

**PATIENT PRESENTING CLINICAL SIGNS**

Jilly Jackson History: Elevated kidney values  
Abnormal PE/Chem/CBC/UA Results: BUN 47, Creat 2.6 UA: Protein trace, urine culture -, SG 1.039

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Feline Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

**BREED**

DSH

The left kidney borderline small in size (3.21 cm in length) with a slightly irregular shape. The cortex is variably thickened with poor corticomedullary distinction. Cortical infarcts are suspected at the cranial pole. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature appears normal.

**SEX**

Female Spayed

The right kidney is extremely small in size (1.92 cm in length) with an irregular normal shape. The cortex is hyperechoic and variably thickened with poor corticomedullary distinction. A 0.64 cm hypoechoic nodule is arising from the lateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal perfusion appears reduced.

**AGE**

9 years

**Adrenal Glands**

The left adrenal gland is normal size (0.23 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

**WEIGHT**

10.6 lbs

The region of the right adrenal gland is evaluated. The gland is not definitively visualized. However, no obvious pathology is observed in this region.

**INTERPRETED BY Spleen**

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

The spleen is normal in size (0.64 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 appears normal.

**IMAGING PERFORMED BY Liver**

Val Shumskaya

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.

**HOSPITAL NAME**

Basking Ridge AH

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/not seen.

**REFERRING VET Gastrointestinal**  
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 colonic wall is normal. No obstructive disease is noted.

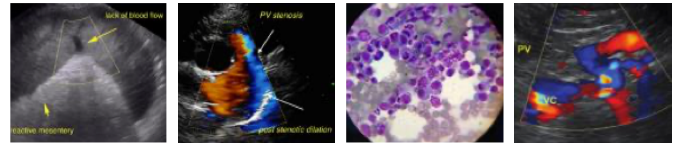
Dr. Hollo

**INVOICE**

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**DATE**

4.27.23



**PATIENT** *Pancreas*

Jilly Jackson 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.

**SPECIES** *Free Abdomen*

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

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

DSH

**Primary Findings**

- Bilateral chronic nephropathy, more severe in the right kidney. The right renal nodule could be consistent with a granuloma, emerging tumor, inflammatory focus, other.

**SEX**

Female Spayed

**Secondary Findings**

- The small intestinal wall changes are suggestive of inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.

**AGE**

9 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the proteinuria, a UPC is recommended.
- Also consider a baseline blood pressure measurement to assess for systemic hypertension.
- Consider a fine-needle aspirate of the right renal nodule (if blood pressure and clotting statuses are appropriate and if the lesion is accessible). A 25-gauge needle should be used.
- Symptomatic care is recommended as needed, along with serial monitoring of the patient's renal values to assess for progressive azotemia.
- Given the patient's age, consider three-view thoracic radiographs to assess cardiopulmonary status, particularly if fluid therapy is to be initiated at any point.

**WEIGHT**

10.6 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Basking Ridge AH

**REFERRING VET**

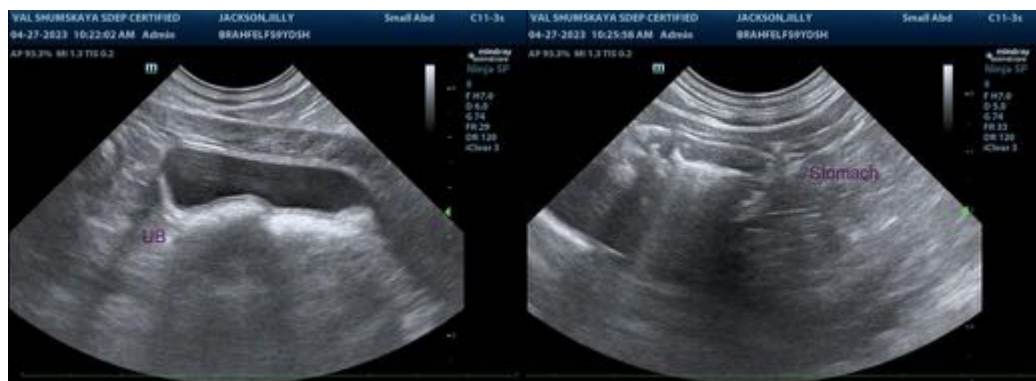
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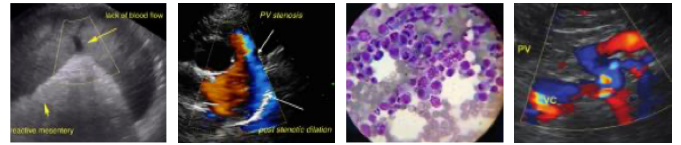
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**PATIENT**

