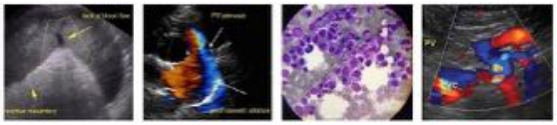


PATIENT

Molly Tos

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

5.5 kgs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Southside Pet Hospital

REFERRING VET

Dr. Honda

INVOICE

13011

DATE

2/22/22

PRESENTING CLINICAL SIGNS

History: Acute onset of anorexia, no vomiting. Possibly drinking a bit more lately but today much less overall. No weight loss meds: IVF, IV antibiotics, Cerenia
Abnormal PE/Chem/CBC/UA Results: Azotemia - SDMA 32, Urea 23.6, Creat 476

Abdominal radiographs show suspected renomegaly bilaterally.

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 (5.50 cm in length) with an irregular shape. The cortex is variably thickened and heterogeneous in appearance. There is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. A small amount of subcapsular fluid is present. The mesentery effacing the serosal surface is hyperechoic. Trace retroperitoneal fluid is also seen.

The right kidney is enlarged (5.48 cm in length) with an irregular shape. The cortex is variably thickened and heterogeneous in appearance. There is moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.25 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. A small amount of subcapsular fluid is present. The mesentery effacing the serosal surface is hyperechoic. Trace retroperitoneal fluid is also seen.

Adrenal Glands

The left adrenal gland is normal in size (0.58 cm length; 0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.60 cm length; 0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

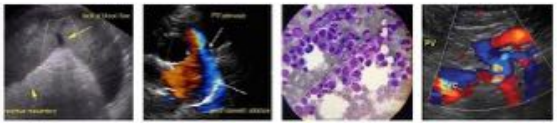
Spleen

The spleen is subjectively prominent in size (0.97 cm in width at the level of the hilus) with a normal capsular contour. Using the high frequency probe, the parenchyma is diffusely mottled, bordering on a "moth-eaten" appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

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.

Gastrointestinal



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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 the normal 1:3 muscularis: mucosal ratio in most 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

Trace retroperitoneal effusion is present. 1-2 prominent hypoechoic colic lymph nodes are visualized, the largest measuring 1.35 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- The bilateral renal changes are most consistent with infiltrative neoplasia (i.e., lymphoma) or severe inflammatory disease. Retroperitonitis is present.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A renal aspirate is recommended if clotting times and blood pressure are normal. A 25 gauge needle should be used.
- A urine culture and sensitivity is also recommended.
- Three-view thoracic radiographs should be performed to assess cardiopulmonary status.
- While awaiting test results, supportive care for acute renal failure is recommended including IV fluid therapy, gastric protectants, pain medication (as needed) as well as broad spectrum antibiotic therapy (i.e., fluoroquinolone).
- Nutritional support is also strongly recommended to help prevent hepatic lipidosis.

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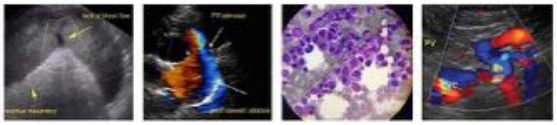

THE FOCAL ZONE
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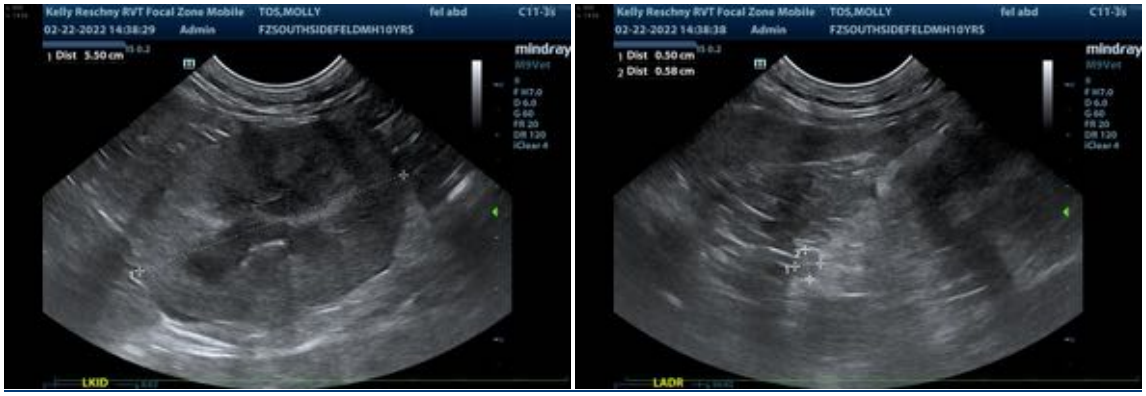

