

PATIENT

Guinness Caldwell

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

5 Yrs.

WEIGHT

10.9 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

DATE

11/8/22

INVOICE

14188

PRESENTING CLINICAL SIGNS

History: doing fine on physical and doing fine at home. But has a palpable abdominal mass possibly part of left kidney - in that region.

Abnormal PE/Chem/CBC/UA Results: BUN = 43, CREA = 4.0, HCT = 26, Neutrophils = 15,000, UA = USG = 1.019, > 50 RBC per HPF Current Medications none. Radiographic Findings none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is enlarged (5.81 cm in length) with an irregular shape. The cortex is diffusely thickened and hyperechoic to mildly heterogeneous in appearance. There is poor corticomedullary distinction. Moderate pyelectasia is present (0.60 cm) in the longitudinal plane. There is no evidence of nephroliths or hydronephrosis. Renal vasculature is normal. The mesentery effacing the serosal surface of the kidney is hyperechoic.

The right kidney is enlarged (4.96 cm in length) with an irregular shape. The cortex is diffusely thickened and hyperechoic to mildly heterogeneous in appearance. There is poor corticomedullary distinction. Moderate pyelectasia is present (0.53 cm) in the longitudinal plane. There is no evidence of nephroliths or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.62 cm width) with a slightly rounded shape. Glandular echogenicity and detail are normal. Surrounding vasculature is normal.

Spleen

The spleen is subjectively prominent in size (1.03 cm in width at the level of the hilus) with mildly swollen, slightly irregular peripheral contours. 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal



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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall 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.

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Pancreas

The pancreas is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The bilateral renal changes are most concerning for infiltrative neoplasia (i.e., lymphoma). However, severe inflammatory process (i.e., interstitial nephritis, feline infectious peritonitis) cannot be excluded.
- The bilateral pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, fluid therapy (if applicable), other. Retroperitonitis is observed adjacent to the left kidney.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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Secondary Findings:

- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Consider a renal aspirate if clotting status and blood pressure are normal. Other diagnostic considerations include the following:
 1. Urine culture and sensitivity
 2. Baseline blood pressure measurement
 3. UPC (if proteinuria is present in the absence of infection)
 4. Three-view thoracic radiographs to assess for neoplasia in the chest

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- While awaiting test results, IV fluid diuresis and symptomatic care is recommended.

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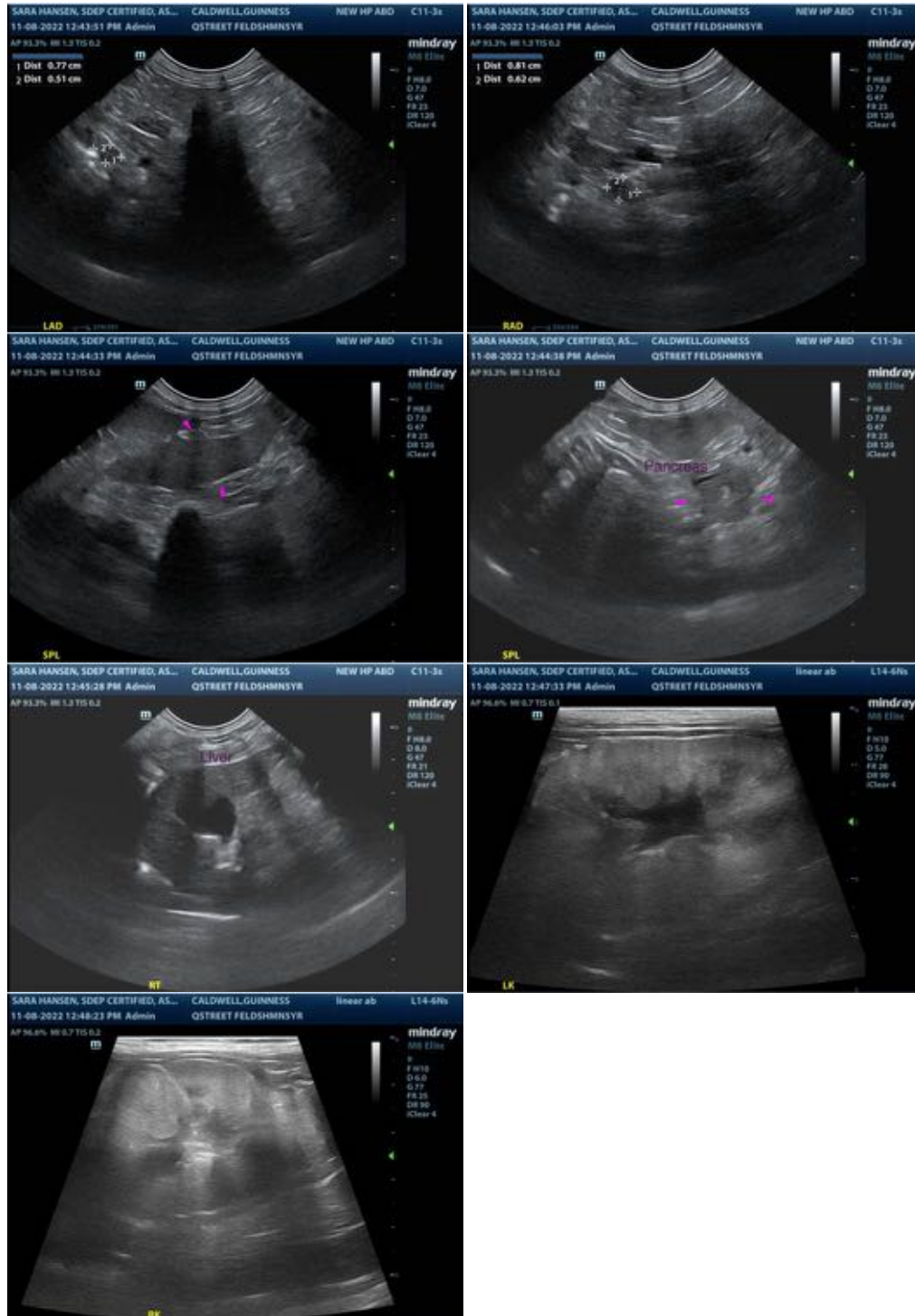
Dr. Bretschneider

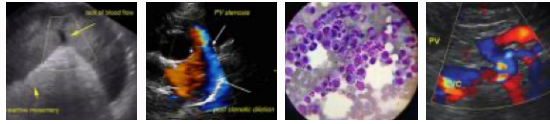
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com