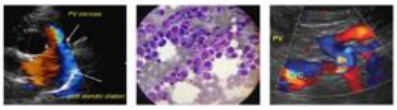


PATIENT

Belle Haddeland

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

PMVU

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Cathy Jarrett

INVOICE

13154

DATE

3/2/22

PRESENTING CLINICAL SIGNS

History: Went to ER for ADR and was treated for Kidney disease.
Abnormal PE/Chem/CBC/UA Results: (03/19/2022) CBC: LYM 0.72 and PLT 98. CHEM: BUN 48.9, CRE 2.1, Ca 13.5, TP >11, AST 78, vAMY 2392, Mg 3.0. U/A: USG 1.029, pH 6.5, PRO 500, BLD 250, WBC 4/HPF, RBC 50/HPF.

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. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is small in size (2.51 cm in length) with an irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.32 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A cortical infarct is observed in the lateral aspect. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.68 cm length; 0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.91 cm length; 0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

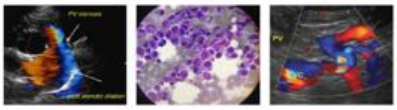
Spleen

The spleen is subjectively prominent in size with irregular peripheral contours. A 1.33 x 1.10 cm heterogeneous mass is observed within the parenchyma. The lesion causes capsular expansion. The remaining parenchyma is diffusely mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is diffusely heterogeneous with numerous varying sized coalescing nodules/masses throughout the organ, the largest measuring 2.18 cm in diameter (left lateral lobe). There is no visibly normal appearing hepatic parenchyma. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal



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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. 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 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

Trace free fluid is observed.

Lymph Nodes

See *Other*.

Other

A 2.20 x 1.65 cm irregular heterogeneous vascular mass is observed dorsal to the urinary bladder. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

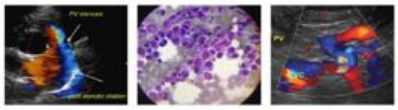
- The hepatic and splenic changes are most consistent with infiltrative neoplasia (i.e., round cell tumor, carcinoma, sarcoma). Multifocal inflammatory disease is also possible but considered less likely.
- The origin of the mass dorsal to the urinary bladder is unclear. It may be arising from the sublumbar lymph nodes, mesentery, other. Neoplasia is the top differential. However, a granuloma or inflammatory focus is also possible.
- Bilateral non-specific age-related renal changes with cortical infarcts. Pathology appears more severe in the left kidney.
- The trace ascites may represent neoplastic effusion, hemorrhage, other.

Secondary Findings:

- The bowel changes are suggestive of inflammatory bowel disease. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the liver and splenic masses, if clotting status is normal. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. However, given the diffuse abdominal pathology, the prognosis for this patient is considered guarded.



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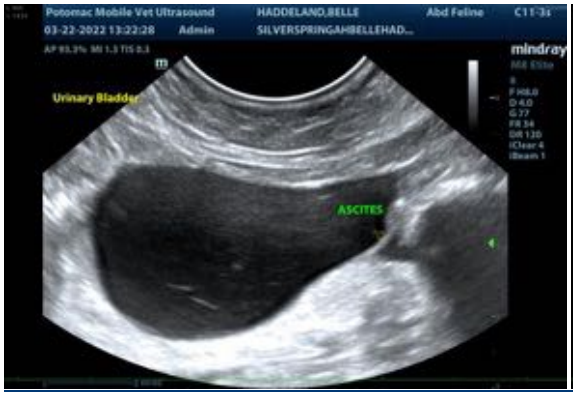

