



PATIENT

Mindy MacKenzie

PRESENTING CLINICAL SIGNS

History: urinating outside of box

SPECIES

Feline

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 is normal.

BREED

Domestic shorthair

The left kidney is normal size (4.21 cm in length) with a slightly irregular shape. The cortex is isoechoic relative to the spleen and variably thickened with poor corticomedullary distinction. Moderate to severe pyelectasia is present (1.07 cm in the longitudinal plane). There is no evidence of nephroliths. There is no obvious evidence of hydroureter. Renal vasculature is normal.

SEX

Female, spayed

The right kidney is small in size (2.39 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

AGE

9 Yrs.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

WEIGHT

13.7 lbs.

Spleen

The spleen is normal in size (0.70 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.

INTERPRETED BY

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

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen. A 0.39 cm cystic lesion is observed deep on the left side. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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.

IMAGING PERFORMED BY

Jenn

Gastrointestinal

The gastric 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 colonic wall is normal. There is no evidence of an obstructive pattern.

HOSPITAL NAME

Rockaway

REFERRING VET

Dr. Maniar

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.

INVOICE

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Free Abdomen

There is no obvious evidence of free fluid. A 0.76 cm mesenteric lymph node is visualized.

DATE

5/3/23



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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral degenerative renal changes (more severe in the right kidney). The left pyelectasia could be consistent with pyelonephritis, age-related remodeling, PU/PD (if applicable) or some combination thereof.

Secondary Findings:

- The hepatic parenchymal changes could be consistent with hepatic lipidosis, inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), emerging neoplasia (i.e., lymphoma), normal variation, other. Correlation with the patient's liver values is recommended.
- The prominent mesenteric lymph node is likely reactive with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function.
- A urine culture and sensitivity is also recommended.
- If the liver values are abnormal, further workup (i.e., fine needle aspirate or biopsies +/- aerobic and anaerobic bile cultures) may be warranted.





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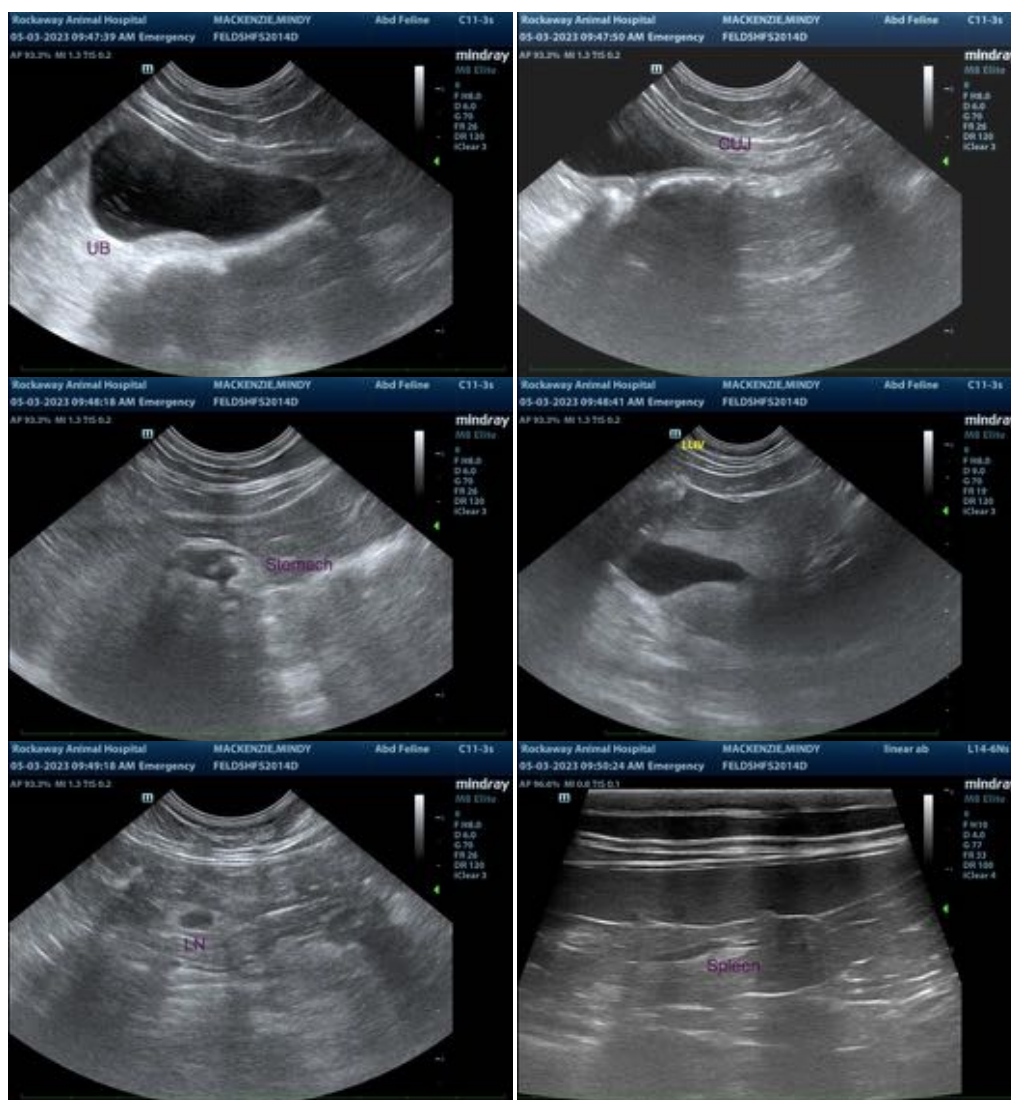
Dr. Maniar

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DATE

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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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