- Also consider three-view thoracic radiographs to assess cardiopulmonary status, particularly if IV fluid diuresis is to be pursued.

IMAGING PERFORMED BY

svsimagingqc.net 309-737-3070



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Garfield Hormig
56655A

SPECIES

Feline

BREED

Persian Himalayan Mix

SEX

Neutered Male

AGE

6 years

WEIGHT

3.03 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary Specialists-Dr. Klein

INVOICE

12231

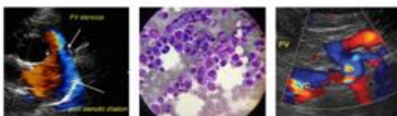
DATE

2.16.23

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.

IMAGING PERFORMED BY
svsimagingqc.net 309-737-3070



Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Garfield Hormig
56655A

SPECIES

Feline

BREED

Persian Himalayan Mix

SEX

Neutered Male

AGE

6 years

WEIGHT

3.03 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary Specialists-Dr. Klein

INVOICE

12231

DATE

2.16.23

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com