



PATIENT

Pesci Gerofsky

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

3.9 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

The Cat Clinic
Hamilton

REFERRING VET

Dr. Ahad

INVOICE

75059

DATE

5/12/26

PRESENTING CLINICAL SIGNS

Weight loss while eating very well , indoor/ outdoor. o: lost 3.2 kg in 3 years , sever dental disease, possible bi inguinal cryptorchid , sever hematuria. diagnostics: mild anemia , normal Glucose , normal thyroid , normal creatinine , mild increase in bun with mild decrease in urine S.G , FIV POSITIVE
LOOKING FOR ANSWER FOR SEVER WEIGHT LOSS WHILE APPT IS GOOD

Current Medications: Clavaseptin 62.5mg BID & Gabapentin 25mg BID

Abnormal PE/Chem/CBC/UA Results: pcv 29 , TP 74 = mild anemia , UA = severe hematuria , low sg = beginning of kidney issue , FIV POSITIVE (newly diagnosed).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys are bilaterally enlarged and have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Left kidney measures 4.65 cm. Right kidney measures 4.65 cm.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 0.33 cm in thickness.

The right adrenal gland is visualized on still images only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Right measures 0.51 cm in thickness.

Spleen

The spleen is moderately enlarged, measuring approximately 1.0 cm in thickness. The capsule is slightly irregular. Splenic parenchyma is diffusely hypoechoic with a mottled/micronodular echotexture throughout. No specific masses are visualized.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age 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.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.



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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

Mesenteric lymph nodes are slightly prominent. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with micronodular echotexture.
- Bilateral renomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic parenchymal changes are concerning for infiltrative disease with lymphoma being the top differential. Splenic aspirate is strongly recommended.

The bilateral renomegaly is mild and may be a variation of normal, given reported severe hematuria. The urinary bladder is normal on this ultrasound. Renal aspirate could be considered to screen for infiltrative disease as a cause of renomegaly.





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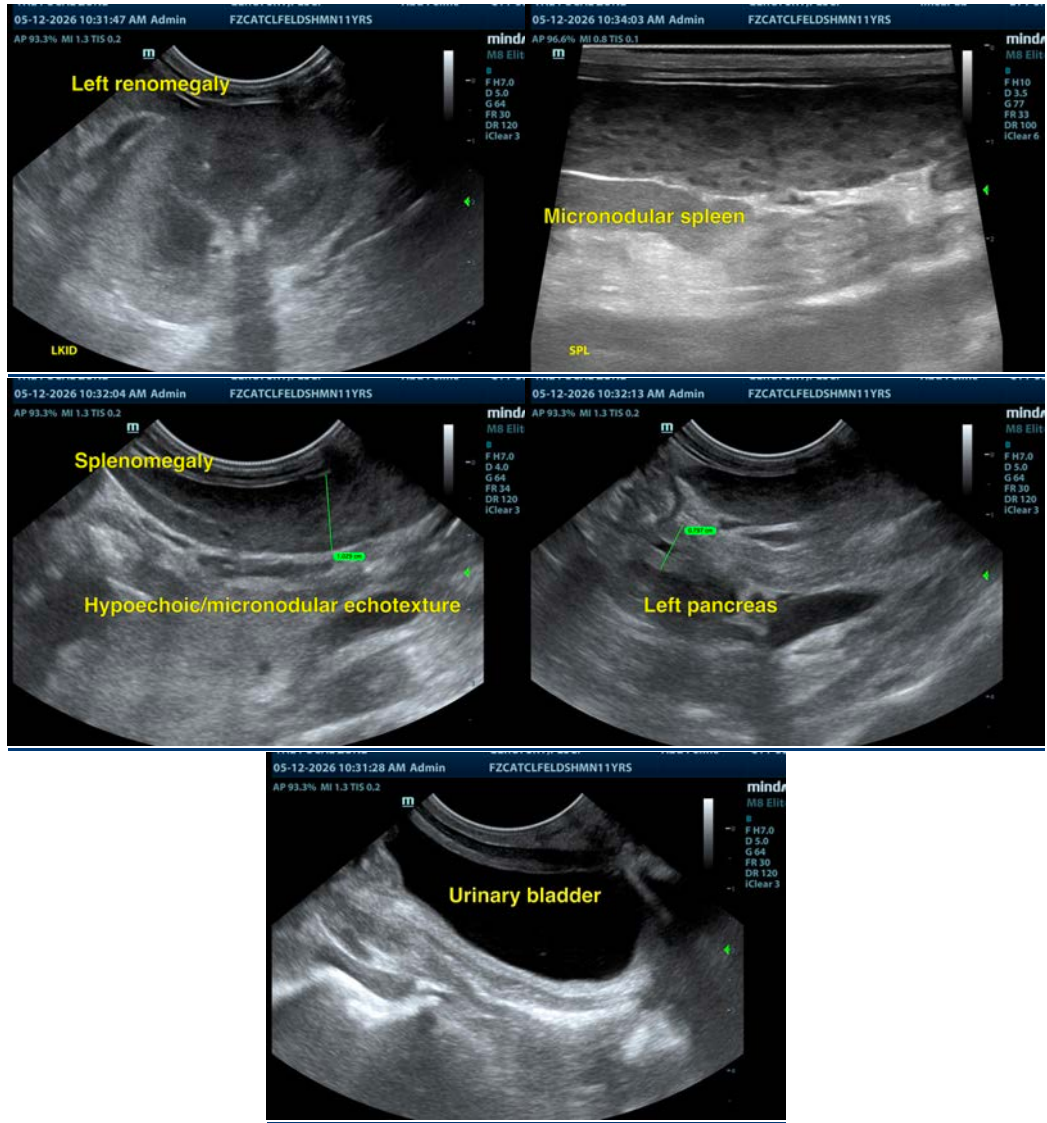
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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