



PATIENT PRESENTING CLINICAL SIGNS

Tybee McFaddin
SPECIES Patient presented 2 weeks ago for straining to defecate, hyporexia, and lethargy. Overall normal exam other than a grade 3/6 heart murmur and decreased muscle mass over topline. Normal temperature. Patient had a large fecal ball removed and per owner defecated normally since. At that appt, patient had bloodwork and radiographs performed.
 Feline - The radiographs showed renomegaly and a bates body.
 - CBC was wnl. Chem normal other than hyperamylasemia.
 - FIV/FeLV neg
BREED - UA via cysto: USG 1.040, 2+ protein
 -T4 0.7 ug/dl
 Ragdoll
SEX Patient came back for U/S and FNA and had lost 0.4 lb. Hyporexia and lethargy were intermittent and normal BMs.
 - prescribed mirataz and lactulose but owner hasn't needed to give meds yet

Male, neutered

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

4/7/2009 *Urinary System*

WEIGHT The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with 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.
 7.7 lbs.

INTERPRETED BY The left kidney is mildly enlarged (4.68 cm in length) with a normal shape and smooth peripheral contours. The cortex is hyperechoic and there is mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. A small amount of subcapsular fluid is present.

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

IMAGING PERFORMED BY The right kidney is enlarged. The size is difficult to determine due to an ill-defined mass effect that is visible at the cranial aspect, which also appears to extend caudally into the retroperitoneal space. The mass is mildly heterogeneous in appearance. Surrounding mesentery is hyperechoic. In the body of the kidney, the cortex is variably thickened and hyperechoic and there is mild to moderate loss of corticomedullary distinction. Foci of mineralization are observed. Mild to moderate pyelectasia is present (0.33 cm in the longitudinal plane). There is no obvious evidence of hydroureter. Renal vasculature appears normal. A moderate amount of subcapsular fluid is present.

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

Adrenal Glands

HOSPITAL NAME The left adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
 Park West VA

REFERRING VET The region of the right adrenal gland is evaluated. The gland itself is not definitively visualized due to right renal pathology.

Dr. Mauer

INVOICE Spleen

13453 The spleen is normal in size (0.68 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.

DATE
6/1/22



PATIENT *Liver*

Tybee McFaddin

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. There is an increase in portal markings. Vascular is of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1.

SPECIES

Feline

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.

BREED

Ragdoll

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

SEX

Male, neutered

AGE

4/7/2009

Pancreas

The left limb of the pancreas is prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery surrounding the pancreas is mildly hyperechoic.

WEIGHT

7.7 lbs.

Free Abdomen

A small amount of free fluid is observed in the retroperitoneal space. Several prominent slightly rounded hypoechoic mesenteric lymph nodes are visualized, the largest measuring 0.93 cm in length.

INTERPRETED BY

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

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

IMAGING PERFORMED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Right renal mass effect with extension distally into the retroperitoneal space. Neoplasia (i.e., adenocarcinoma, lymphoma) is considered likely with a lower possibility of a severe inflammatory process. The right pyelectasia may be secondary to pyelonephritis, impaired urine outflow from the renal pelvis, parenchymal remodeling, other. Retroperitonitis is present. Left renal changes could be consistent with metastatic disease or inflammatory process (i.e., interstitial nephritis).

HOSPITAL NAME

Park West VA

REFERRING VET

Dr. Mauer

Secondary Findings:

- The hepatic parenchymal changes are non-specific and may be secondary to age-related remodeling, inflammatory hepatopathy or less likely, infiltrative neoplasia. Correlation with the patient's liver values is recommended.

