SonoPath
Clinical Sonography & Telecytology
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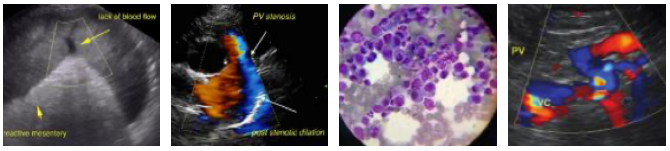


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ally Ackerlund

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female spayed

AGE
11 Years

WEIGHT
4.5 kgs.

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

IMAGING PERFORMED BY
Dr. Callihan

HOSPITAL NAME
Pacific Crest Mobile Vet

REFERRING VET
Dr. Harvey/ Skagit Animal Clinic

INVOICE
12041

DATE
9/7/21

PRESENTING CLINICAL SIGNS

History: Presented for AUS primarily to investigate cystic type structure noted by primary care dr with their ultrasound, An aspirate was performed 2 months ago, with interpretation "Presence of granular debris with minimal neutrophilic inflammation; low cellularity sample." Comment from lab "...concordant with the given history of cystic type mass. Neutrophils do appear very mildly increased compared with scant hemodilution" and recommended aspirate and cytology on any remaining solid portions be performed Pt also has history of hypertension and tachycardia, repeatedly normal T4, no heart murmur. Takes atenolol for tachycardia. Has not had echo but that has been recommended previously. Clinically, cat is doing very well. Maintaining weight, attitude and activity.

Abnormal PE/Chem/CBC/UA Results: Full CBC/Chem normal today except slight elevation in BUN (38); Cr is 1.3. Historically her urine has been marginally concentrated, 1.022 with last sample in July 2021.

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 upper limits of normal size (4.54 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and there is poor corticomedullary distinction. A few hyperechoic foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is enlarged (6.04 cm in length) with an irregular shape. The kidney is severely hydronephrotic with complete obliteration of the normal internal renal architecture. Only a thin rim of cortex remains. The hydronephrotic fluid contains suspended echogenic debris, some of which is aggregated. A second crescent shaped fluid filled structure is observed at the caudal aspect. Echogenic debris is also suspended within this structure. There is no evidence of nephroliths or hydroureter. The mesentery surrounding the kidney is slightly hyperechoic.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.03 cm length; 0.56 cm width). Normal shape and glandular echogenicity. Surrounding vasculature appears normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

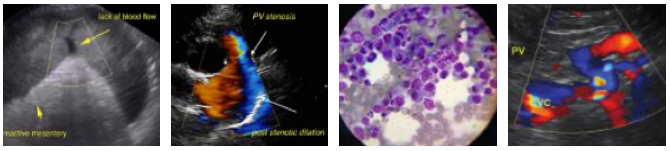
Spleen

The spleen is normal in size (1.00 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 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/not seen.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid 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 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

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Right renal hydronephrosis of unknown cause. Differentials include severe, chronic pyelonephritis, ureteral obstruction, other. The adjacent cystic region may be contiguous with the hydronephrotic area. Alternatively, a cystic lesion (i.e., perinephric pseudocyst) may be present. It is possible that the original aspirated fluid sample may have been urine although it is difficult to say with certainty.
- Chronic left renal pathology, possibly secondary to compensatory hypertrophy.

Secondary Findings:

- The mild left adrenomegaly may be secondary to physiologic stress, hyperplasia or less likely an early neoplastic process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture is recommended to further evaluate for a urinary tract infection.
- Consider consultation with a board-certified veterinary surgeon to discuss right nephrectomy, as the kidney is non-functional and a potential source of infection.
- Three-view thoracic radiographs should be performed prior to any anesthetic event.

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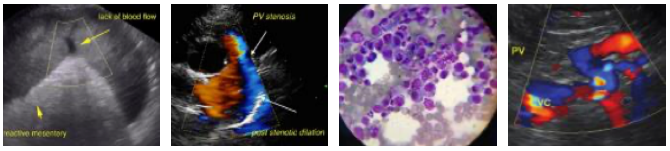

