



PATIENT

Erowyn Crum

SPECIES

Feline

BREED

Domestic longhair

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

2.9 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Gardner

INVOICE

14654

DATE

2/28/23

PRESENTING CLINICAL SIGNS

History: P Presented for hind end weakness and anorexia starting 2/27 AM. HX of stage 3 CKD and UTI. Presented 1 month ago for similar signs.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 34.9 WBC 15.56 Neut 13.99 lymf 0.77 mono 0.71 eos 0.07 Che: Creat 4.8 BUN >130 Phos 15.4 EPOC: HCT 36 Gluc 147 Creat 4.90 BUN >120 Lact 2.26 NA 137 K 6.0 pH 7.025 UA: WBC 26/HPF RBC 36/HPF No obvious bacteria detected

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. An approximately 3 cm irregular heterogeneous mass is arising from the apical aspect. The remaining bladder wall is normal in thickness with a smooth mucosal surface. 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 (2.80 cm in length) with an irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. Foci of mineralization are observed. Mild pyelectasia is present (0.32 cm in the transverse plane). A cortical infarct is suspected at the lateral aspect. There is no obvious evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.37 cm in length) with a relatively normal shape. The cortex is variably thickened and there is poor corticomedullary distinction. Mineralized foci are observed. Mild pyelectasia is present (0.27 cm in the transverse plane). There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.51 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 isoechoic relative to the spleen. A 1.5 cm multi-septated cystic nodule is observed adjacent to the diaphragm. Intrahepatic biliary stones are visualized. Vascular is of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

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 segmentally dilated with gas, chyme and soft shadowing material. The small intestinal wall thickness is normal with a normal



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layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

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The left limb of the pancreas is visible with normal curvilinear 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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

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- Apical urinary bladder mass. Neoplasia (i.e., transitional cell carcinoma) is suspected. However, a focal inflammatory process cannot be excluded.
- Bilateral, degenerative renal changes with non-obstructive nephrolithiasis, mild pyelectasia and a suspected left cortical infarct.

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Secondary Findings:

- 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.
- The cystic hepatic nodule likely represents a benign process (i.e., biliary cystadenoma) with a lower possibility of malignancy (i.e., biliary cystadenocarcinoma).
- The soft shadowing material within the small intestinal lumen likely represents transient foreign material (i.e., hair) or shadowing chyme.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A urine BRAF test can be used to further evaluate for lower urinary tract neoplasia. However, in cats, this is an off-label use of the test.
- A urine culture and sensitivity is also recommended. However, cystocentesis should be avoided due to potential seeding of the abdomen with cancer cells.
- Regarding the azotemia, consider the following:
 1. Baseline blood pressure measurement
 2. Fluid therapy (i.e., intravenous or subcutaneous)
 3. Symptomatic care as needed



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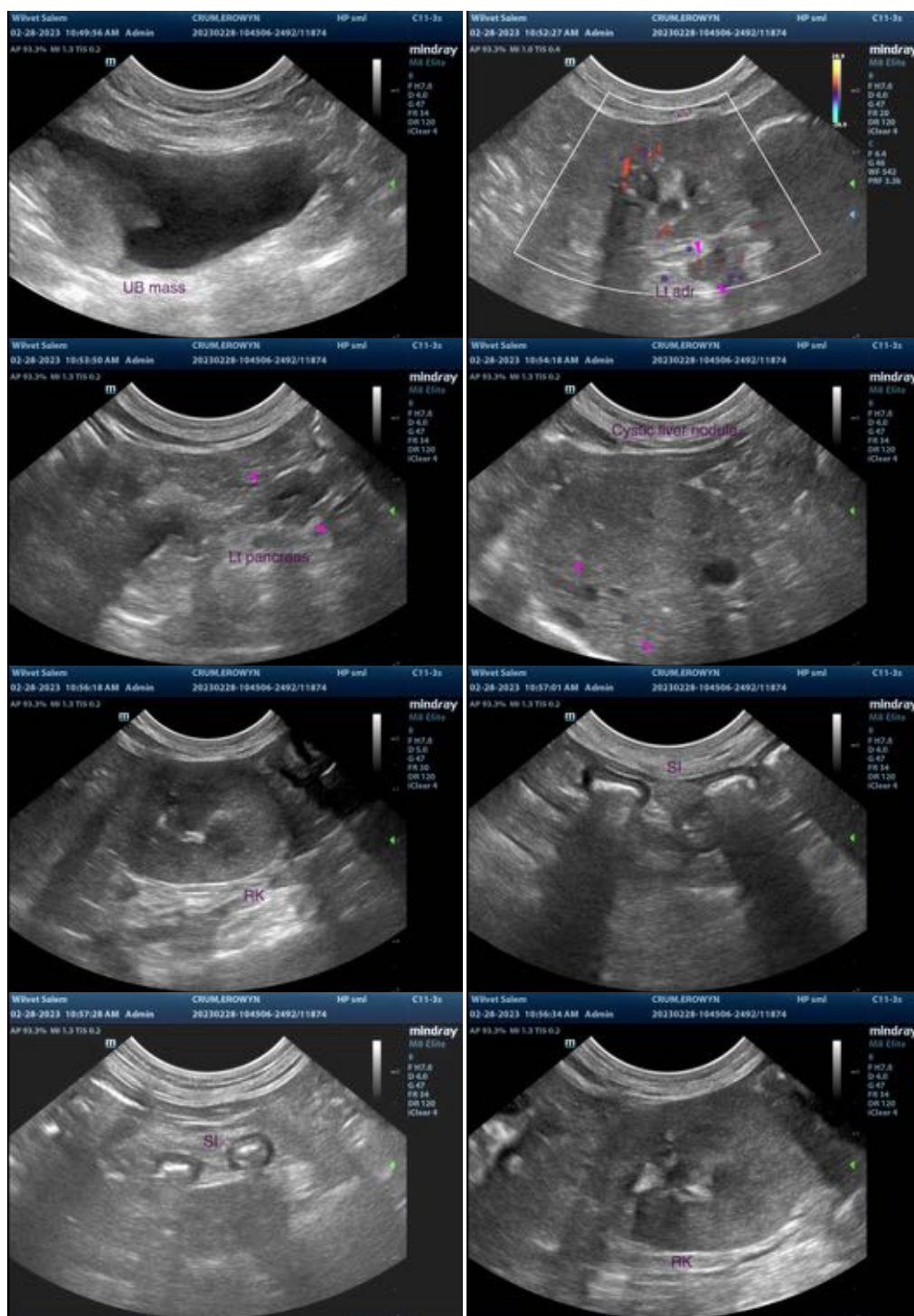
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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