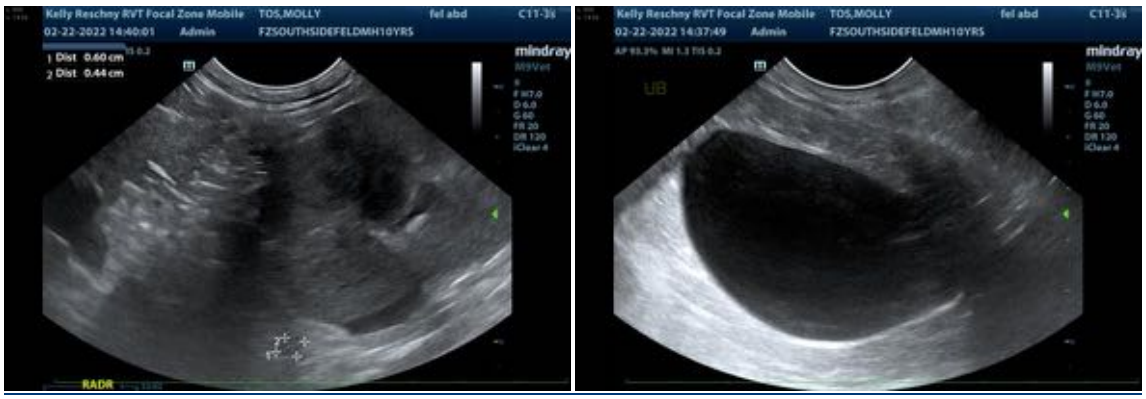

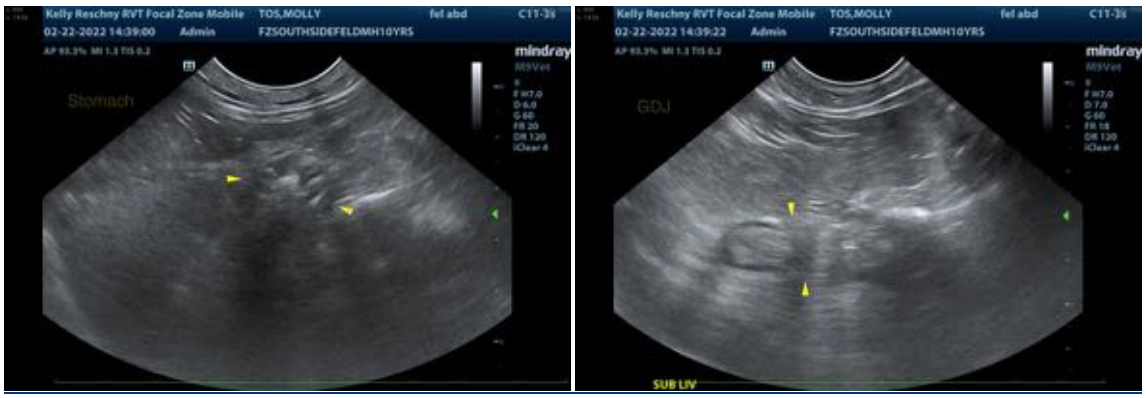

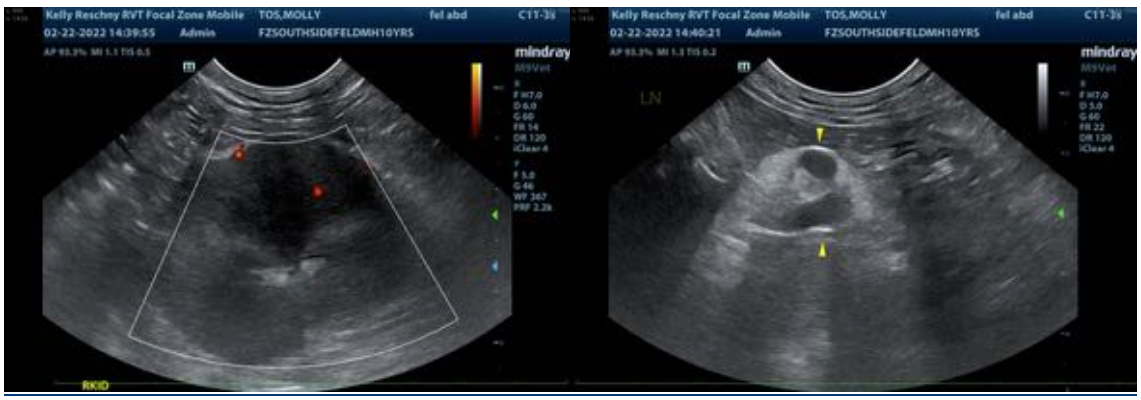

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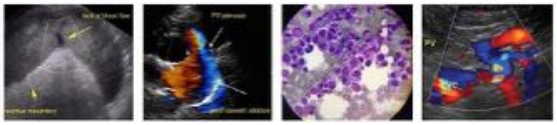