INVOICE

13453

DATE
6/1/22



PATIENT

Tybee McFaddin

SPECIES

Feline

BREED

Ragdoll

SEX

Male, neutered

AGE

4/7/2009

WEIGHT

7.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Park West VA

REFERRING VET

Dr. Mauer

INVOICE

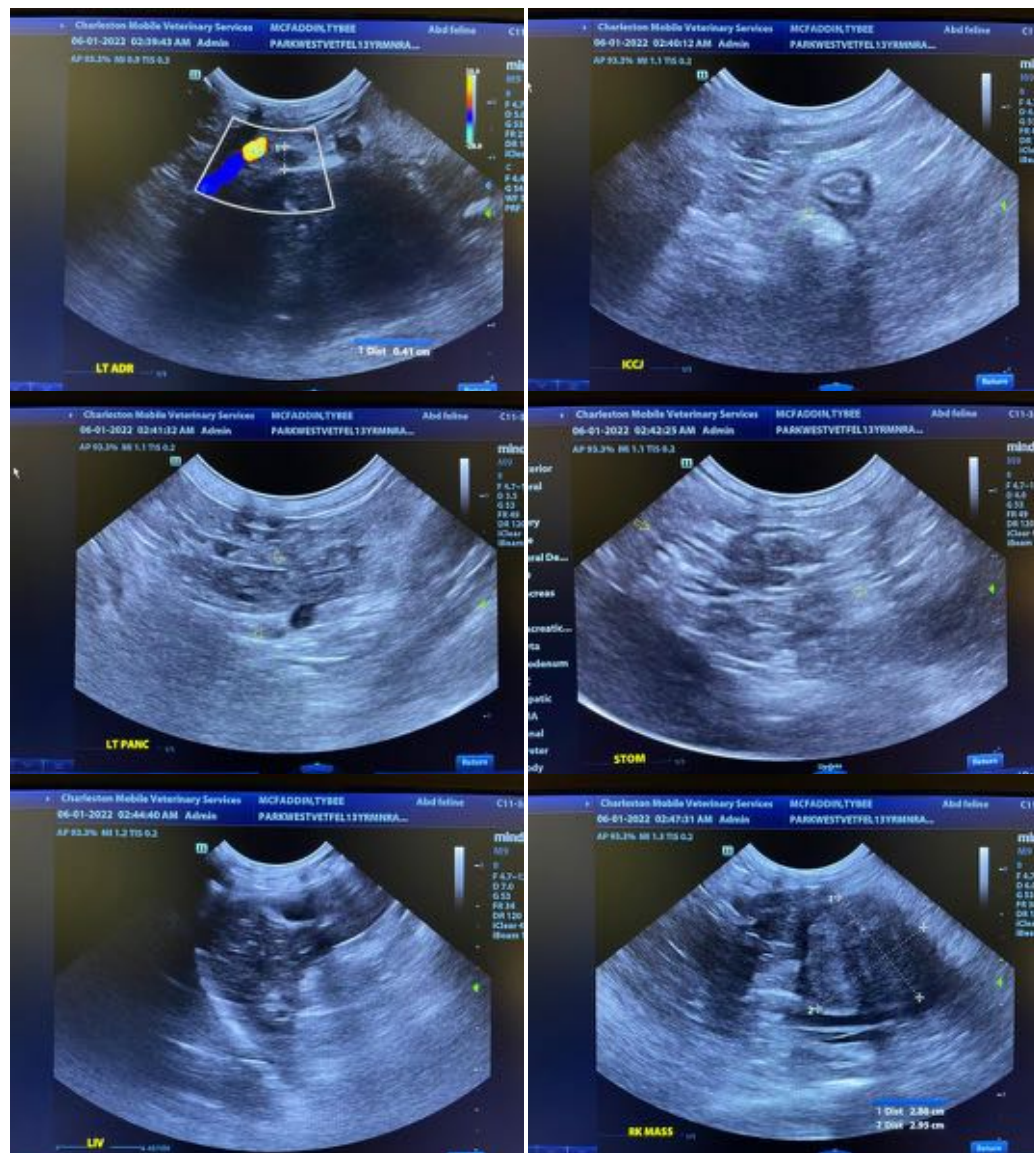
13453

DATE

6/1/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given that the previous aspirate of the right kidney was inconclusive, surgical biopsy +/- right nephrectomy would be necessary to get a definitive diagnosis. An abdominal CT scan would be useful in pre-surgical planning.
- Urine culture and sensitivity is also recommended to assess for secondary infection. Consider initiation of broad-spectrum antibiotics while awaiting test results.





