

PATIENT PRESENTING CLINICAL SIGNS

Esme Desimone History: Chronic hematuria. Labs WNL. History pancreatitis.

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 moderately distended. A small amount of gravity-dependent 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.

BREED

DSH

The left kidney is normal in size (3.22 cm in length) with a slightly irregular shape. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A cortical infarct is observed at the lateral aspect. There is no evidence of pyelectasia or hydroureter.

SEX

Spayed Female

The right kidney is normal in size (3.40 cm in length) with a slightly irregular shape. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is a questionable cortical infarct at the cranial pole. There is no evidence of pyelectasia or hydroureter.

AGE

13 years

Adrenal Glands

The left adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

WEIGHT

16 lbs

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

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.75 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.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

Liver

The liver is subjectively normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.50 cm hyperechoic nodule is observed at the cranial aspect. There is a questionable small cystic area adjacent to the gall bladder, at the caudal aspect. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

Pine Banks AH

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 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

REFERRING VET

Hasan Syed, DVM

INVOICE

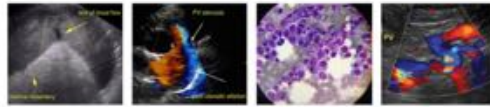
12625

Pancreas

The left limb is visible/prominent with slightly irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and slightly heterogenous in appearance in some areas. The pancreatic duct is visible but not overtly dilated (0.21 cm in diameter). The surrounding mesentery is mildly hyperechoic.

DATE

4.3.23



PATIENT

Esme Desimone

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic renal changes with subtle dystrophic mineralization and suspected cortical infarcts
- The pancreatic changes are suggestive of chronic active pancreatitis with possible age-related remodeling +/- fibrosis.

BREED

DSH

SEX

Spayed Female

Secondary Findings

- The hyperechoic hepatic nodule could be consistent with a biliary cystadenoma, cystadenocarcinoma, granuloma, inflammatory focus, other.

AGE

13 years

*An obvious cause for the patient's chronic hematuria is not definitively identified in this study. Considerations include urinary tract infection, feline idiopathic cystitis, benign essential renal hematuria, other.

WEIGHT

16 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended (if not already performed). If urine culture results are negative, consider empirical treatment for feline idiopathic cystitis.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Pine Banks AH

