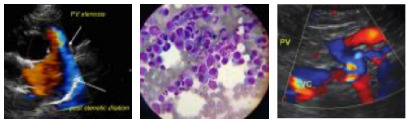
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

6.27.2022

PATIENT

Max Safchinsky

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6/25/2012

WEIGHT

3.62kg

INTERPRETED BY

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

HOSPITAL NAME

Nexus Veterinary Specialists

REFERRING VET

Dr. Steele

INVOICE

11154

PRESENTING CLINICAL SIGNS

Ureteral obstruction, weight loss/suspect primary GI disease.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: 5/26/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

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 mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (4.29 cm in length); with a slightly irregular shape. The cortex is mildly thickened and hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A small cortical cyst is seen at the cranial pole. Several nephroliths are visualized, some of which are in the region of the renal pelvis (the largest measuring 0.81 cm in its longest dimension). Mild pyelectasia is present (0.42 cm in the longitudinal plane). The left ureter is dilated (0.26 cm) for several centimeters beyond the renal pelvis. Several ureteroliths are visualized within the length of the dilated ureter. One cluster measures 1.03 cm in length, the other measures 0.39 cm in length). Renal vasculature is normal.

The **right kidney** is small in size (2.34 cm in length); with a slightly irregular shape. The cortex is hyperechoic and variably thickened. There is poor corticomedullary distinction. A 0.70 cm cortical cyst is observed at the caudomedial aspect. Small foci of mineralization are seen. Trace pyelectasia is present (0.01 cm in the transverse plane). There is no evidence of hydroureter. Renal vasculature appears normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.74 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 0.66 x 0.64 multi-septated cystic nodule is observed on the right side. The remaining parenchyma is homogenous. 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 aggregated, echogenic, partially dependent to suspended debris/sludge is observed within the lumen. 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 the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pancreas

The left limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral, chronic, renal changes with nephrolithiasis and left ureteroliths. The left pyelectasia has improved since the previous sonogram. The left ureteroliths appear similar to the previous sonogram.

Secondary Findings

- The previously observed cystic calculus is no longer seen.
- Bowel pattern suggestive of inflammatory bowel disease with some potential for emerging neoplasia. Correlation with the patient's clinical history is recommended.
- The right cystic hepatic nodule likely represents a biliary cystadenoma with a lower possibility of cystadenocarcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diagnostics and treatment recommendations to be implemented by Dr. Cara Steele.

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.

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