



**PATIENT**

Finnegan Keyworth

**SPECIES**

Feline

**BREED**

Domestic medium hair

**SEX**

Male Neutered

**AGE**

16 Years

**WEIGHT**

8 kgs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Barnes

**HOSPITAL NAME**

Westview Veterinary  
Hospital

**REFERRING VET**

Dr. Barnes

**INVOICE**

11849kk

**DATE**

9/17/21

**PRESENTING CLINICAL SIGNS**

History: Previous history of Renal issues and pancreatitis

Abnormal PE/Chem/CBC/UA Results: Blood and urine pending. USG 1.024, Protein urea 30,

**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 is moderately distended. A moderate to large amount of echogenic debris is observed within the lumen, most of which is suspended and some of which is gravity-dependent. 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 normal size (5.68 cm in length) with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic and there is a visible loss of medullary volume. There is moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.30 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.08 cm in length) with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic and there is a visible loss of medullary volume. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

*Adrenal Glands*

The left adrenal gland is normal size (0.51 cm cranial; 0.36 cm caudal; 2.00 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.52 cm cranial; 0.52 cm caudal; 1.87 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

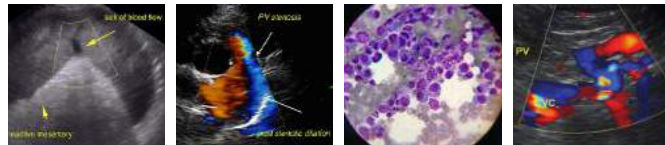
The spleen is normal in size (1.00 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

*Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is moderately distended. The wall is normal in thickness and hyperechoic. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile duct walls are diffusely thickened and hyperechoic. Their lumens are not overtly dilated. There is no obvious evidence of intraluminal obstruction.

*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



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thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

**Pancreas**

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The pancreas is visible with normal curvilinear peripheral contours. The parenchyma in the left limb is hyperechoic to mottled in appearance. In the region of the right limb, the parenchyma is isoechoic and mottled. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

**BREED**

**Free Abdomen**

Domestic medium hair

There is no evidence of free fluid. A 1.59 x 0.48 cm mesenteric lymph node is visualized.

**SEX**

Male Neutered

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

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

**Secondary Findings:**

- The cystic/common bile duct wall changes could be consistent with cholangitis and/or benign age-related hyperplasia. Correlation with clinical findings is recommended.
- The prominent mesenteric lymph node is likely reactive.
- The urinary bladder debris may represent cells, crystals, and/or exfoliated material.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Regarding the renal disease, consider the following:
  - a. UPC
  - b. Urine culture and sensitivity.
  - c. Baseline blood pressure measurement, particularly if the patient is azotemic.
  - d. Transition to a prescription renal diet if not already performed.
  - e. Three-view thoracic radiographs are recommended to assess to assess cardiopulmonary status, particularly if fluid therapy is to be initiated in the future.
  - f. Further recommendations should be based on the pending lab work results.

