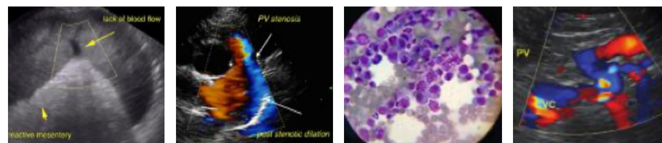

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1-800-838-4268 info@sonopath.com

**PATIENT**
Lulu Al Maedi

**SPECIES**
Feline

**BREED**
Persian

**SEX**
Female, spayed

**AGE**
9 Yrs.

**WEIGHT**
3.21 lbs.

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

**IMAGING PERFORMED BY**
Dr. Valentina

**HOSPITAL NAME**
The Veterinary Surger

**REFERRING VET**
Dr. Fresta

**INVOICE**
14902

**DATE**
5/9/23

## PRESENTING CLINICAL SIGNS

History: Presented for being lethargic and no eating well. Being to another Vet before visiting us ,who made a diagnose of gastric neoplasia with metastasis. At the Clinical presentation the cat is alert and responsive .MMC are pale pinkish. Abdomen reveals some abdominal fluid. HR 180,RR 35.Heart and lung sound clear the cat has been admitted to the hospital since few days and a blood transfusion has been provided.Eating very well,however seems to be quite dull.
Abnormal PE/Chem/CBC/UA Results: The blood test reveals severe regenerative anemia. The minichemistry reveals higher amylasis nad TP

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a slightly irregular mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is enlarged (5.07 cm in length) with an irregular shape. A 2.82 x 2.10 cm irregular hypoechoic avascular lesion containing echogenic debris is observed at the caudal pole. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Several varying sized cortical cysts are seen, at least one of which causes capsular expansion. Small non-obstructive foci of mineralization are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.50 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Small, non-obstructive mineralized foci are visualized. Moderate to severe pyelectasia is present (0.62 cm in the longitudinal plane). There is questionable proximal hydroureter. Ill-defined cortical cysts are present. Renal vasculature is normal.

### *Adrenal Glands*

The adrenal glands are not definitively visualized in the available images.

### *Spleen*

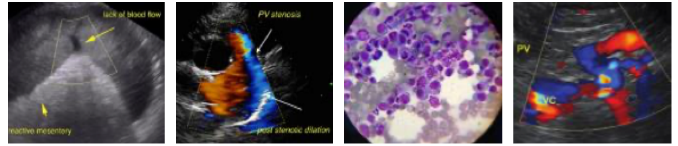
The spleen is normal in size (0.67 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### *Liver*

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and relatively homogeneous in appearance. No distinct focal lesions are observed. Intrahepatic biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. 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.

### *Gastrointestinal*

The stomach is not visualized in its entirety. In the visualized portion, the gastric wall is normal in thickness. The lumen is mildly distended with ingesta. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. In the visible small intestinal segments, the wall is normal in thickness



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with retention of the normal layering pattern. Discreet masses are not identified. There is no obvious evidence of an obstructive pattern.

### *Pancreas*

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

### *Free Abdomen*

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

### *Other*

In the visualized portion of the thorax, a moderate amount of pleural effusion is present. There is no obvious evidence of pericardial effusion.

The caudal vena cava is subjectively dilated.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

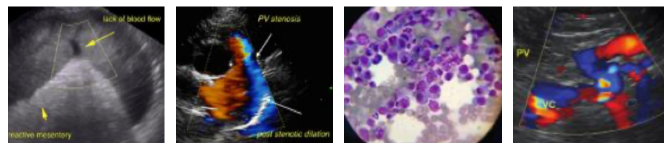
- Bi-cavitary effusion (pleural effusion, ascites). Differentials include congestive heart failure, neoplasia, low oncotic pressure (if applicable), increased vascular permeability, other.
- Bilateral, chronic nephropathy with pyelectasia (more severe in the right kidney), cortical cysts and non-obstructive nephrocalcinosis. The hypoechoic left renal lesion could be consistent with a tumor, abscess, complex cyst or granuloma.

