

**DATE PRESENTING CLINICAL SIGNS**

9/2/21

History: weight loss, slight lethargy, slightly decreased appetite, anemia, increased renal enzymes, large spike in cardiac BnP; We have permission to aspirate and cytology anything safe enough to do so.

**PATIENT**

Jiji Bashor

Current Medications: Not provided by the veterinarian.

Lab Results: UPC 0.3, hematocrit 21%

Radiographs: Not provided by the veterinarian.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: 12-17-20 (echo and abdomen).

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

**BREED**

Domestic shorthair

**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. A small amount of suspended 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.

**SEX**

Male, neutered

**AGE**

12/14/2003

The left kidney is small in size (2.62 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several cortical infarcts are present. Trace pyelectasia is observed. There is no evidence of hydronephrosis. Renal vasculature is normal.

**WEIGHT**

9.9 lbs.

The right kidney is normal size (3.38 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Mild pyelectasia is present (0.17 cm in the longitudinal plane). Several cortical infarcts are present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Bayside Animal Medical  
Center

**Spleen**

Previously splenectomized. Within the splenic fossa, a 1.79 x 1.39 cm oval heterogeneous nodule is observed. A hemoclip from the previous splenectomy is also seen in this region, adjacent to the nodule.

**REFERRING VET**

Dr. Deloizer

**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.

**INVOICE**

12011

**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 segmentally dilated with gas and chyme. 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 in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is 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. The abdominal lymph nodes are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- The nodule within the splenic fossa may represent residual splenic tissue, granuloma, tumor, abscess, other.
- Bilateral age-related renal pathology with cortical infarcts and trace pyelectasia (changes are similar to the previous sonogram).

### **Secondary Findings:**

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma (changes are similar to the previous sonogram).

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases (if not already performed).
- Consider a fine needle aspirate of the nodule within the splenic fossa for further evaluation.
- Regarding the anemia, consider performing a CBC with reticulocyte count to determine if the anemia is regenerative vs non-regenerative.
- Serial monitoring of renal values and blood pressure is recommended. A prescription renal diet should be considered if not already in use.





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.

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