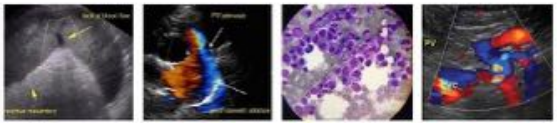




**PATIENT**

Simon Basiliers

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

11 Yrs.

**WEIGHT**

3.15 kg.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystall Hill

**HOSPITAL NAME**

Grand River AH

**REFERRING VET**

Dr. Robinson

**INVOICE**

12390

**DATE**

10/19/21

## PRESENTING CLINICAL SIGNS

History: Lethargic and severe weight loss and muscle wasting.
Abnormal PE/Chem/CBC/UA Results: Elevated Urea, Creatinine, Globulins, Amylase, Sodium and Calcium. Decreased RBC, HCT, HGB. Increased WBCs, Platelets and SDMA.

## 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 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 enlarged (4.57 cm in length) with a slightly irregular shape. There is poor corticomedullary distinction. Numerous varying sized cysts are observed throughout the organ. Hyperechoic shadowing diverticular foci are seen. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is enlarged (4.82 cm in length) with a slightly irregular shape. There is poor corticomedullary distinction. Numerous varying sized cysts are observed throughout the organ. Hyperechoic shadowing diverticular foci are seen. A few nephroliths are seen. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The region of the left adrenal gland is evaluated. No obvious pathology is seen.

The right adrenal gland is normal in size (0.55 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

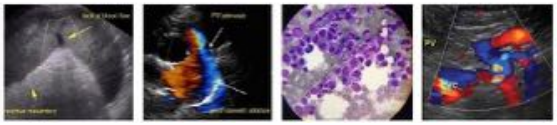
The spleen is normal in size (0.62 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### *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. Luminal contents are anechoic. 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 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. 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. 1-2 lymph nodes are observed adjacent to the ileocecal colic junction. Surrounding mesentery is hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

- Polycystic kidney disease with non-obstructive nephrolithiasis and chronic pathology. Given the size of the kidneys, particularly the right side, neoplasia cannot be completely excluded. However, the renomegaly is thought to be more likely secondary to polycystic kidney disease.

**Secondary Findings:**

- Bowel pattern consistent with inflammatory bowel disease. Correlation with clinical findings is recommended.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the bilateral renal changes, consider the following:
  1. Urine culture and sensitivity.
  2. UPC (if proteinuria is present).
  3. Baseline blood pressure measurement.
  4. +/- ultrasound guided fine needle aspirate of the kidneys if clotting status and blood pressure are normal. 25-gauge needles should be used and the needle should be aimed to more solid renal tissue.
- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.

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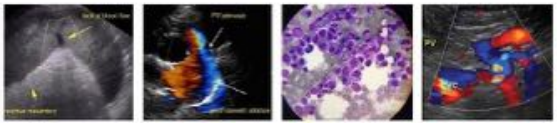

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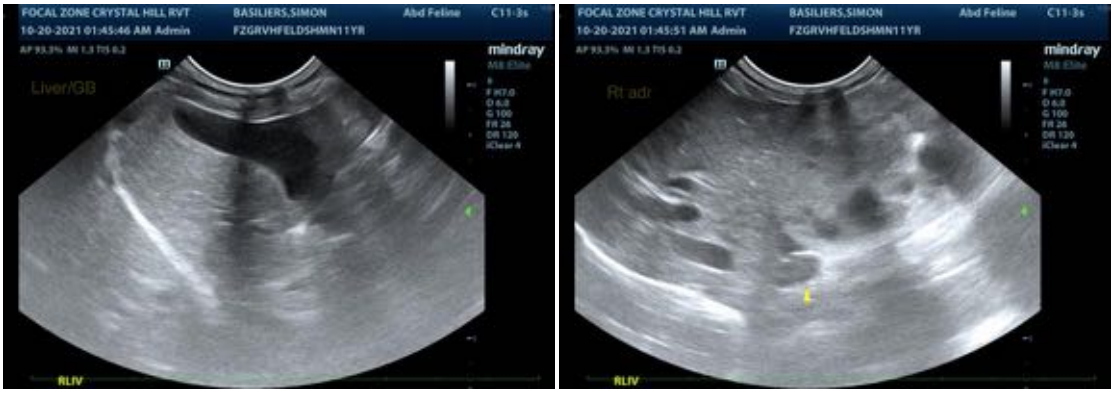


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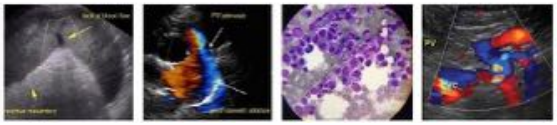

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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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*)

Andrea.nicastro@sonopath.com