


PATIENT

Rufus Verdone

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Male, neutered

AGE

15 Yrs.

WEIGHT

6.6kg.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Nelson AH

REFERRING VET

Dr. Frederick

PRESENTING CLINICAL SIGNS

 History: IRIS stage 2 for past 3 years, has had grade 3-4 heart murmur for some time, inappetent and drinking poorly for past few weeks, vomiting 3-4x/week. meds: gabapentin, mirtazapine
 Abnormal PE/Chem/CBC/UA Results: SDMA 25, creat 184, M1 hypercalcemia, M1 elevated ALT, T4 normal, M2 monocytosis

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. The region of the trigone is normal.

The left kidney is small in size (2.33 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydronephrosis. The mesentery effacing the serosal surface is mildly hyperechoic.

The right kidney is normal size (4.58 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. The mesentery effacing the serosal surface is mildly hyperechoic.

Adrenal Glands

The left adrenal gland is normal in size (0.42 cm length; 0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.47 cm length; 0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.83 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly 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 is normal to moderately thickened (up to 0.36 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. There is also

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mild thickening of the submucosal layer in some regions. Discreet masses are not identified. The colonic wall is 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

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There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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- Bowel pattern consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- Bilateral, age-related renal changes, more severe in the left kidney. Mild cranial retroperitonitis is present, which may be secondary to an inflammatory process.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Regarding the azotemia, consider the following:
 1. Urine culture and sensitivity
 2. UPC (if proteinuria is present)
 3. Baseline blood pressure measurement
- Regarding the bowel changes, consider the following:
 1. A fecal evaluation for ova/Giardia
 2. GI panel (send to Texas A&M)
 3. +/- endoscopic or surgical gastrointestinal biopsies
- Regarding the hypercalcemia, consider an ionized calcium +/- PTH/PTHrP.
- Regarding the liver changes, consider hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy). If surgical biopsies are pursued, aerobic and anaerobic bile cultures are also recommended. While awaiting test results, consider initiation of nutritional support to help prevent/treat hepatic lipidosis +/- empirical treatment for bacterial cholangiohepatitis (i.e., amoxicillin-clavulanic acid +/- metronidazole, Denamarin).
- Given the patient's age, thoracic radiographs are also recommended, if not already performed.

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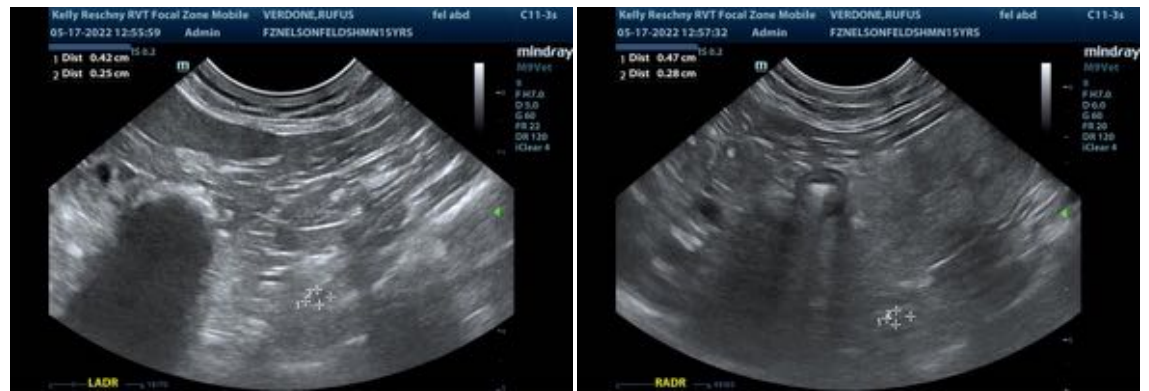
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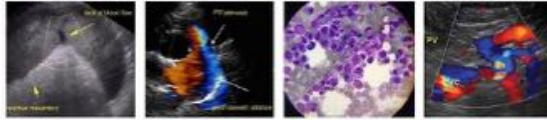
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Andrea.nicastro@sonopath.com

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