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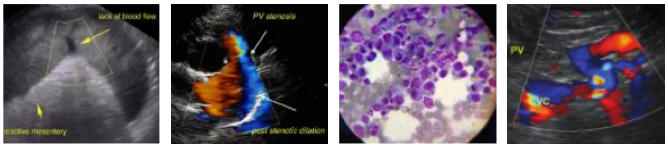

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**PATIENT**

Cody Dajani

**SPECIES**

Feine

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

2 years

**WEIGHT**

7.9 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ferrer, DVM

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dra Marilyn Davila

**INVOICE**

12485

**DATE**

3.23.23

## PRESENTING CLINICAL SIGNS

History: The patient presented as a referral for an abdominal ultrasound to evaluate for nonregenerative anemia and continuous fever. On March 1st 2023 pt resented to rDVM with history of losing weight, anorexia, polydipsia, polyuria, and had a rectal prolapse and papules in his mouth. Pt is on Prednisone, Lixotinic, Doxycycline and Proviable. After several rechecks since 1st visit Pt has gained weight, has been eating well, but still having non regenerative anemia and fever despite medications. Patient had a Feline Hemoplasma PCR panel and a CBC with path review, but it is pending.

Abnormal PE/Chem/CBC/UA Results: PE: Pale MM BW: CBC: HCT: 19 (30-52) HGB 6.4 ( 9.8-16.2) RBC: 4.15 (6.5-12) CHEM: BUN 53 ( 16-36) rest was wnl.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. 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 enlarged (4.71 cm in length) with smooth curvilinear peripheral contours. The cortex is diffusely thickened and hyperechoic relative to the spleen. There is poor corticomedullary distinction. Trace pyelectasia is present (0.15 cm in the transverse plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.72 cm in length) with smooth curvilinear peripheral contours. The cortex is diffusely thickened and hyperechoic relative to the spleen. There is poor corticomedullary distinction. Mild pyelectasia is present (0.20 cm in the transverse plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (0.76 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 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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.

### *Gastrointestinal*

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

### *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*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One to two mesenteric lymph nodes are visualized (the largest measuring 0.82 cm in length). The nodes are normal in shape and echogenicity.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The bilateral renomegaly and cortical changes could be consistent with an inflammatory process (i.e., feline infectious peritonitis, interstitial nephritis), infiltrative neoplasia (i.e., lymphoma), other. Renal dysplasia is possible, but considered less likely given that most cats with renal dysplasia will have small, irregular kidneys (versus renomegaly).

### Secondary Findings

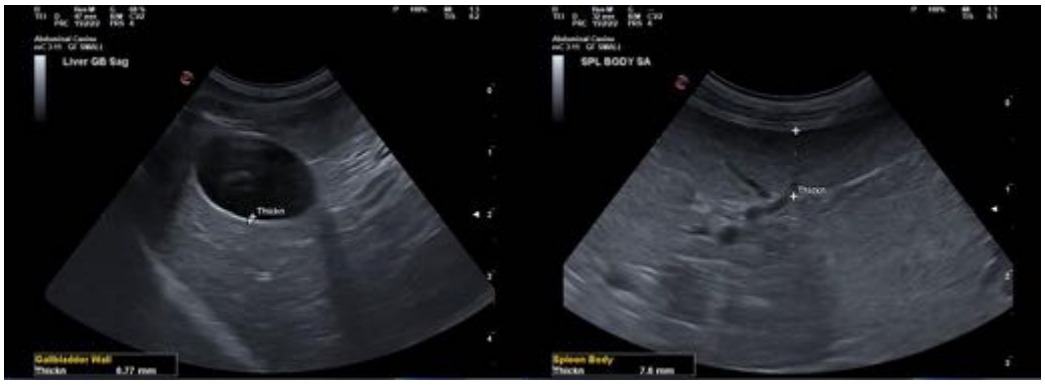
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

