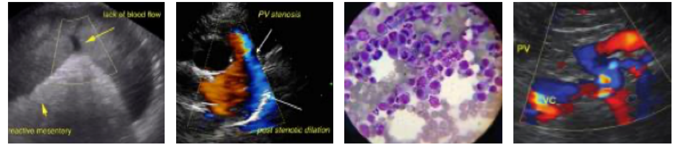


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Fry Grimm

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

11 years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Silver Spring Animal Hospital

REFERRING VET

Dr. Jarrett

INVOICE

11892

DATE

8/17/21

PRESENTING CLINICAL SIGNS

History: Hematuria. Has tried Clavamox, Onsior and Prazosin. One kidney looked large on radiographs.
Abnormal PE/Chem/CBC/UA Results: Urinalysis shows RBC's.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall at the ventroapical aspect is mildly thickened (up to 0.33 cm). The remaining wall is normal in thickness with a smooth mucosal surface. A moderate amount of suspended echogenic debris is observed within the lumen. A 0.21 cm mineralized focus is also seen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.95 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.99 cm length; 0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.91 cm length; 0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

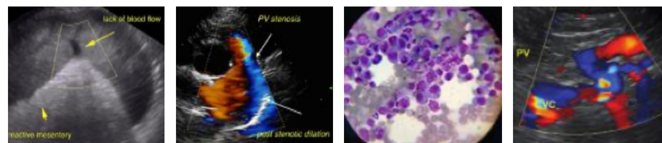
The spleen is normal in size (0.95 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal. Accessory splenic tissue is also visualized.

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/not seen.

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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in some segments. In addition, there is thickening of the submucosal layer. Discreet masses are not identified. Within the jejunal lumen, a 0.26



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cm hyperechoic to mineralized shadowing focus is observed. There is no evidence of luminal dilation proximal or distal to the structure. The ileocecal colic junction and colonic wall are normal. There is no obvious evidence of obstructive disease noted.

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.

Free Abdomen

There is no evidence of free fluid. A 1.14 cm epigastric lymph node is visualized. In addition, a few prominent lymph nodes are observed adjacent to the ileocecal colic junction as well as in the mid-abdominal cavity, the largest measuring 1.06 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

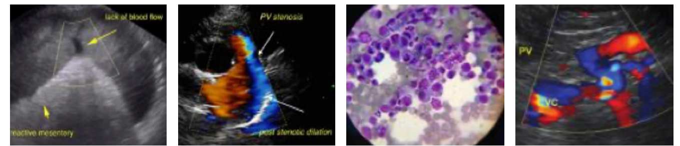
- Small cystic calculus vs accumulation of mineralized sand. The remaining echogenic urinary bladder debris could be consistent with cells, crystals and/or exfoliated material. The bladder wall changes are most consistent with cystitis with a lower possibility of an early neoplastic process (i.e., transitional cell carcinoma).

Secondary Findings:

- Minor age-related renal changes.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The shadowing structure within the jejunal lumen likely represents transient foreign material without evidence of obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC chemistry panel and T4 is recommended to evaluate metabolic function.
- A urine culture and sensitivity is also strongly recommended, preferably 5-7 days after the last dose of antibiotics.
- Consider abdominal radiographs to determine if a discreet cystic calculus is present. If so, cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.
- If the patient exhibits gastrointestinal signs, consider further GI workup (i.e., malabsorption



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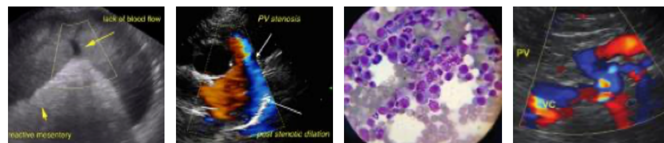
panel, fecal evaluation for ova and giardia +/- limited antigen diet trial +/- endoscopic or surgical gastrointestinal biopsies).



