



PATIENT

Howard Kane

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Remcho

DATE

9/8/21

INVOICE

12043

PRESENTING CLINICAL SIGNS

History: Recent increase in body pain, vomiting and weight loss. Also recently diagnosed with IRIS Stage 2/4 renal disease Current Medications oral buprenorphine, oral gabapentin, Adequan injections and physical therapy

Abnormal PE/Chem/CBC/UA Results: Mild azotemia SDMA 16, Creat 2.4, USG 1.015, inactive sediment, no proteinuria, T4 normal, CBC unremarkable.

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 mostly anechoic urine. 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 small in size (2.19 cm in length) with a slightly irregular shape. The cortex is thin and hyperechoic and there is mild loss of corticomedullary distinction. The medullary cavity is hydronephrotic (0.90 cm in the longitudinal plane). Mild left hydroureter is present (0.18 cm in diameter). The ureteral wall is subjectively thickened and hyperechoic.

The right kidney is normal size (4.18 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.84 cm length; 0.37 cm width) with a normal shape and smooth peripheral contours. A 0.43 cm hyperechoic to mineralized focus is observed within the parenchyma. Surrounding vasculature is normal.

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

Spleen

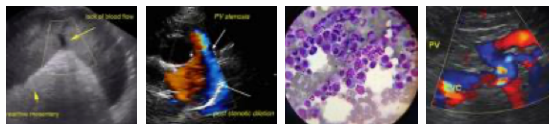
The spleen is normal in size (0.81 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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. A small to moderate amount of mineralized sand 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



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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. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. Within the left limb, an ill-defined 0.55 cm cystic area is visualized. In addition, at least one small hypoechoic nodule is seen. The pancreatic duct is visible but not overtly dilated (0.14 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

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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

Primary Findings:

- The pancreatic changes are most consistent with chronic active pancreatitis with suspected nodular hyperplasia and a pancreatic cyst in the left limb.
- The left kidney is most consistent with chronic hydronephrosis with mild proximal hydronephrosis. Differentials include left ureteral stricture, pyelonephritis, small ureterolith, tumor (less likely), other. The right renal changes are most consistent with chronic age-related pathology.

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Secondary Findings:

- The bilateral adrenal changes are most consistent with benign age-related mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A malabsorption panel is recommended to confirm pancreatitis and to assess for concurrent microscopic gastrointestinal disease.
- Three-view whole body radiographs are recommended to assess for bony lesions and cardiopulmonary disease.
- Given the azotemia, consider a urine culture and sensitivity, UPC if proteinuria is present and baseline blood pressure measurement.
- Other diagnostic considerations for the vomiting/weight loss include fecal evaluation for ova and Giardia, heartworm antigen and antibody testing +/- gastrointestinal biopsies.
- Given the presence of pain, thorough orthopedic and neurologic evaluations should also be performed.

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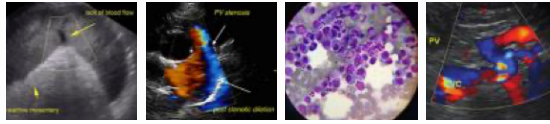
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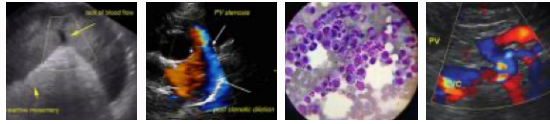
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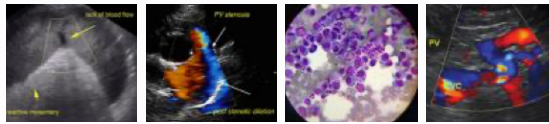
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

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