



PATIENT

Munchie Fisher

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

NP

WEIGHT

6.2 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr Belan

HOSPITAL NAME

Montgomery
Village Vet

REFERRING VET

Dr Rankin

INVOICE

14023

DATE

8.9.23

PRESENTING CLINICAL SIGNS

History: Diag with CRD IRIS stage 1
Abnormal PE/Chem/CBC/UA Results: Proteinuria and mild azotemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.04 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen and exhibits subtle heterogeneity. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.24 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen and exhibits subtle heterogeneity. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. is normal.

Adrenal Glands

The left adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (1.02 cm in width at the level of the hilus) with a slightly irregular medial contour. Two, small, ill-defined hypoechoic nodules/areas are visualized (the largest measuring 0.64 cm in diameter). Splenic vasculature appears normal with no evidence of thrombosis.

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. A small amount of mostly gravity-dependent echogenic debris is observed within the lumen. 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in



PATIENT

Munchie Fisher

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

NP

WEIGHT

6.2 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr Belan

HOSPITAL NAME

Montgomery
Village Vet

REFERRING VET

Dr Rankin

INVOICE

14023

DATE

8.9.23

appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. One-to-two prominent mesenteric lymph nodes are visualized (the largest measuring 0.47 x 0.27 cm).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic nonspecific renal changes

Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- 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 patient's clinical history, consider the following:
 1. Urine culture and sensitivity to assess for occult infection.
 2. UPC (if proteinuria is present in the absence of infection)
 3. Baseline blood pressure measurement
 4. Transitioning to a prescription renal diet ((if the patient will tolerate it)
 5. Serial monitoring of the patient's liver renal values to assess for progressive disease.
- Regarding the splenic changes, if there is a strong suspicion for neoplasia, consider fine-needle aspiration (if clotting status is appropriate). A 25-gauge needle should be used.





PATIENT

Munchie Fisher

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

NP

WEIGHT

6.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Belan

HOSPITAL NAME

Montgomery
Village Vet

REFERRING VET

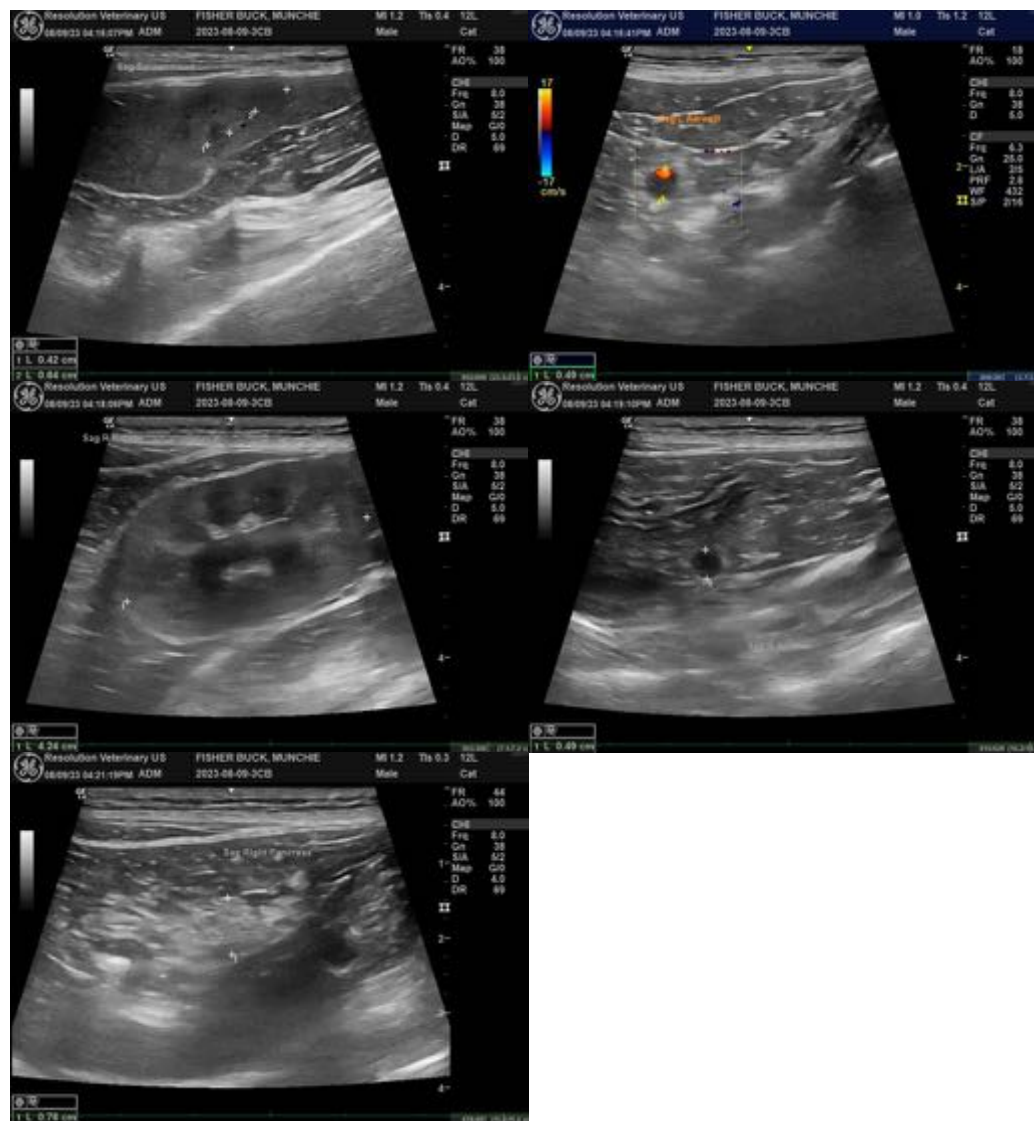
Dr Rankin

INVOICE

14023

DATE

8.9.23



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