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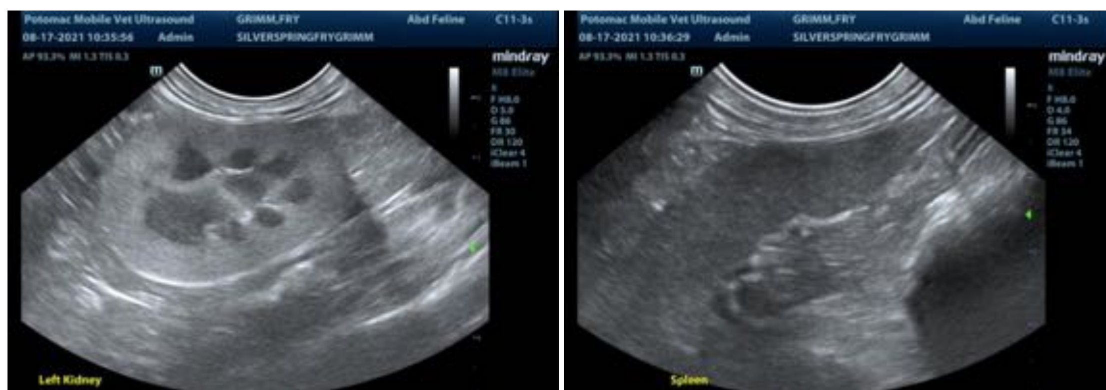

