



PATIENT PRESENTING CLINICAL SIGNS

Dexter Boneske
-Mucous membrane pallor
- Bilateral renomegaly
- Weight loss

SPECIES

Feline BUN 112, creat 5.4, USG 1.022, Feline Leukemia/FIV negative, hematocrit 19, T4 normal

BREED

Urinary System

Sphynx

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Male, neutered

AGE

10/31/20

The left kidney is severely enlarged (7.71 cm in length) with an irregular shape. The cortex is hyperechoic relative to the spleen and thickened with poor corticomedullary distinction. Moderate pyelectasia is present (0.64 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. Subcapsular fluid is present.

WEIGHT

9.38 lbs.

The right kidney is severely enlarged (7.92 cm in length) with an irregular shape. The cortex is hyperechoic relative to the spleen and thickened with poor corticomedullary distinction. Severe pyelectasia is present (1.07 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. Subcapsular fluid is present.

INTERPRETED BY

Adrenal Glands

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Animal Internal Medicine*)

The region of the left adrenal gland is obscured by the severe bilateral renomegaly. The gland is not definitively visualized but no obvious pathology is observed in this region.

The right adrenal gland is upper limits of normal in size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is normal in size (0.62 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.

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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 portal vein to caudal vena cava ratio is approximately 1:1. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Pignatello

INVOICE

15191

DATE

8/9/23

Gastrointestinal



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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 duodenal and jejunal walls are normal in thickness with a normal layering pattern. An approximately 5-6 cm segment of wall is severely thickened (up to 1.4 cm) and hypoechoic with complete loss of the normal layering pattern. Surrounding mesentery is hyperechoic. The ileocecolic junction and colonic wall are normal. No obvious obstructive disease is noted.

Pancreas

The base and limbs are visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated.

Free Abdomen

A small amount of free fluid is present. A few prominent to enlarged slightly hypoechoic mesenteric lymph nodes are visualized, the largest measuring 1.68 x 0.58 cm.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

*Ultrasound guided fine needle aspirates of the bowel mass and right kidney were obtained at the end of the study without incident.

ULTRASONOGRAPHIC FINDINGS

- The bilateral renal changes are most concerning for infiltrative neoplasia. Lymphoma is the top differential. Feline infectious peritonitis is also a consideration as is severe interstitial nephritis.
- The ileal mass is also concerning for a neoplastic process (i.e., lymphoma) with a lower possibility of a focal inflammatory disease (i.e., pyogranulomatous). Regional peritonitis is present.
- The mesenteric lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Further diagnostic and treatment recommendations should be based on the cytology results. In the meantime, symptomatic care is recommended.



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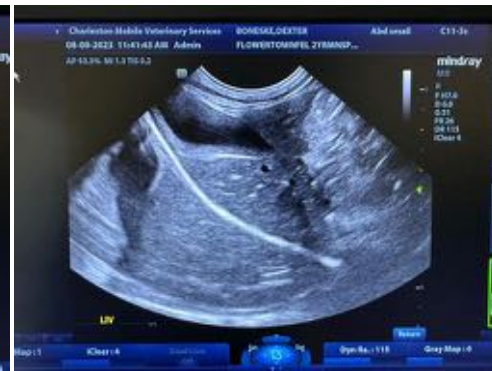
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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