



PATIENT

Winston Dizenzo

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

8 years

WEIGHT

15.3 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Mountain AH

REFERRING VET

Dr. Woodward

INVOICE

11158

DATE

6.28.22

PRESENTING CLINICAL SIGNS

History: poor appetite, chronic - bilateral renomegaly on exam and radiograph - mandibular and popliteal lymph node enlargement meds: Cerenia 2 mg/kg PO Q24h

Abnormal PE/Chem/CBC/UA Results: Routine blood work including T4 and heartworm normal please see attached rads

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A scant amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **left kidney** is enlarged (6.70 cm in length); with an irregular shape. The cortex is hyperechoic to slightly heterogenous in appearance. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. A small amount of subcapsular fluid is present. The mesentery effacing the serosal surface of the kidney is hyperechoic.

The **right kidney** is enlarged (7.47 cm in length with an irregular shape. The cortex is hyperechoic to slightly heterogenous in appearance. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. A small amount of subcapsular fluid is present. The mesentery effacing the serosal surface of the kidney is hyperechoic.

Adrenal Glands

The **left adrenal gland** is normal size (0.72 cm length; 0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.75 cm length; 0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.77 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.29 cm hype nodule is observed near the cranialateral aspect. Splenic vasculature is normal.

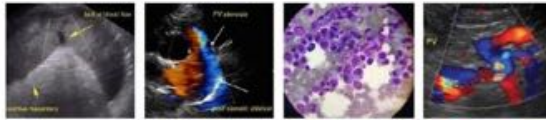
Liver

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.

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.

Gastrointestinal

The **gastric lumen** is minimally fluid distended. A portion of the gastric wall in the region of the fundus is severely thickened (up to 1.23 cm) with loss of the normal layering pattern. The remaining gastric wall is normal to mildly thickened with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.



PATIENT

Winston Dizenzo

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.

SPECIES

Feline

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

BREED

DLH

Primary Findings

- The bilateral renal changes are most concerning for infiltrative neoplasia. Lymphoma is the top differential. However, inflammatory disease (i.e., interstitial nephritis) cannot be completely excluded. Regional peritonitis is present, likely secondary to renal pathology.
- The gastric wall changes are also concerning for infiltrative neoplasia (i.e., lymphoma). However, a benign process such as hyperplasia or severe inflammatory disease are also possible.

SEX

Neutered Male

Secondary Findings

- The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma or lipogranuloma) with a lower possibility of infiltrative neoplasia.

AGE

8 years

WEIGHT

15.3 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- Consider fine-needle aspirates of thickened gastric wall and kidneys if clotting status and blood pressure measurements are normal.
- A urine culture and sensitivity is also recommended to assess for pyelonephritis.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Mountain AH

REFERRING VET

Dr. Woodward



INVOICE

11158

DATE

6.28.22



PATIENT

Winston Dizenzo

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

8 years

WEIGHT

15.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Mountain AH

REFERRING VET

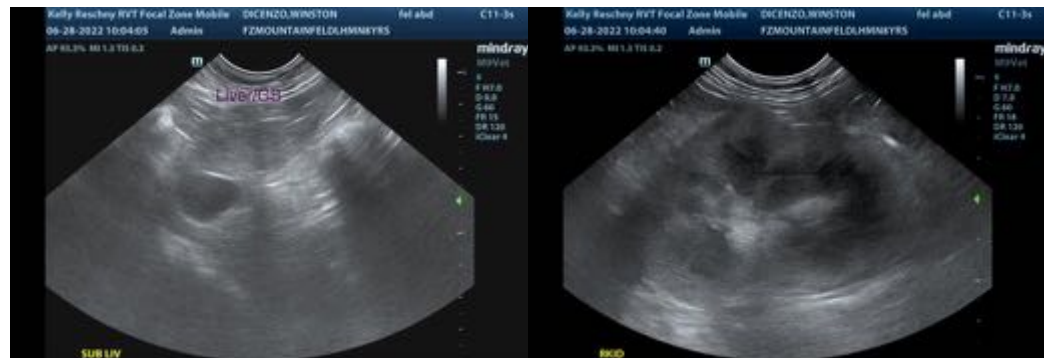
Dr. Woodward

INVOICE

11158

DATE

6.28.22



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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com