

PATIENT

Oreo Meline 44941C

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 years, 5 mos

WEIGHT

2.86 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet Spec Dr
Maller

INVOICE

11485

DATE

8.25.22

PRESENTING CLINICAL SIGNS

History: Oreo presented to MVS on 8/24/22 as a transfer from her vet for continued care. She presented to her vet on Monday for evaluation of her hematuria and her depo shot for her lung mass. She has had the lung mass for 3 years, worked up at UW (mixed neoplasia where removal was recommended and monitoring elected). Chest x-rays were static and abdominal rads were normal. They ran a urine which showed hematuria and bacteriuria, and bloodwork (BUN 74, CREA 4.3, SDMA 38, Neutrophilia 44K with 5K bands). BW from July shows an elevated SDMA. She was started on Clavamox, she really has not improved since then and is getting weaker. It is difficult to re evaluate her urine at home per the owner. She also vomited last night and today. She presented to her vet this am who sent her here per the owner.

Abnormal PE/Chem/CBC/UA Results: Bloodwork 8/25: BUN 187 Crea 10.9

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 moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.83 cm in length); with a slightly irregular shape. The cortex is mildly thickened and hyperechoic. There is poor corticomedullary distinction. Mild to moderate pyelectasia is present (0.26 cm in the transverse plane). There is no evidence of nephroliths or hydroureter. The mesentery surrounding the kidney is hyperechoic.

The right kidney is small in size (2.94 cm in length); with a slightly irregular shape. The cortex is mildly thickened and hyperechoic. There is poor corticomedullary distinction. Moderate pyelectasia is present (0.39 cm in the transverse plane). There is no evidence of nephroliths or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.85 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.

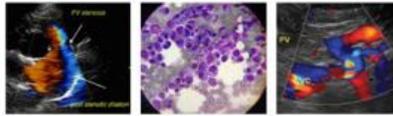
Liver

The liver is subjectively 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



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disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

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Pancreas

The left limb of the pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat, and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral renal changes, in conjunction with the clinical history, are consistent with chronic interstitial nephritis. Acute on chronic renal failure is suspected. The bilateral pyelectasia could be consistent with pyelonephritis, age-related remodeling, fluid therapy (if applicable) or some combination thereof.

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Secondary Findings

- The pancreatic changes could be consistent with mild chronic pancreatitis +/- age-related remodeling.
- The small intestinal wall changes are most consistent with inflammatory bowel disease with some potential for emerging lymphoma. However, infiltrative neoplasia is considered less likely at this time.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Based on the clinical history, a urine culture and sensitivity is recommended, preferably on a pre-antibiotic sample. Initiation of fluoroquinolone, which has good renal tissue penetration is recommended. While awaiting test results, along with IV fluid diuresis and symptomatic care, a baseline blood pressure measurement should be obtained. Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if IV fluid diuresis is to be initiated.

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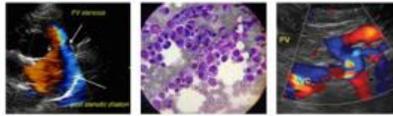
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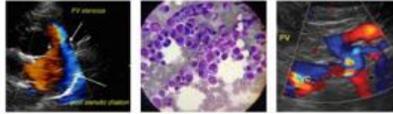
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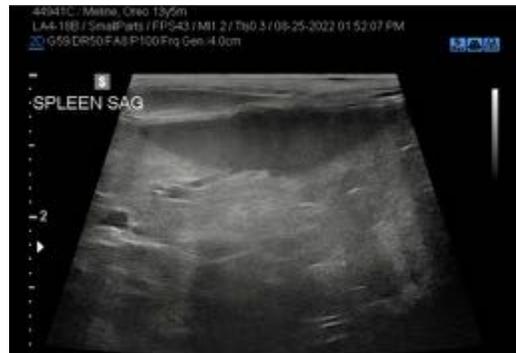
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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