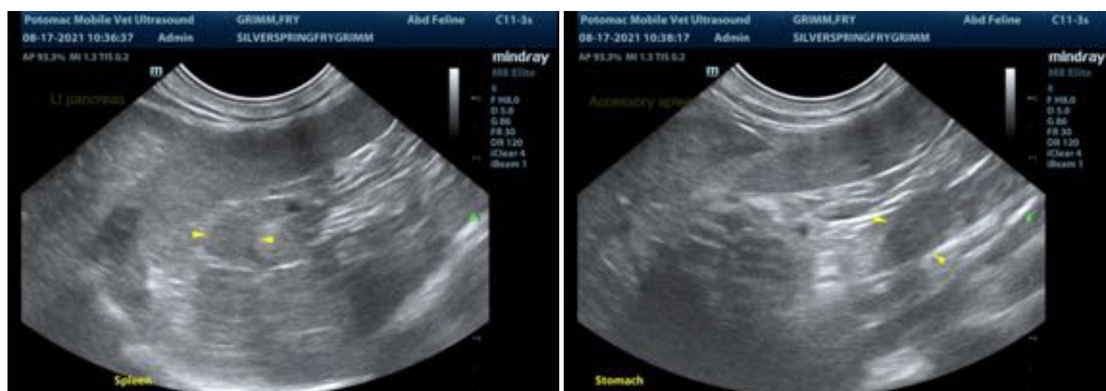

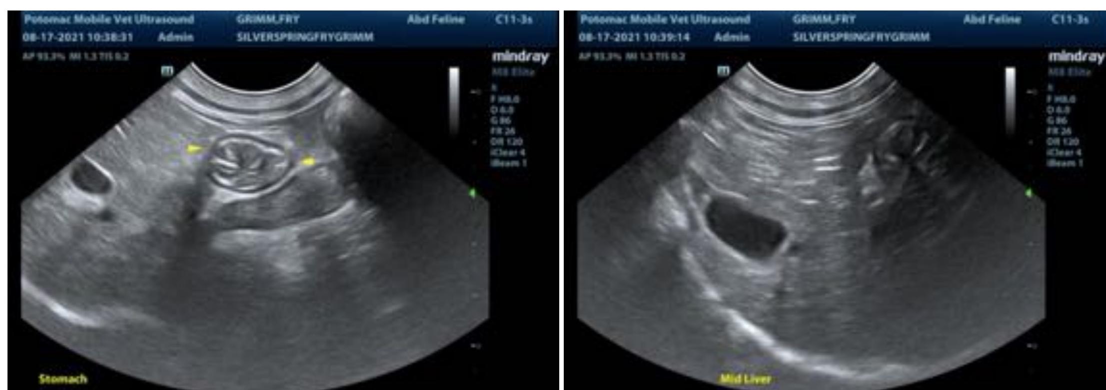

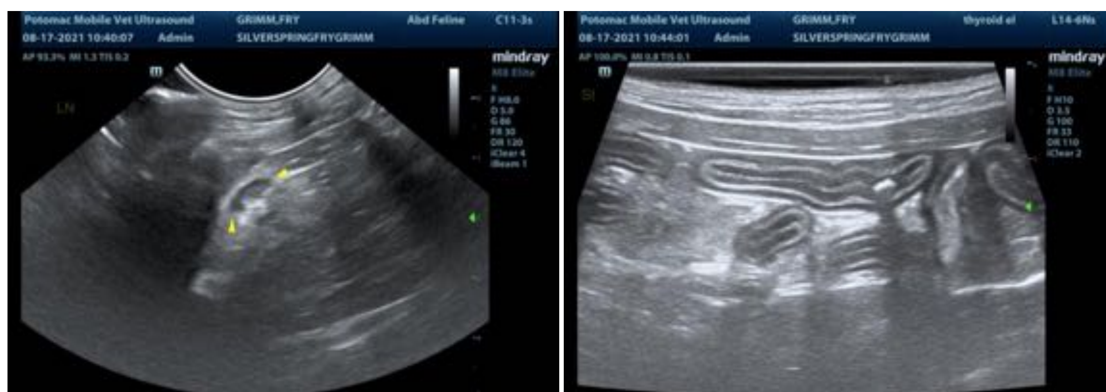

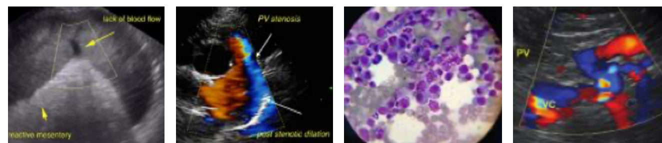

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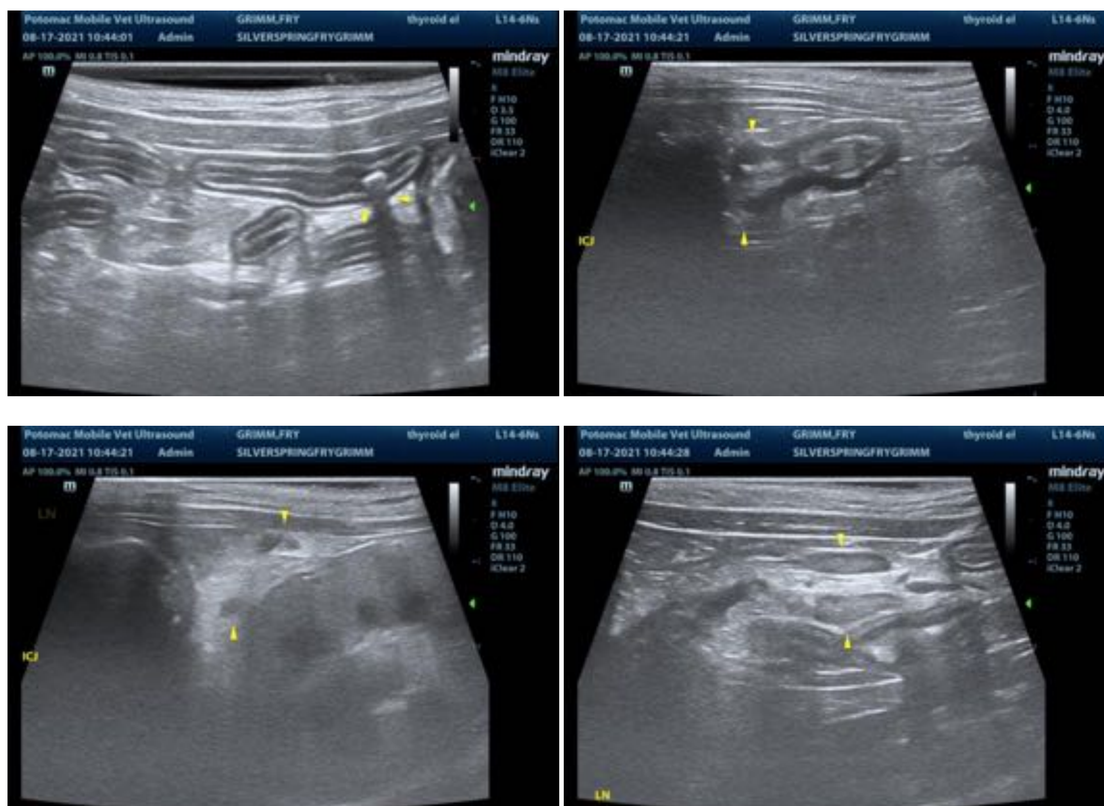

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com