

**DATE PRESENTING CLINICAL SIGNS**

11/5/21

PATIENT

Kitt Kat Ryan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/12/2012

WEIGHT

14 Pounds

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Falkowski

INVOICE

14185

History: hx of hyperthyroid, chronic vomiter. Patient presents for fit-in exam due to decreased appetite, decreased defecation and weight loss. Owner takes P for walks outside, car came up driveway and scared P last week, O thinks this is related? Last Tuesday or Wednesday morning is the last time O saw feces in the litterbox. P still goes in the litterbox, strains and not much comes out. Still interested in eating wet food, not as much dry. No history of constipation that O knows of, has only had P since May. Still acting normal otherwise, may be acting grumpier and more irritated toward other cat. PE: Firm mid-abdominal mass effects, suspect enlarged kidneys, no significant stool palpable.

Current Medications: Methimazole 2.5mg tablets: 1 tab PO BID.

Lab Results:

Radiographs: Bilateral renomegaly, L kidney nodular in appearance and 3-4 times larger than normal, R kidney normal shape but about twice normal size; kidneys hypoechoic on ultrasound- unclear if fluid or abnormal cells.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

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 mildly 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 2.0 cm, are normal.

The left kidney is severely enlarged (8.95 cm in length); and irregular in shape. Multiple hypoechoic masses are observed throughout the organ, causing complete obliteration of the normal renal architecture. The masses are highly vascular. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. The mesentery surrounding the kidney is hyperechoic.

The right kidney is enlarged (5.83 cm in length); with an irregular shape. At least 2 large hypoechoic to heterogeneous masses are observed within the organ. The lesions are highly vascular in appearance. There is some recognizable renal medullary architecture. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. The mesentery surrounding the kidney is hyperechoic.

Adrenal Glands

The adrenal glands are not definitively visualized due to the severe renal pathology.

Spleen

The spleen is normal in size (0.67 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 0.93 cm ill-defined hypoechoic nodule is observed on the left side. The

parenchyma is otherwise homogeneous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

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. Discreet masses are not identified. The colonic wall is 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 free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

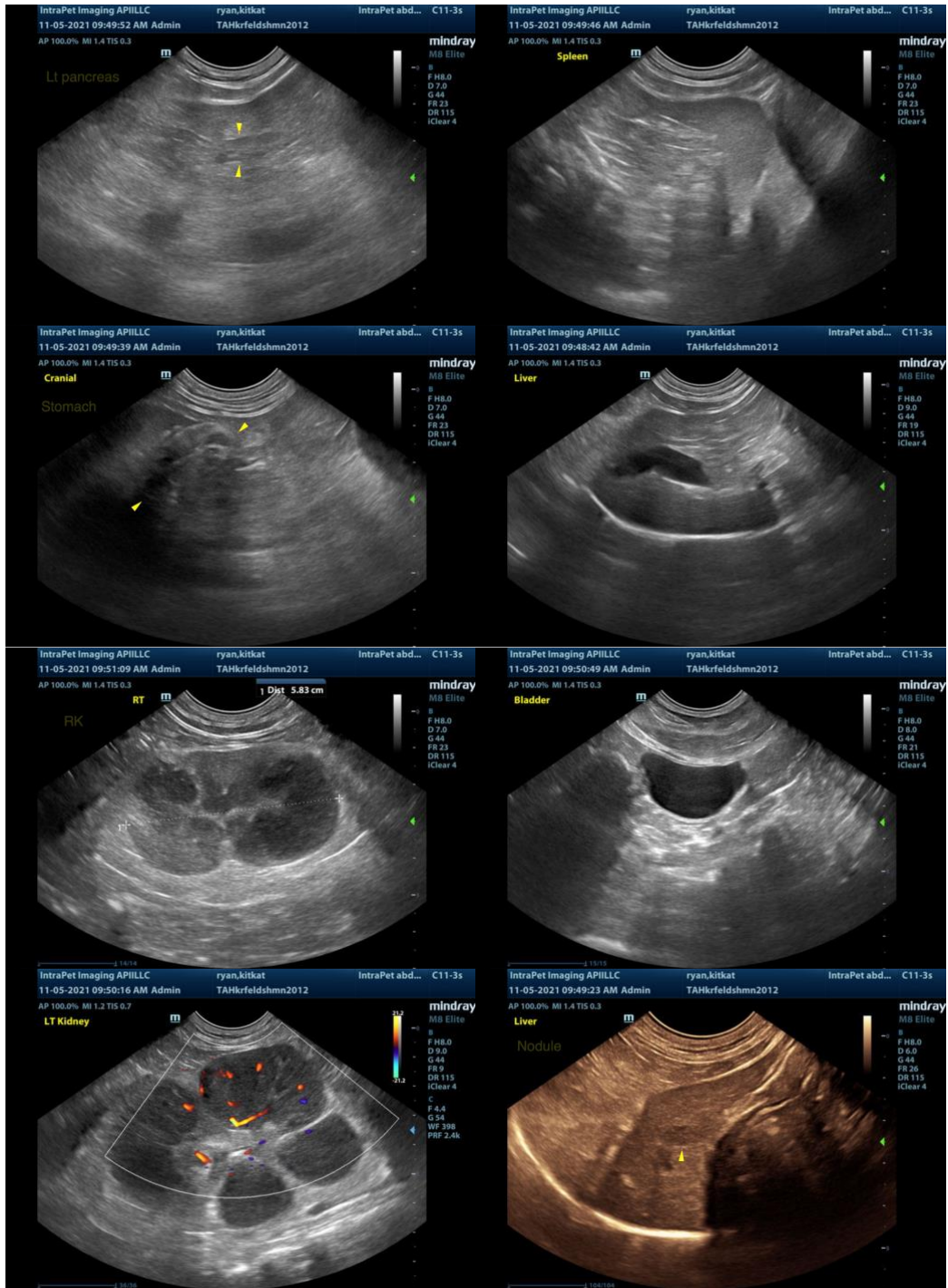
- Bilateral renomegaly with bilateral vascular masses. Neoplasia (i.e., lymphoma) is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous/FIP). Retroperitonitis is present.

Secondary Findings

- The hypoechoic hepatic nodule could be consistent with a granuloma, tumor, focus of lymphoid hyperplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- A fine needle aspirate of the kidney is recommended if clotting and blood pressure status are normal. A 25-gauge needle should be used.
- Baseline lab work, including a CBC/chemistry panel, urinalysis and T4 is also recommended, if not already performed.
- Also consider a urine culture and sensitivity.



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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