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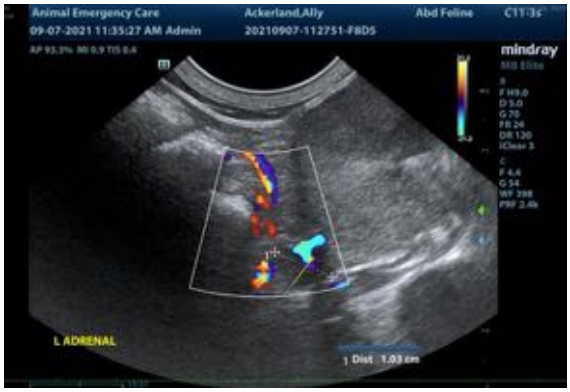

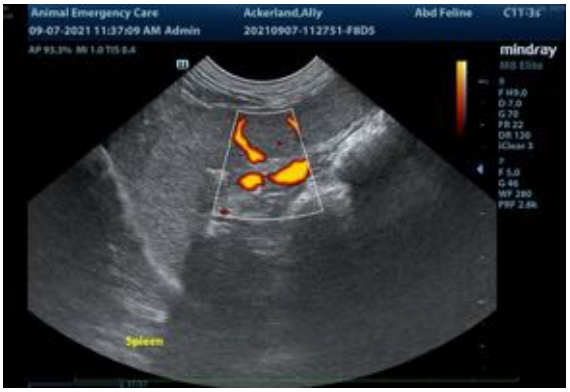

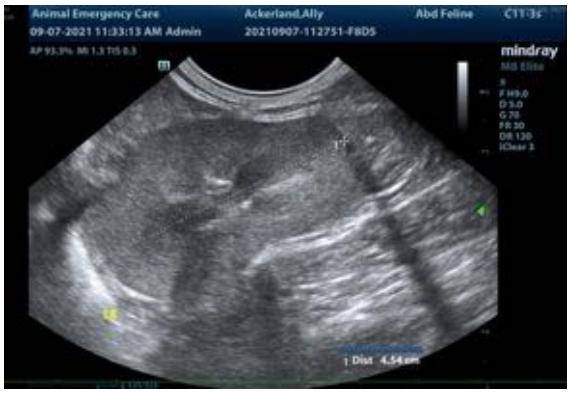

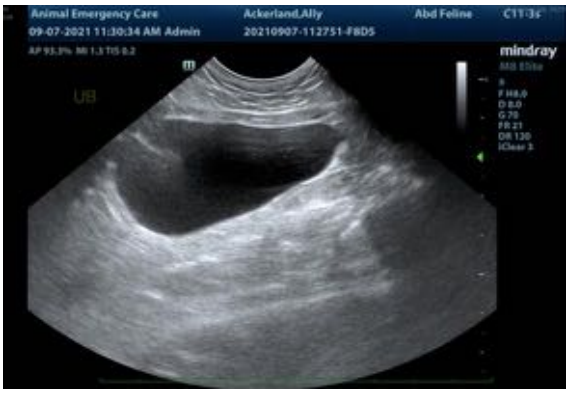

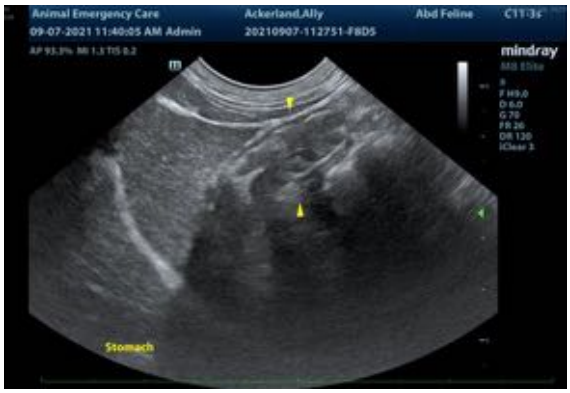

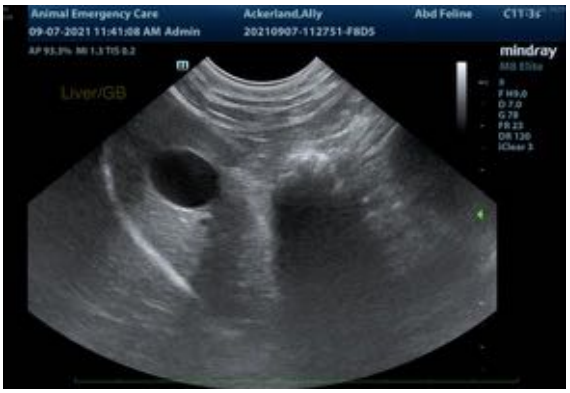

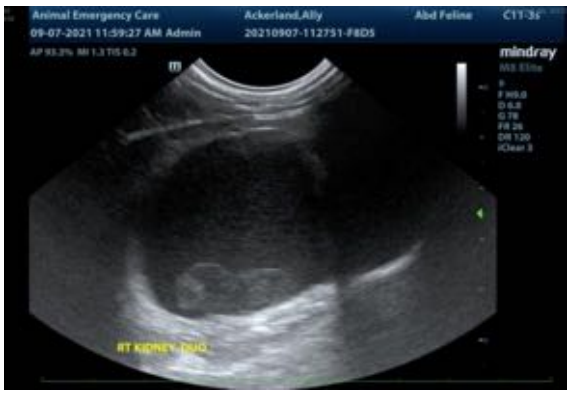

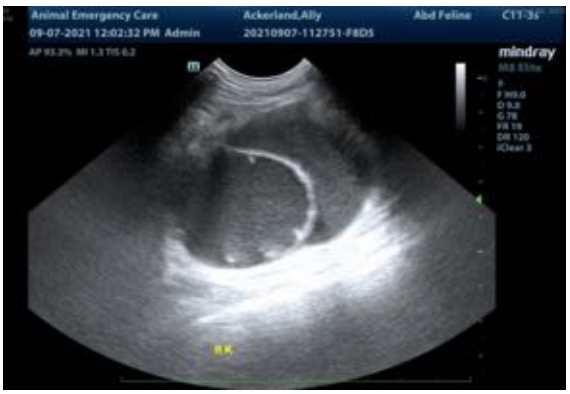