**Secondary Findings:**

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the bi-cavitary effusion, three-view thoracic radiographs are recommended along with an echocardiogram +/- ECG and baseline blood pressure measurement.
- Submission of the pleural and/or abdominal fluid for analysis/cytology +/- cultures is also recommended.
- Consider a fine needle aspirate of the left renal lesion, if clotting status and blood pressure are normal.
- Given the bilateral renal changes, a urine culture and sensitivity is recommended.
- Given the severe regenerative anemia, consider the following:
  1. Feline vector borne disease panel



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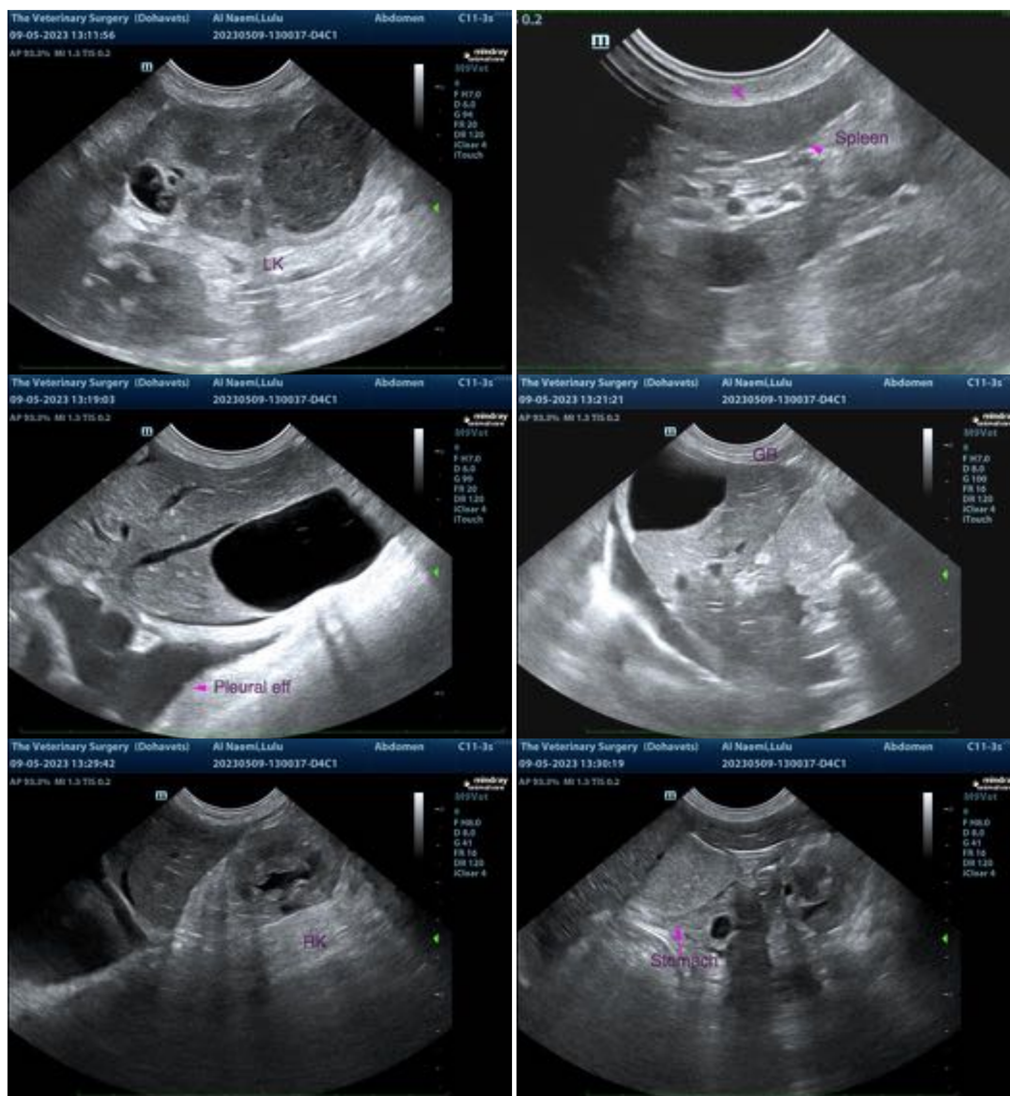
2. Feline leukemia and FIV testing, if not already performed.

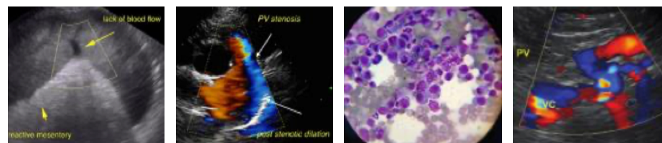
- Further workup should be based on the results of the above diagnostics.




**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

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