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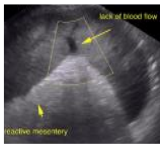
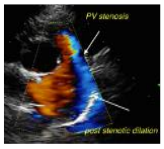
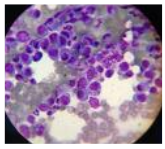
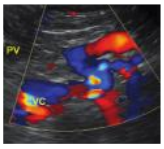

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PATIENT
Sylvester Burner

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
14 years

WEIGHT
16.2 lbs

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Animal General on Hudson

REFERRING VET
Dr. Vivian Ng

INVOICE
10740

DATE
4/13/22

PRESENTING CLINICAL SIGNS

History: Urinary signs - resolved spontaneously, history of mesenteric lymphadenopathy and urolith. Abnormal PE/Chem/CBC/UA Results: ALT 129, WBC 16.2. U/A: PH 5.5, no crystalluria, USG 1.026.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. A few small cystic calculi are suspected (versus aggregated sand), the largest measuring 0.48 cm in diameter. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.04 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.60 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild loss of corticomedullary distinction. A few nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.77 cm length; 0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.95 cm length; 0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively prominent in size (1.07 cm in width at the level of the hilus) with mildly undulating medial contour. Using the high-frequency probe, the parenchyma appears subtly mottled. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

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 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 chyme. 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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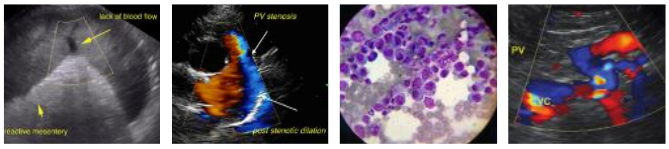

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Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
There is no evidence of free fluid. A 0.74 cm gastric lymph node is visualized. A 1.18 cm caudal abdominal lymph node is also visualized. The mesentery surrounding both nodes is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Small, cystic calculi
- Bilateral age-related renal changes with nonobstructive nephrocalcinosis. Changes are similar to the previous sonogram.

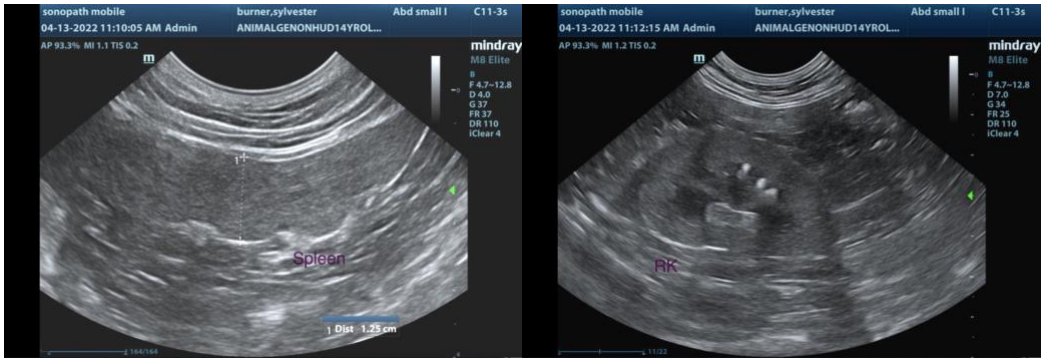
Secondary Findings

- The splenic changes may be a normal variant for this large-sized cat. Alternatively, lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, splenitis, or less likely, infiltrative neoplasia are possible differentials. Changes are similar to the previous sonogram.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The caudal abdominal lymph node is similar in appearance compared to the previous sonogram.

**Overall, today's sonographic findings are similar to the study performed in June of 2021.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.
- Three-view thoracic radiographs should be performed prior to any anesthetic event.



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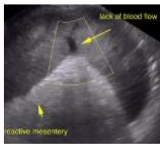
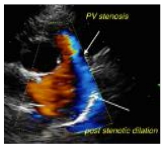
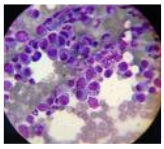
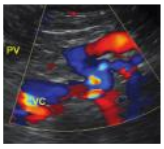

