



PATIENT

Kerrigan Wicken

SPECIES

Feline

BREED

Domestic longhair

SEX

Female, spayed

AGE

9 Yrs.

WEIGHT

4.97 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Morris

INVOICE

12424

DATE

10/26/21

PRESENTING CLINICAL SIGNS

History: Bilateral renomagaly-progressive in last few years compared to previous xrays(2016-2020), irregular kidney margins. Currently on Prednisolone 5mg - 1/4 tab every other day for IBD. Concerns re: renal lymphoma vs. perirenal pseudocysts.

Abnormal PE/Chem/CBC/UA Results: mild lymphopenia, mild elevation in Urea, remainder WNL. U/A - protein 1+, WBCs 0-2/hpf, transitional epith cells 1+. triple phosphate crystals 1-5/hpf, UPCr 0.2(0-0.2), Sp grav 1.042

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 aggregated 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.

The left kidney is enlarged (5.15 cm in length) with an irregular shape. Numerous varying sized cysts are observed throughout the organ, causing obliteration of the normal renal architecture. The largest cyst measures approximately 2.4 cm in diameter. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Renal vasculature is normal.

The right kidney is borderline enlarged (4.48 cm in length) with an irregular shape. Numerous varying sized cysts are observed throughout the organ, causing obliteration of the normal renal architecture. The largest cyst measures approximately 2.55 cm in diameter. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.90 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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in



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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

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

- Polycystic kidney disease.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient's BUN has recently increased, consider a urine culture and sensitivity.
- A baseline blood pressure measurement is also recommended.
- Consider transitioning to a prescription renal diet.
- Serial monitoring of the patient's renal values and blood pressure is recommended.

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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.

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