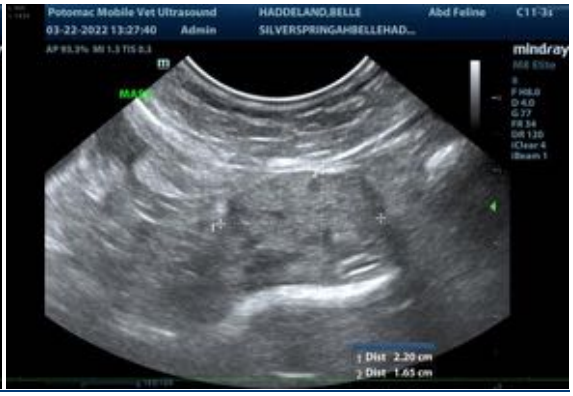

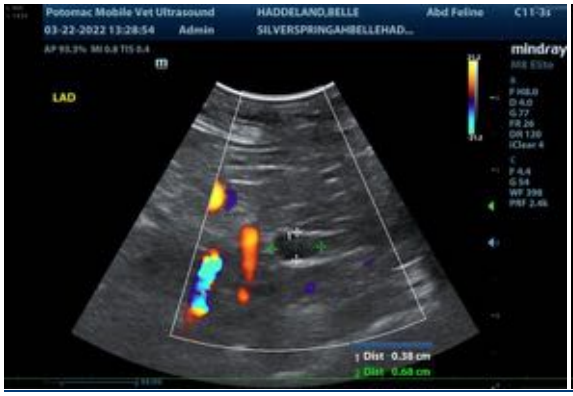

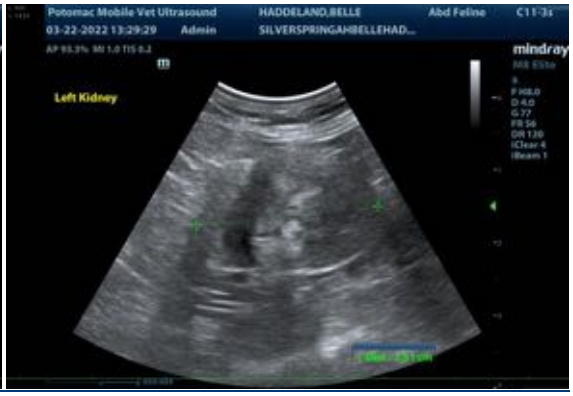

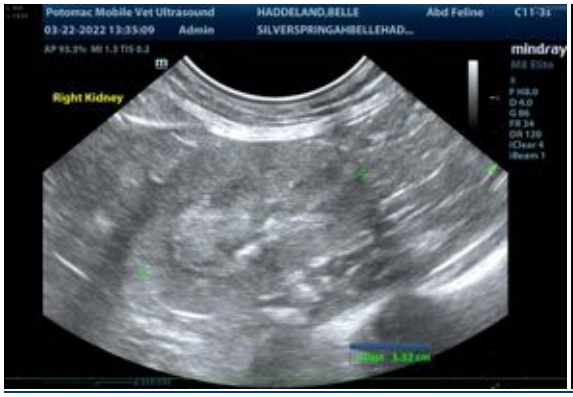

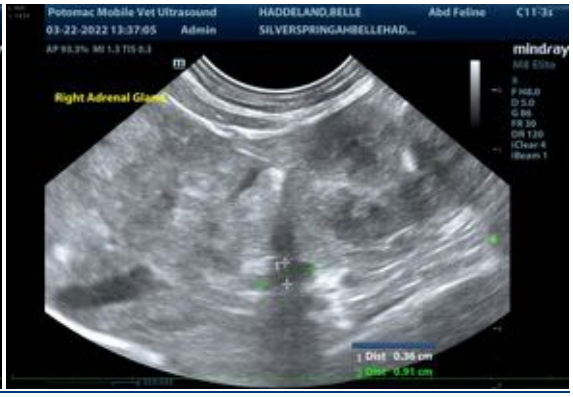

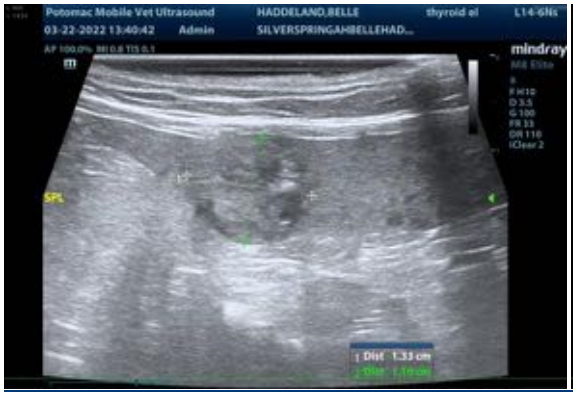

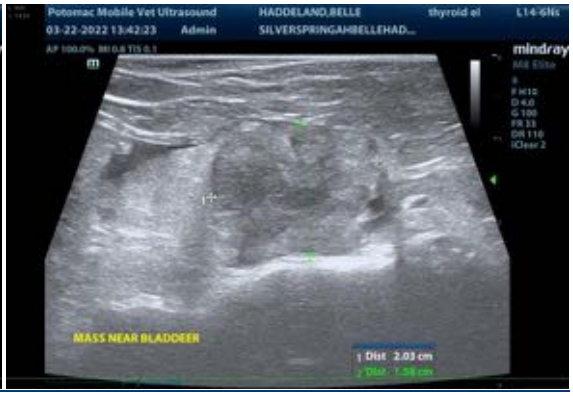

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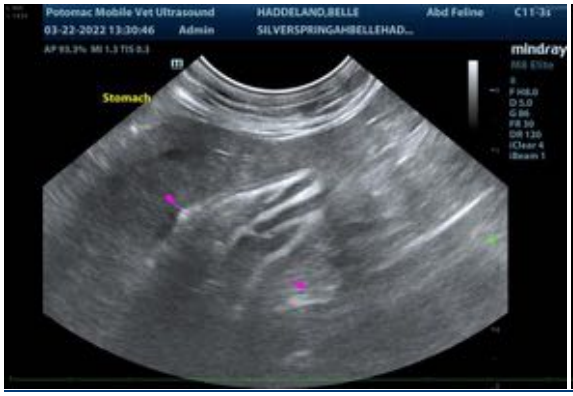

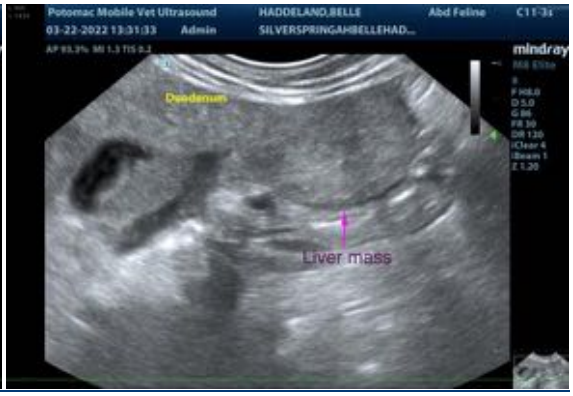

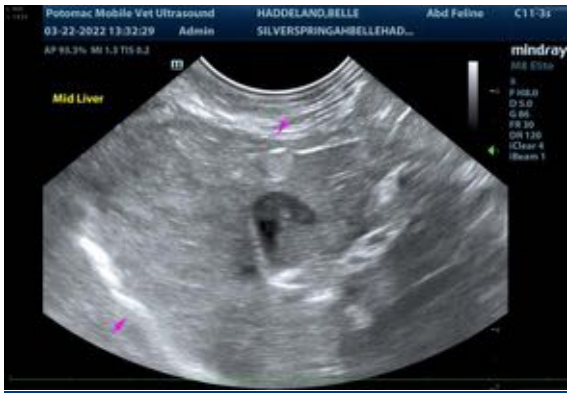

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com