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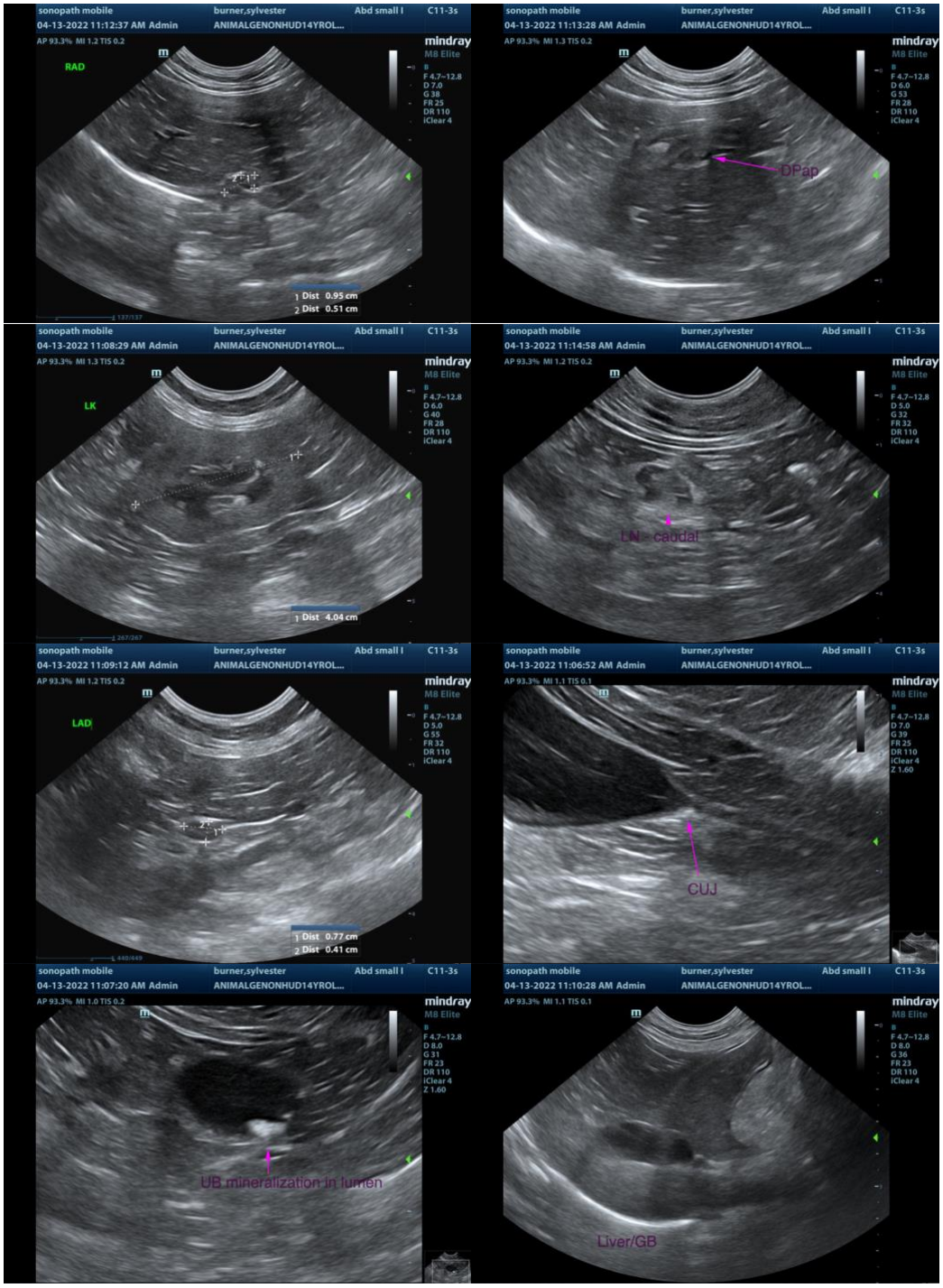

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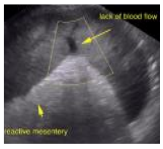
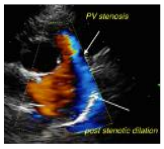
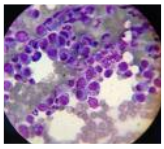
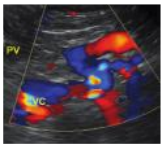

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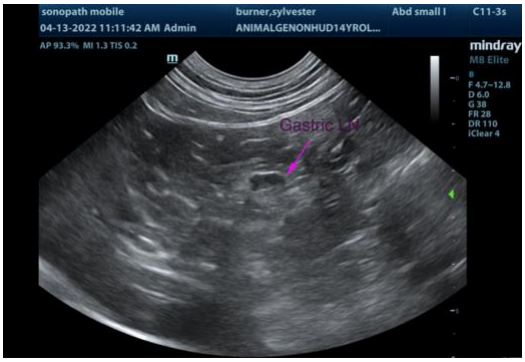

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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