Jilly Jackson

**SPECIES**

Feline

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**SEX**

Female Spayed

**AGE**

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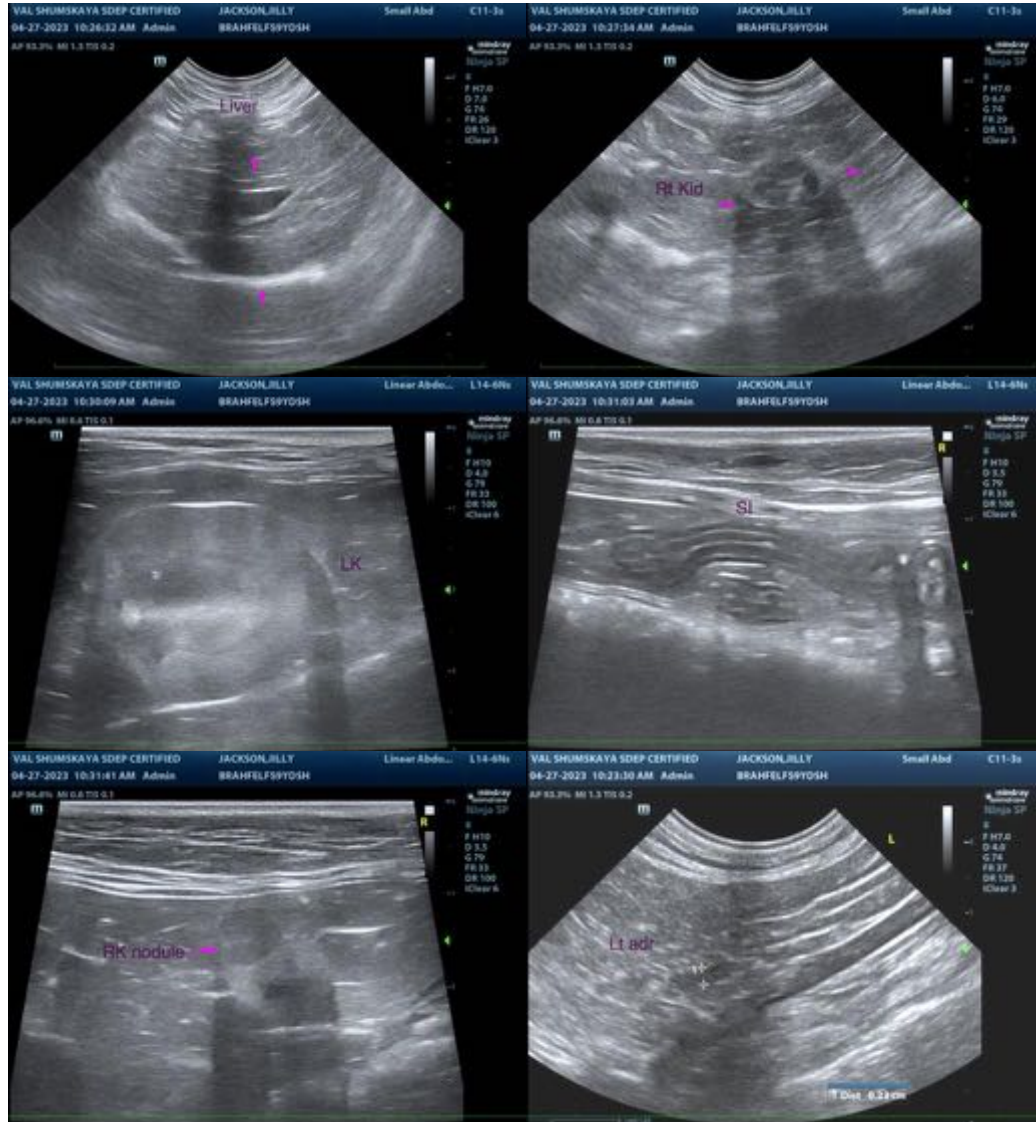
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Dr. Hollo



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)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

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