REFERRING VET

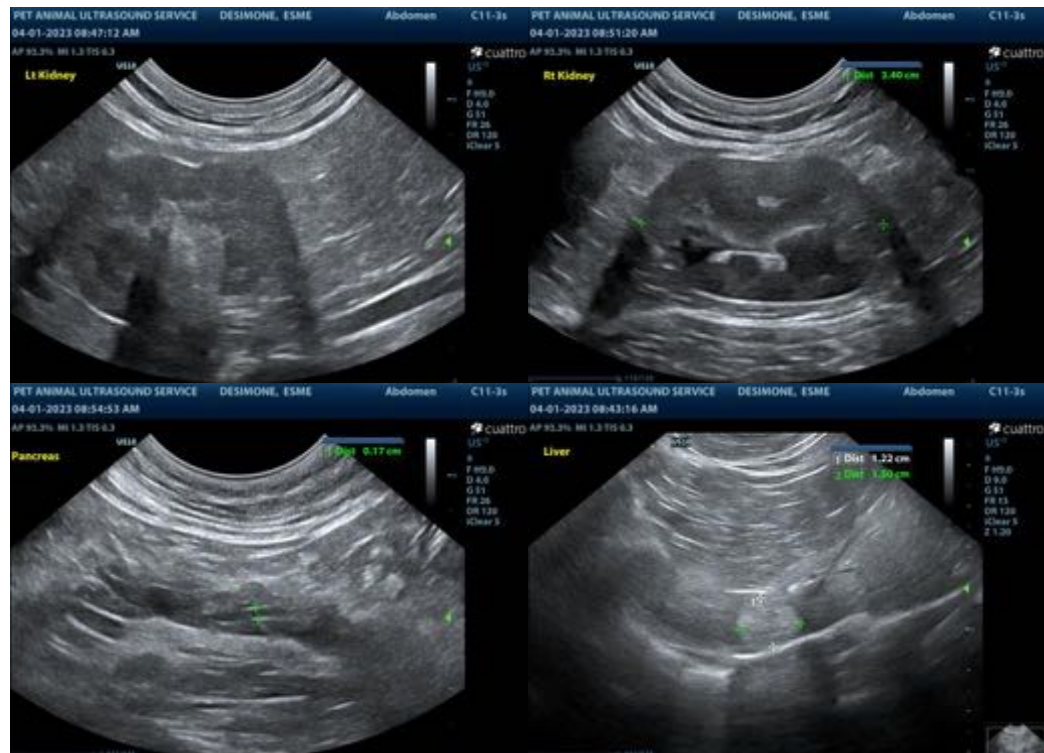
Hasan Syed, DVM

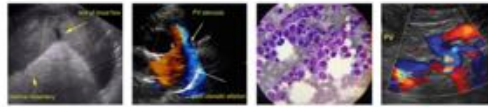
INVOICE

12625

DATE

4.3.23





PATIENT

Esme Desimone

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 years

WEIGHT

16 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Pine Banks AH

REFERRING VET

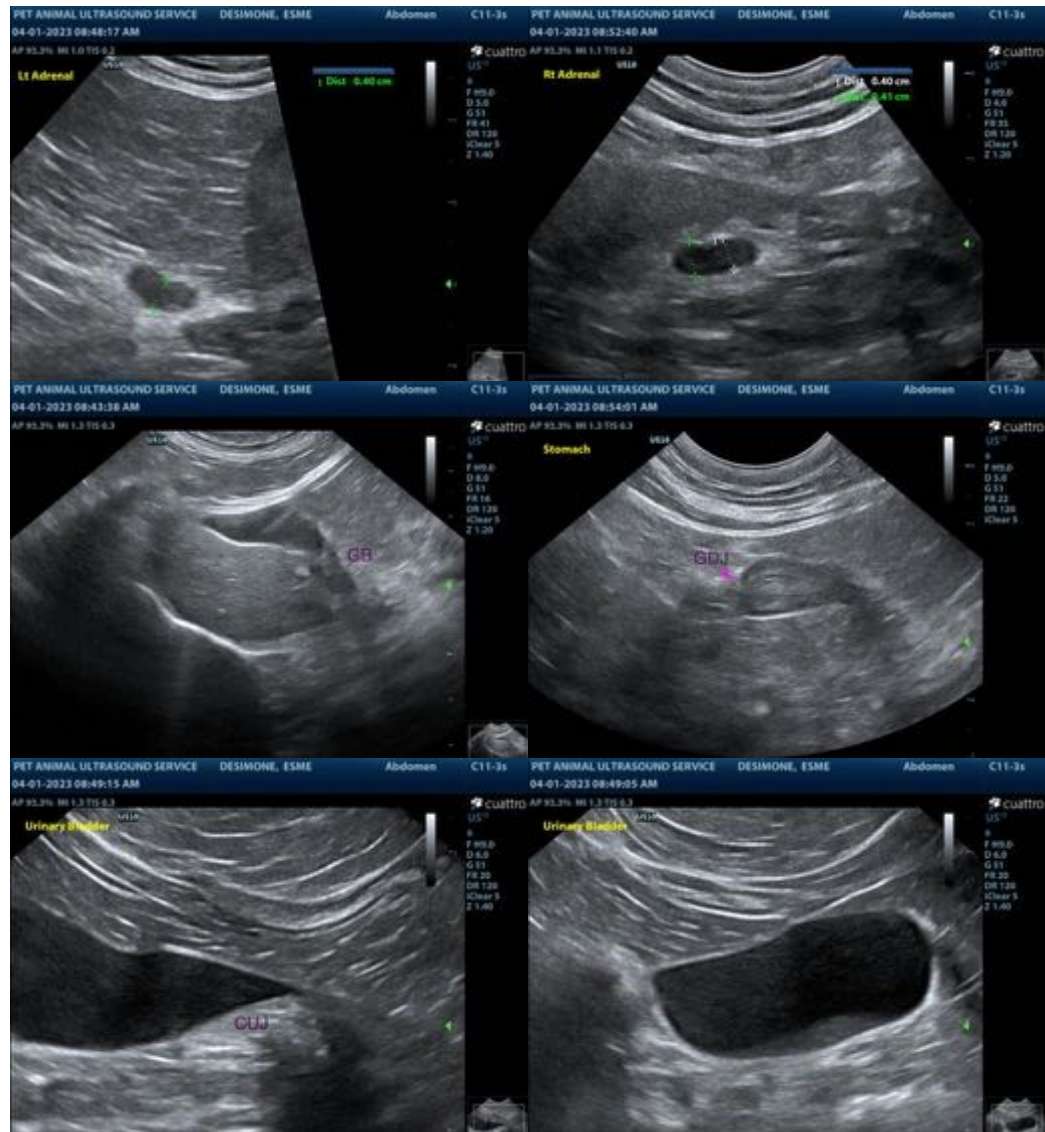
Hasan Syed, DVM

INVOICE

12625

DATE

4.3.23



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