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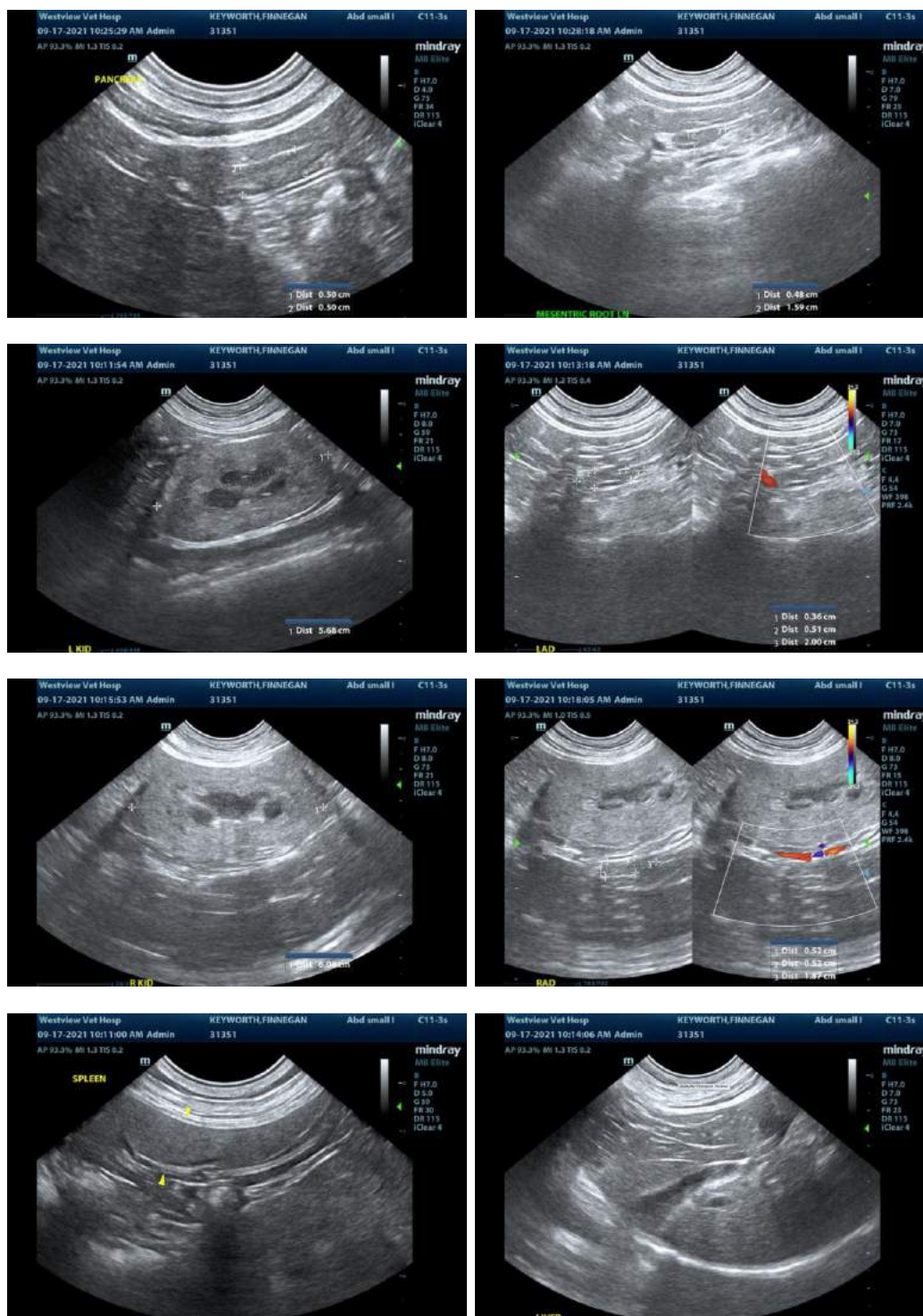
Dr. Barnes

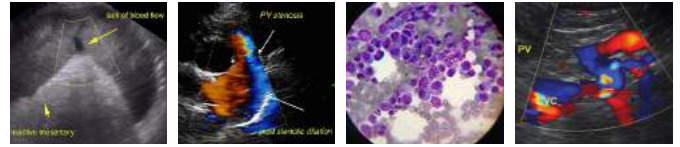
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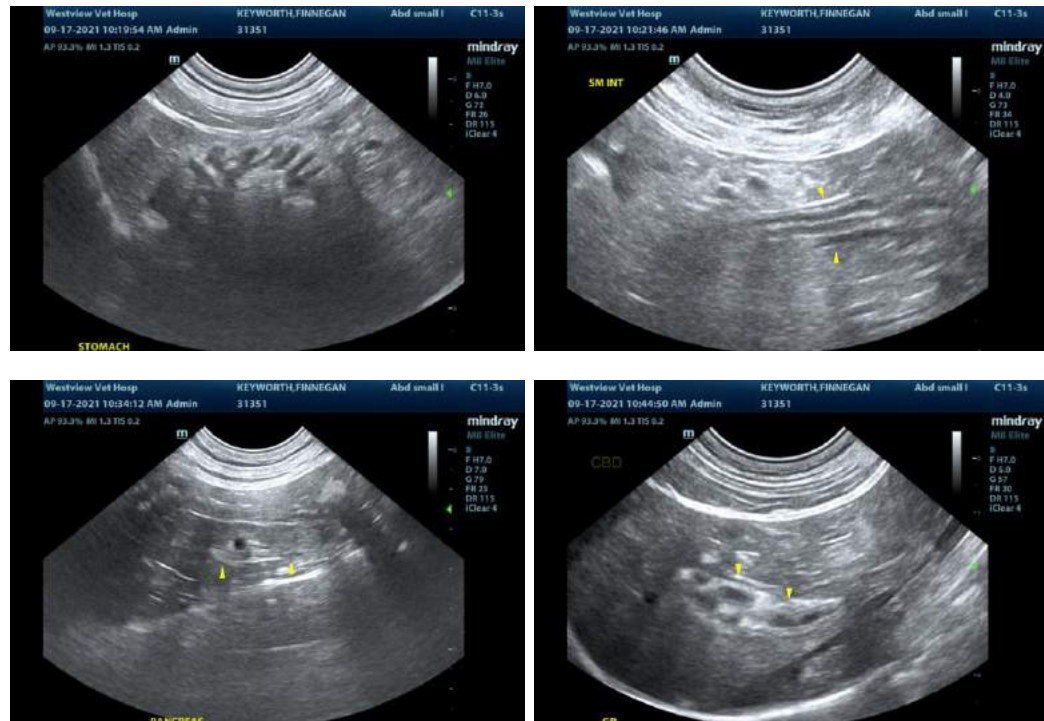
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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