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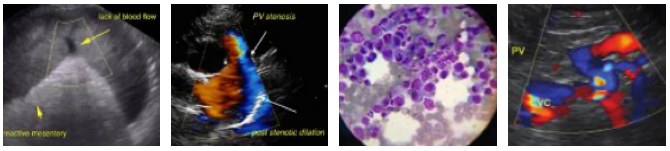

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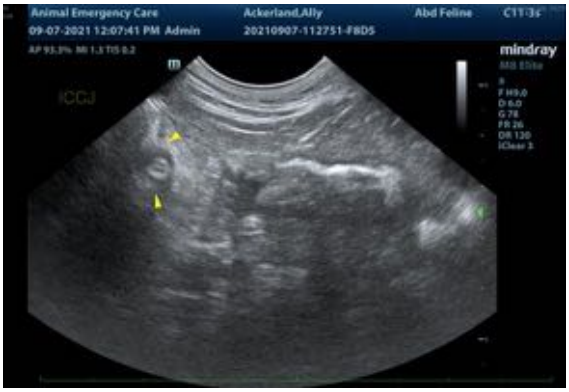

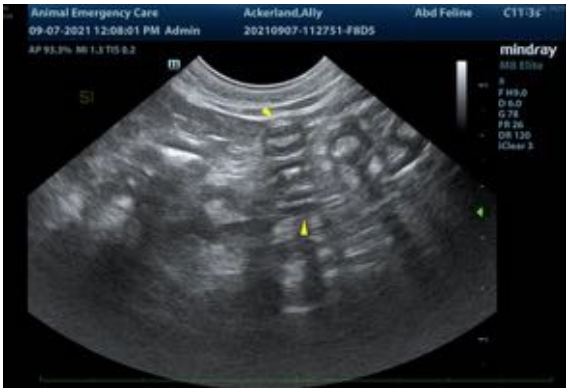

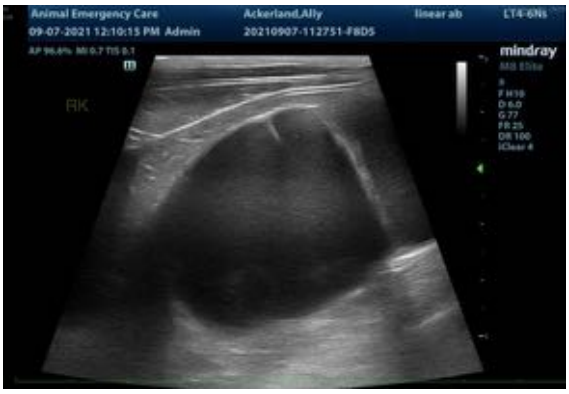

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea.nicastro@sonopath.com