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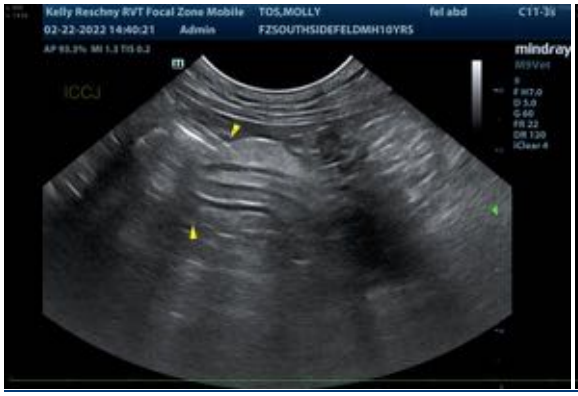

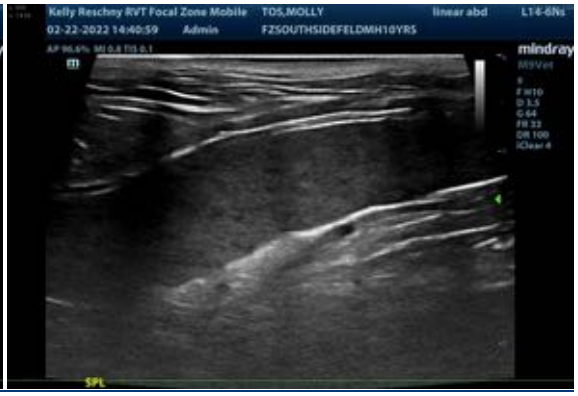

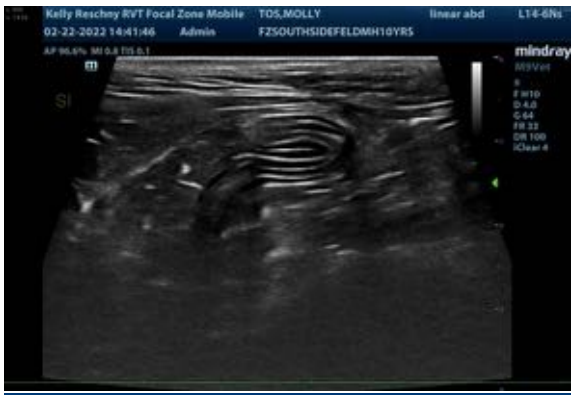

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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@sonopath.com