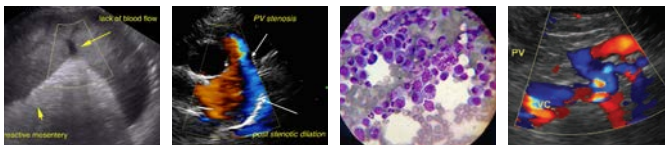
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Mickey Rottas

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
19 Years

WEIGHT
9.6 Pounds

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Dr. Louise Mandeville

HOSPITAL NAME
BetterVet

REFERRING VET
Dr. Louise Mandeville

INVOICE
45194

DATE
2/16/23

PRESENTING CLINICAL SIGNS

Had a suspected seizure in December 2022 lasted about10 secs, occurred while cat was sleeping on bed with owner, seemed to be "out of it", take several hours to return to himself has been fine since. Prior to this event, cat has been doing great since last visit in 6/22 Thriving on food he's been eating since then No seizures since December since. History of large renal cyst drained 2021.

Abnormal PE/Chem/CBC/UA Results: Mass palpated (size of small orange)- mid abdomen. Image of previous renal cyst in 2021 was approx 7cm by 5cm and less soft tissue present-more fluid than seen at most recent imaging exam.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is overall normal in size (4.3 cm long) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortex are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney has some normal parenchyma noted at the cranial pole with mild age related decrease in corticomedullary distinction. However, the caudal pole is completely replaced by a large cystic structure that at the beginning of the study measured 4.2 cm x 4.7 cm in size, and by the end of the study measured 2.7 cm x 3.0 cm in size, characterized by a thick hyperechoic wall and an anechoic center with some echogenic septations within the center. The left kidney measures 4.5 cm long.

Adrenal Glands

The adrenal glands are unable to be well visualized in this study.

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.

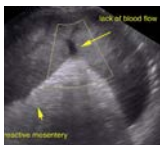
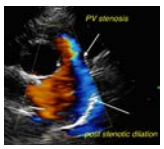
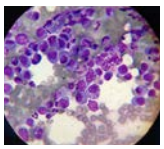
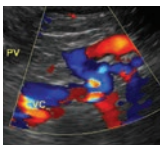
Liver

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

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.

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine 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.

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

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

A scant amount of anechoic free fluid and enhanced hyperechoic mesenteric is noted around the left kidney.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Large cystic mass in the caudal pole of the left kidney** – likely represents a cortical cyst. However, other differentials including a complicated or infected cyst, a hematoma, an abscess, or even infiltrative neoplasia must be considered given the thick irregular wall and internal echogenic densities.

- **Pancreatic age-related remodeling –** Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen is recommended in the form of a CBC/Chem panel, electrolytes, a urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Additionally, especially given the neurologic history, a blood pressure is recommended if not recently evaluated. Finally, a fine needle aspirate of the left cortical cyst is recommended for both cytology as well as culture and sensitivity, especially if indicated based on cytology results.

Alternatively, given that this lesion has reportedly been monitored for some time and is not clinically causing a problem, the decision may be made simply to continue monitoring unless clinical signs change or develop.

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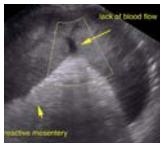
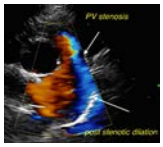
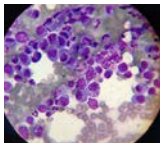
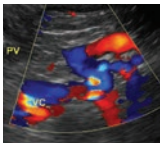

