

PATIENT

Thomas T Harris

PRESENTING CLINICAL SIGNS

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 years

WEIGHT

6.34 kg

History: Treated at another hospital in WA over the winter and an ultrasound was recommended to evaluate kidneys and pancreas. Has been hyperthyroid, hypertensive and CKD stage 1 for 2 years.

Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: Labwork was submitted to Idexx. Most recent labs were in 12/21. USG 1.021, pH 6.5, BUN 48, Glc 216, TP 8.9, Cre 2.3, Triglycerides 1155, Amy 1428, PSL 140, T4 0.5, WBC 3.1 Other diagnostics available (ie. Blood pressure, radiographs, etc): BP 144/94, FNA of perirenal pseudocyst - slightly cloudy pink tinged fluid Abnormal physical exam findings: BCS 8/9, thyroid nodule palpable, slightly unkempt hair coat

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1 cm, are normal.

The left kidney is normal size (3.66 cm in length); normal shape and architecture with smooth peripheral margins. 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 or hydroureter. Renal vasculature is normal. A 1.94 x 1.31 cm cystic area is arising from and partially encompassing the caudal pole.

The right kidney is normal size (4.68 cm in length); normal shape and architecture with smooth peripheral margins. 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 or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.39 cm cranial) (0.36 cm caudal) (1.15 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.45 cm cranial) (0.46 cm caudal) (0.68 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (given the patient's habitus), measuring 1.06 cm in width at the level of the hilus, with slightly undulating peripheral contours. 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 gall bladder lumen is moderately distended. A bi-lobed conformation is suspected. The wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jolee Stegemoller

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 colonic wall is normal. No obstructive disease is noted.

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Pancreas

The pancreas is diffusely prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat, and mottled in appearance, with numerous varying-sized cystic areas throughout the organ. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter). There is no evidence of peripancreatic effusion.

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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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Other

A few video clips of the right fibroid lobe reveal a diffusely cystic parenchyma.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

6.34 kg

Primary Findings

- Bilateral age-related renal changes. The left cystic lesion is thought to represent a perinephric pseudocyst.
- The pancreatic changes are suggestive of chronic pancreatitis with age-related remodeling and parenchymal cysts.
- Cystic right thyroid lobe

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's renal disease, consider a urine culture and sensitivity, UPC (if proteinuria is present), and transition to a prescription renal diet, if the patient will tolerate it. Further recommendations should be based on the most-recent blood work results.
- Consider three-view thoracic radiographs to assess cardiopulmonary status, particularly if fluid therapy is to be initiated at any point.
- Serial monitoring of the patient's renal values and blood pressure is recommended to assess for progression of the renal disease.

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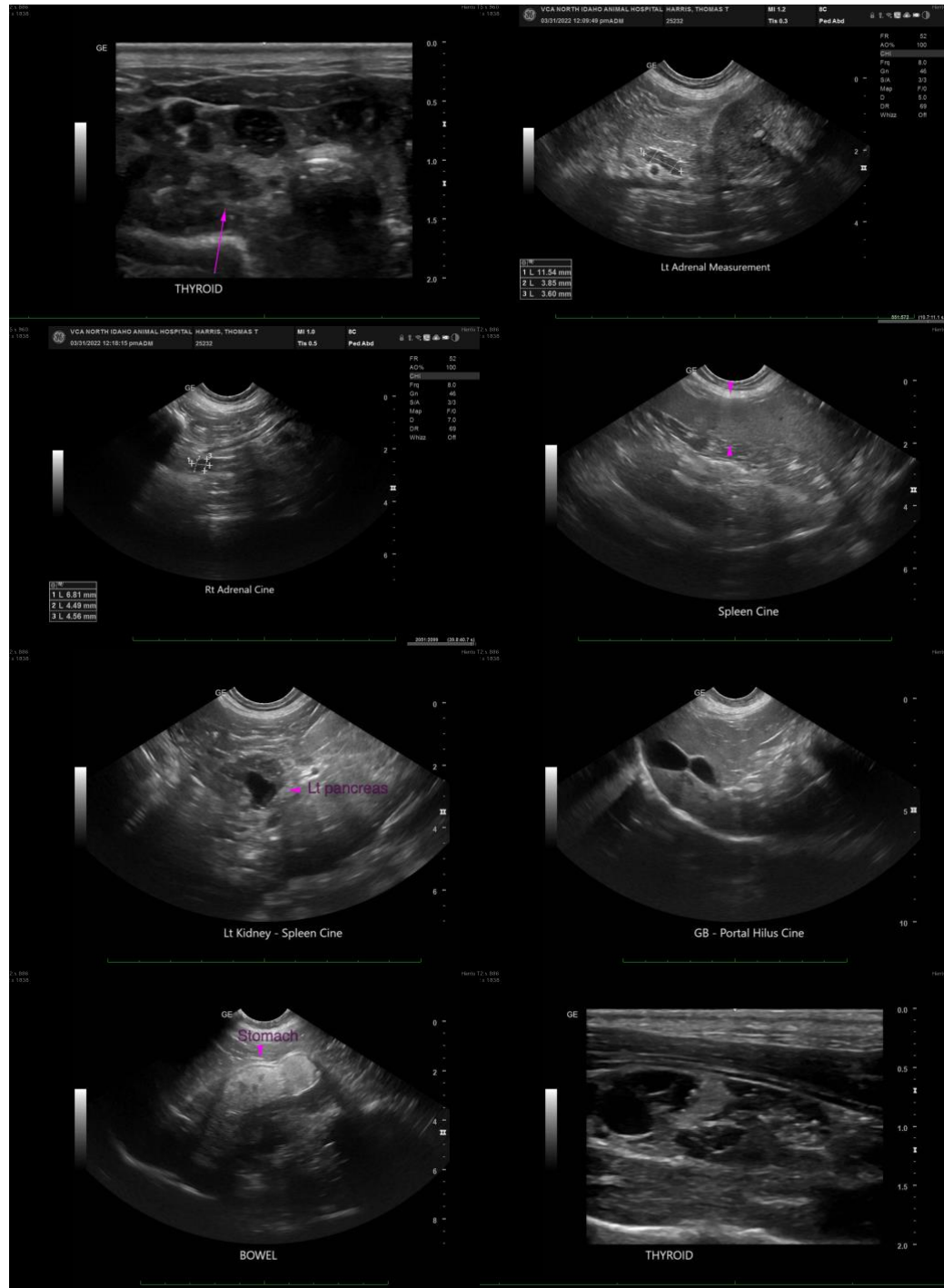
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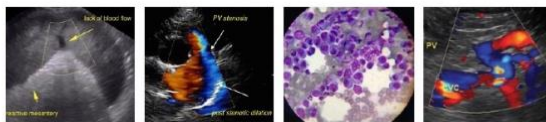
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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