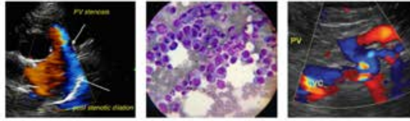
IMAGING PERFORMED BY

svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Scooter Baker

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

11 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Sara Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Stassen

INVOICE

44696

DATE

2/1/23

PRESENTING CLINICAL SIGNS

Pt has had decreased urination recently and has not eaten well in 2-3 days, a few episodes of vomiting. Weight loss. Has been hospitalized on IVF and with urinary catheter since yesterday

Abnormal PE/Chem/CBC/UA Results: Bladder very large on in house ultrasound. Radiographs show decreased serosal detail, "frothy" stippling changes in cranial abdomen, enlarged kidney and mass effect. CREA 10.1, BUN 98, PHOS 11.4 HCT 28%, mild elevation of neut.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Mild pyelectasia is noted on the right, moderate to severe pyelectasia is noted on the left, including a dilated proximal ureter on the left. The proximal ureter measures 0.52 cm dilated, which cannot be traced to a cause in these images.There is non-obstructive dystrophic mineralization noted bilaterally. The right kidney is small, measuring 3.66 cm. The left kidney is normal in size, measuring 4.55 cm. Additionally, surrounding the left kidney is a large 5.0 cm x 6.0 cm heterogeneous mass of tissue that may represent a mass or tumor associated with the left kidney. However, the area is also comprised of clumped hyperechoic enhanced mesenteric fat and fluid, making absolute differentiation of the mass versus clumped mesenteric fat and other tissue, etc. difficult.

Adrenal Glands

The right adrenal gland is normal in size (1.22 cm long x 0.51 cm at the cranial pole and 0.42 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.02 cm long x 0.33 cm at the cranial pole and 0.43 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a large amount of echogenic appearing free fluid and hyper enhanced mesenteric fat throughout the abdomen.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Chronic Kidney Disease with proximal hydroureter in the left kidney –** This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

- **Bilateral pyelectasia –** Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

- **Massive tissue in the left mid abdomen –** This appears to be associated with the kidney and is concerning for a primary renal tumor/infiltrative neoplasia or potentially round cell neoplasia versus other. A benign inflammatory reaction related to an acute on chronic kidney insult, pyelonephritis, etc. can't be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of the mass of tissue surrounding the left kidney is recommended if patient's coagulation status is appropriate. Alternatively, given the distortion caused by the markedly enhanced mesentery fat and free fluid, etc., an abdominal CT scan may be a better approach if available.

In the meantime, continued supportive/symptomatic medical management of acute on chronic insult as well as potentially pyelonephritis is recommended with aggressive diuresis, as much as can be tolerated, broad-spectrum antibiotics, and gastrointestinal clinical sign support such as antiemetics, gastroprotectants, etc.

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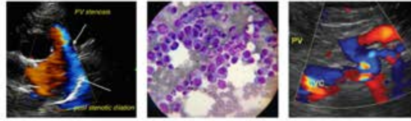

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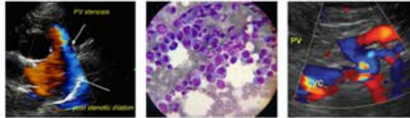

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com