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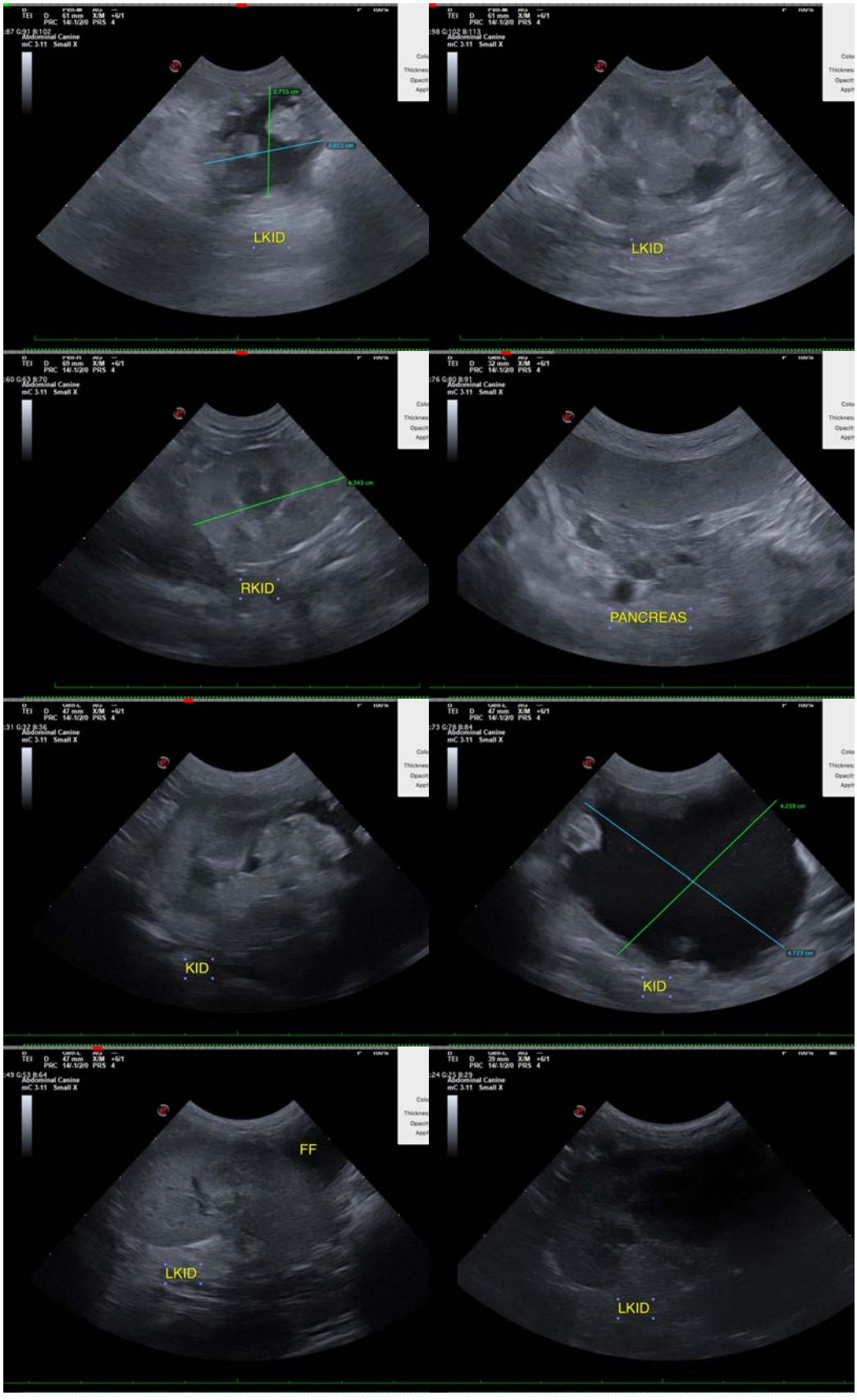

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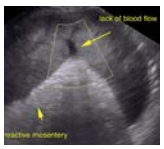
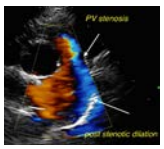
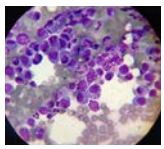
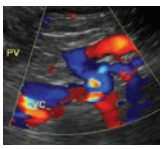

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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