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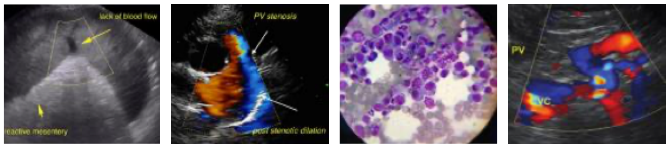

PATIENT

Penny Lane Viskov

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 years

WEIGHT

7.68 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Saum Hadi

INVOICE

12126

DATE

2.2.23

PRESENTING CLINICAL SIGNS

History: P presents for stranguria and hematuria. P came in on 1/27 for urine collection for a senior panel. Urine was obtained via cystocentesis, and results were mostly normal (no WBC, no RBC, no bacteriuria). P's symptoms started the following day.

Abnormal PE/Chem/CBC/UA Results: Creatinine 1.9, BUN 37, USG 1.025, trace protein in urine. Urine culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is diffusely thickened (up to 0.47 cm) and irregular, particularly along the ventral wall. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is subjectively normal in size with a normal architecture and normal curvilinear peripheral contours. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.38 cm in length) with a normal architecture and normal curvilinear peripheral contours. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.27 cm width). 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.

Spleen

The spleen is normal in size (0.58 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 with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is not definitively visualized in the available images.

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 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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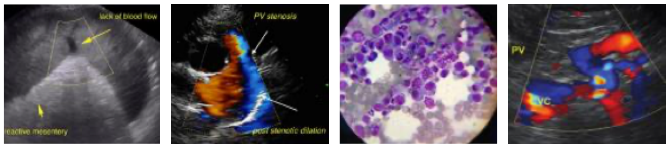

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Pancreas

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.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent lymph nodes are observed at the ileocecocolic junction (the largest measuring 0.74 cm in length). Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The urinary bladder wall changes could be consistent with cystitis or emerging neoplasia (i.e., transitional cell carcinoma). Cystitis is favored.

Secondary Findings

- Bilateral chronic nephropathy
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the urine culture and sensitivity is negative, consider a urine BRAF test to further evaluate for lower urinary tract neoplasia (this test can now be used (off label) in cats as well as dogs). If a negative result is obtained, however, neoplasia cannot be completely excluded. Therefore, a urinary bladder wall biopsy may be necessary to determine if cystitis or neoplasia is present. Thoracic radiographs should be performed prior to any anesthetic event.

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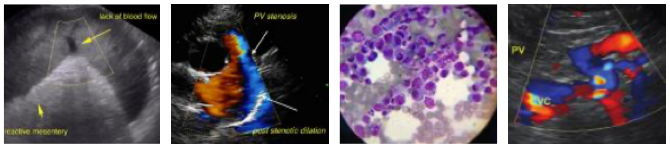

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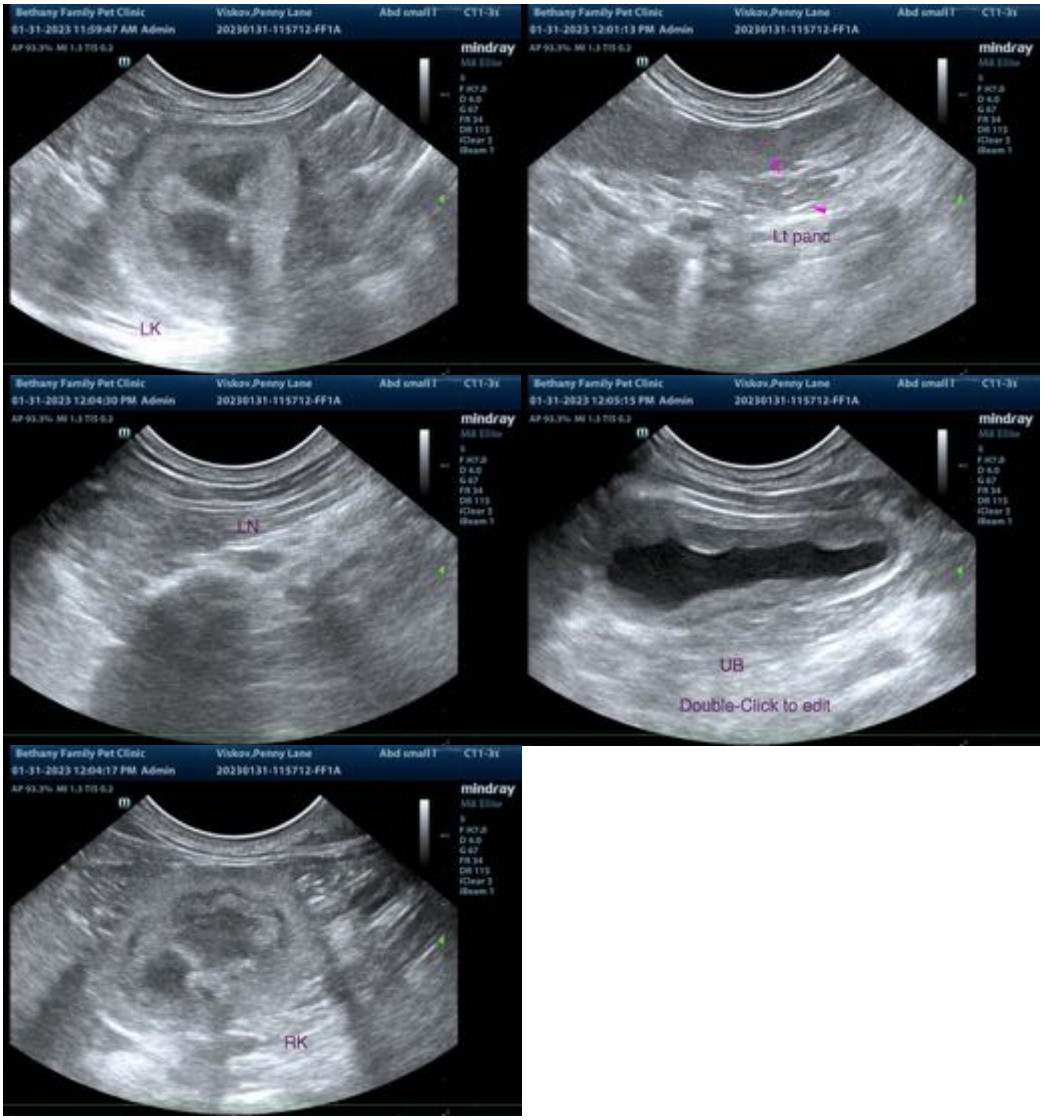

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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