PATIENT

Tybee McFaddin

SPECIES

Feline

BREED

Ragdoll

SEX

Male, neutered

AGE

4/7/2009

WEIGHT

7.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Park West VA

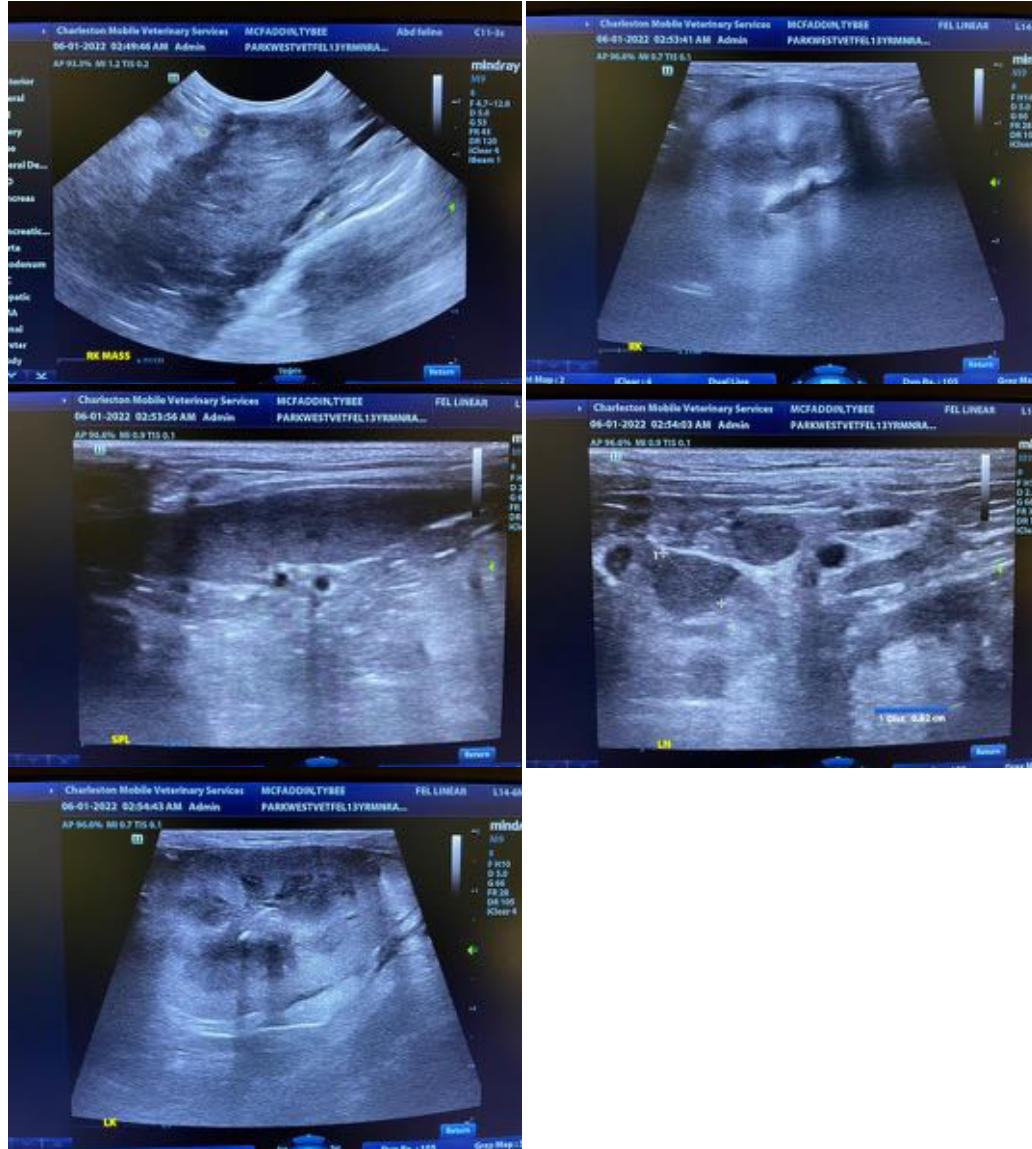
REFERRING VET

Dr. Mauer

INVOICE

13453

DATE
6/1/22



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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.Nicastro@CharlestonMobile.net