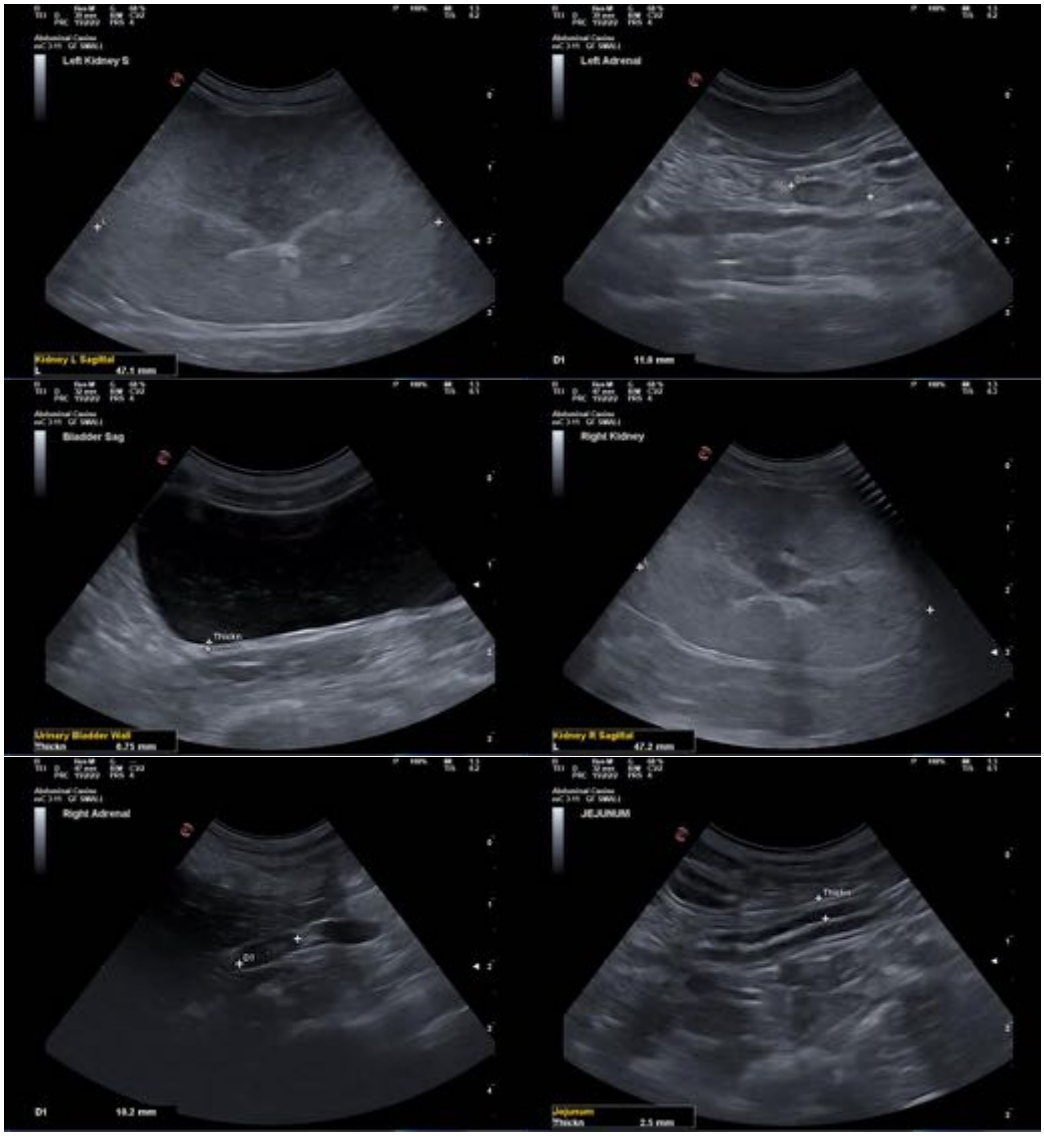
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the renal changes consider the following:

    1. Urine culture and sensitivity
    2. Renal aspirate (if clotting status and blood pressure are normal)
    3. Three-view thoracic radiographs to assess for lymphadenopathy in the chest

- Given the persistent fever, a feline infectious disease panel (i.e., feline leukemia, FIV, FIP, Toxoplasmosis) is also recommended.






**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**, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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