


**PATIENT PRESENTING CLINICAL SIGNS**

**Reno Grindlay**  
**SPECIES**  
 Feline  
**BREED**  
 DSH  
**SEX**  
 Neutered Male  
**AGE**  
 11 years, 2 mos  
**WEIGHT**  
 12.38 lbs

History: Reno presented today (5/8) for loss of appetite, lethargy, nausea (no vomiting), and abdominal distension. He has been receiving LRS 100 mL SQ at home every 24 hours since 5/4. Reno is currently on Ursodiol (60 mg PO q 24); Prednisolone (2.5 mg PO q 48) for asthma; Cetirizine (5 mg PO q 24); and oral buprenorphine 0.03 mg PO q 12. He is indoor only and has previously been diagnosed with FIV. He also has a history of chronic pancreatitis, asthma and cholangiohepatitis.

Abnormal PE/Chem/CBC/UA Results: On exam there was significant free fluid palpable in abdomen and seen on US-collected mid ultrasound pale yellow clear to slightly hazy fluid. Fluid analysis is pending. Reno's mucus membranes were also slightly pale.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**

The urinary bladder is mildly to moderately distended. The wall is appropriate thickness for the level of repletion. The mucosal surface is relatively smooth. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.97 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild to moderate 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 in size (4.44 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

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

**Spleen**

The spleen is normal in size (0.81 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**

Kaitlyn Rudie, DVM

**Liver**

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

**HOSPITAL NAME**

Sherwood FPC

The gall bladder is contracted and difficult to visualize. No obvious abnormalities are seen.

**REFERRING VET**

Leticia Wustenberg,  
 DVM

**Gastrointestinal**

The gastric lumen is mildly gas-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The colonic wall appears normal. There is no obvious evidence of an obstructive pattern.

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**PATIENT** *Pancreas*

Reno Grindlay 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 mesentery throughout the abdomen is hyperechoic and irregular/nodular. A large amount of echogenic free fluid is present. There are a few suspected prominent midabdominal lymph nodes.

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED** *Primary Findings*

- DSH
- Severe ascites. Differentials include carcinomatosis, feline infectious peritonitis, congestive heart failure, hypoalbuminemia (if applicable), other.

**SEX** *Secondary Findings*

- Neutered Male
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.

- AGE**
- The hepatic parenchymal changes are nonspecific and may be secondary to inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), emerging hepatic lipidosis, infiltrative neoplasia (i.e., lymphoma), passive congestion, other.

11 years, 2 mos

- WEIGHT**
- Urinary bladder debris
  - Bowel pattern suggestive of inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended (if not already performed).
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status. Also consider an echocardiogram to assess for possible congestive heart failure.
- If abdominal fluid cytology results are inconclusive, consider a fine-needle aspirate of the mesentery +/- liver.
- Ultimately, mesenteric biopsies may be necessary to get a definitive diagnosis.



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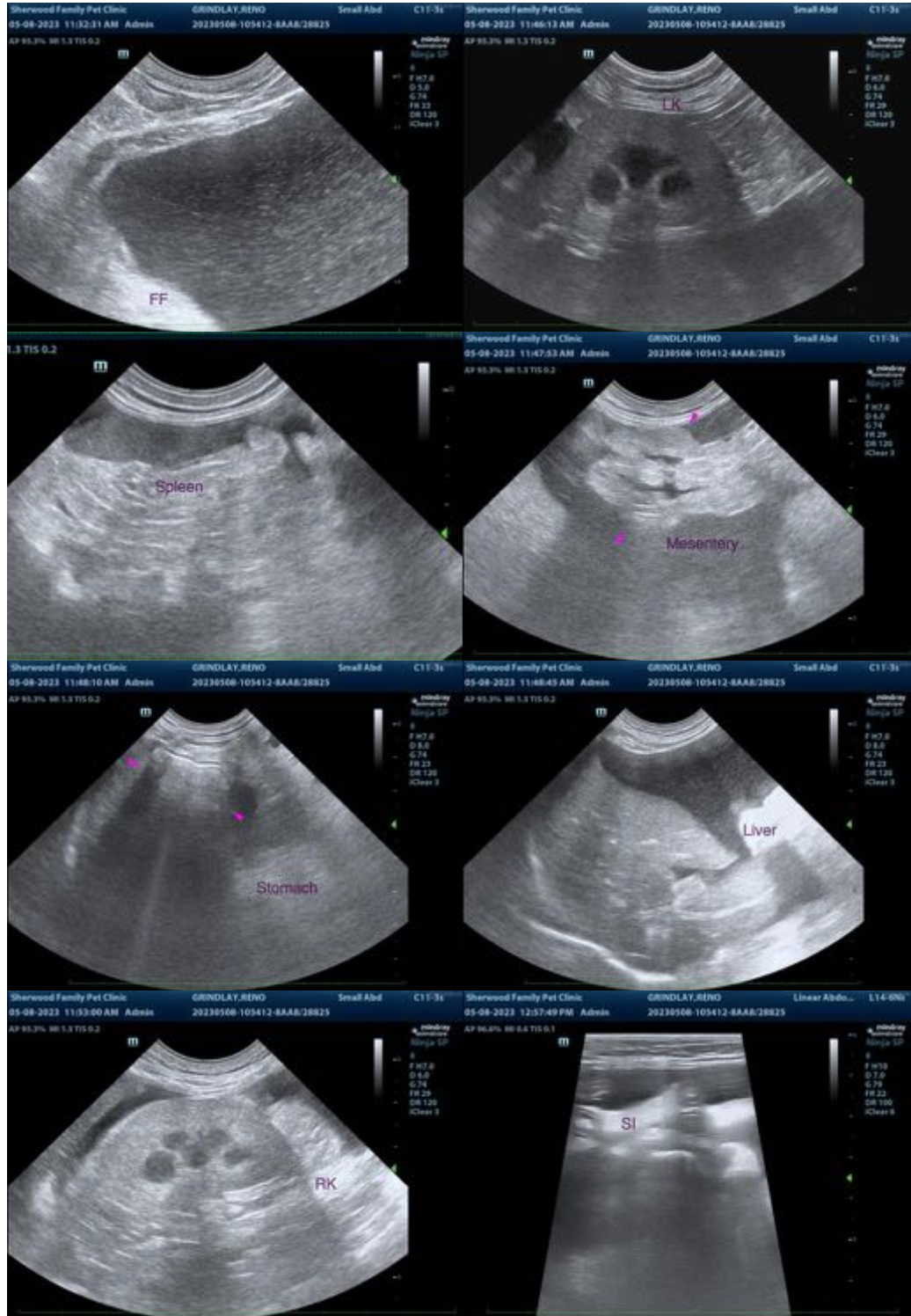
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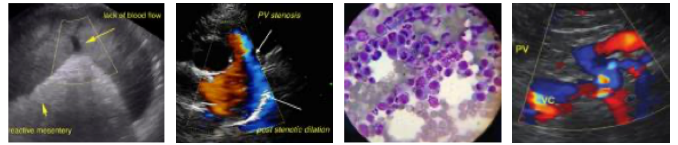
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in



**PATIENT** the image/video clips provided.

Reno Grindlay 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.

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