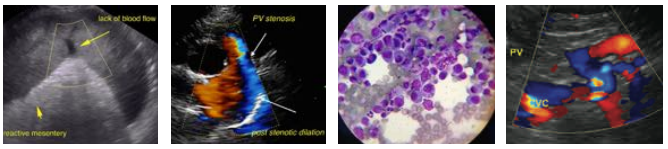
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™




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

**PATIENT**
Hashi Snyder

**SPECIES**
Feline

**BREED**
Domestic Shorthair

**SEX**
Spayed Female

**AGE**
18 years

**WEIGHT**
5.6 lbs

**INTERPRETED BY**
Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**
Adrienne Ligenza

**HOSPITAL NAME**
Rush VC

**REFERRING VET**
Dr. Milot

**INVOICE**
95836

**DATE**
2/7/22

## PRESENTING CLINICAL SIGNS

FAST scan - LARGE cyst type lesion in area of R kidney Lateral abdomen - able to visualize gas fill stomach caudal displacement of intestines

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Kidneys are bilaterally normal in size (left kidney measures 3.5 cm and the right kidney measures 3.7 cm), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Small cortical cysts are noted in the right kidney. A larger, approximately 5.0 cm in diameter, well-defined, anechoic structure surrounded by a thin, echogenic wall off of what appears to be the cranial pole of the left kidney. There is no pyelectasia noted and no mineral is observed.

### *Adrenal Glands*

Left adrenal gland is normal in size (0.23 cm at cranial pole and 0.25 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.3 cm at cranial pole), shape and contour. Corticomedullary structure is unremarkable.

### *Spleen*

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

### *Liver*

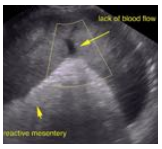
Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

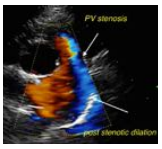
### *Gastrointestinal*

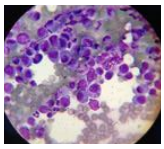
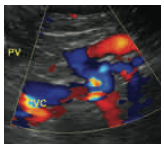
The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.



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### *Pancreas*

See free abdomen section.

### *Free Abdomen*

Lymph nodes are normal with no observed enlargement. Irregularly shaped heterogenous nodular structures are noted around the area of the left kidney, medial to the left kidney and around the collecting duct of the left kidney. This is consistent with possible, heterogenous lymphadenopathy. Several other cystic structures are present in the area potentially representative of pancreatic cysts. There is also a scant amount of anechoic free fluid in the caudal abdomen around the urinary bladder.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

Large, anechoic structure consistent with a perinephric pseudocyst that appears to be coming off of the cranial pole of the left kidney.

The cystic fluid appears primarily anechoic with some echogenic debris present making other differentials such as a hematoma or even infiltrative/cystic neoplasia or metastatic neoplasia possible versus strictly a benign peri-nephric pseudocyst. Lymphadenopathy in the area could indicate a reactive change secondary to chronic inflammation/infection; however, infiltrative neoplasia must be considered.

Chronic Kidney Disease – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc. Smaller cortical cysts were noted in the right kidney.

Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

Due to the size of the cyst and distortion of normal anatomy in the area visualization or normal structures is difficult; however, I suspect concurrent pancreatic cysts.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include drainage of the cystic lesion with submission of fluid for cytology/fluid analysis and culture as well as FNA of the enlarged lymph nodes if possible and if the patient's coagulation status is appropriate. Following percutaneous drainage of the cyst reevaluation of the pancreas and other structures around the left kidney could be considered for a more definitive interpretation of results. Given the presence of the cystic lesion and the appearance of the kidneys other evaluation/management of suspected chronic kidney disease is also recommended in the form of urinalysis +/- urine culture if not already performed. Urine protein to creatinine ratio if there is protein in the urine, but the sediment is quiet as well as a blood pressure. Given the muscularis changes a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended. If gastrointestinal signs are present empirical therapies could include a diet change to a novel or hydrolyzed protein diet or if elected, biopsies of the gastrointestinal tract for a definitive diagnosis.

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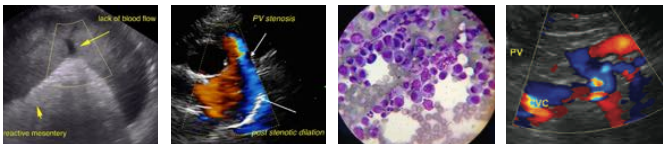

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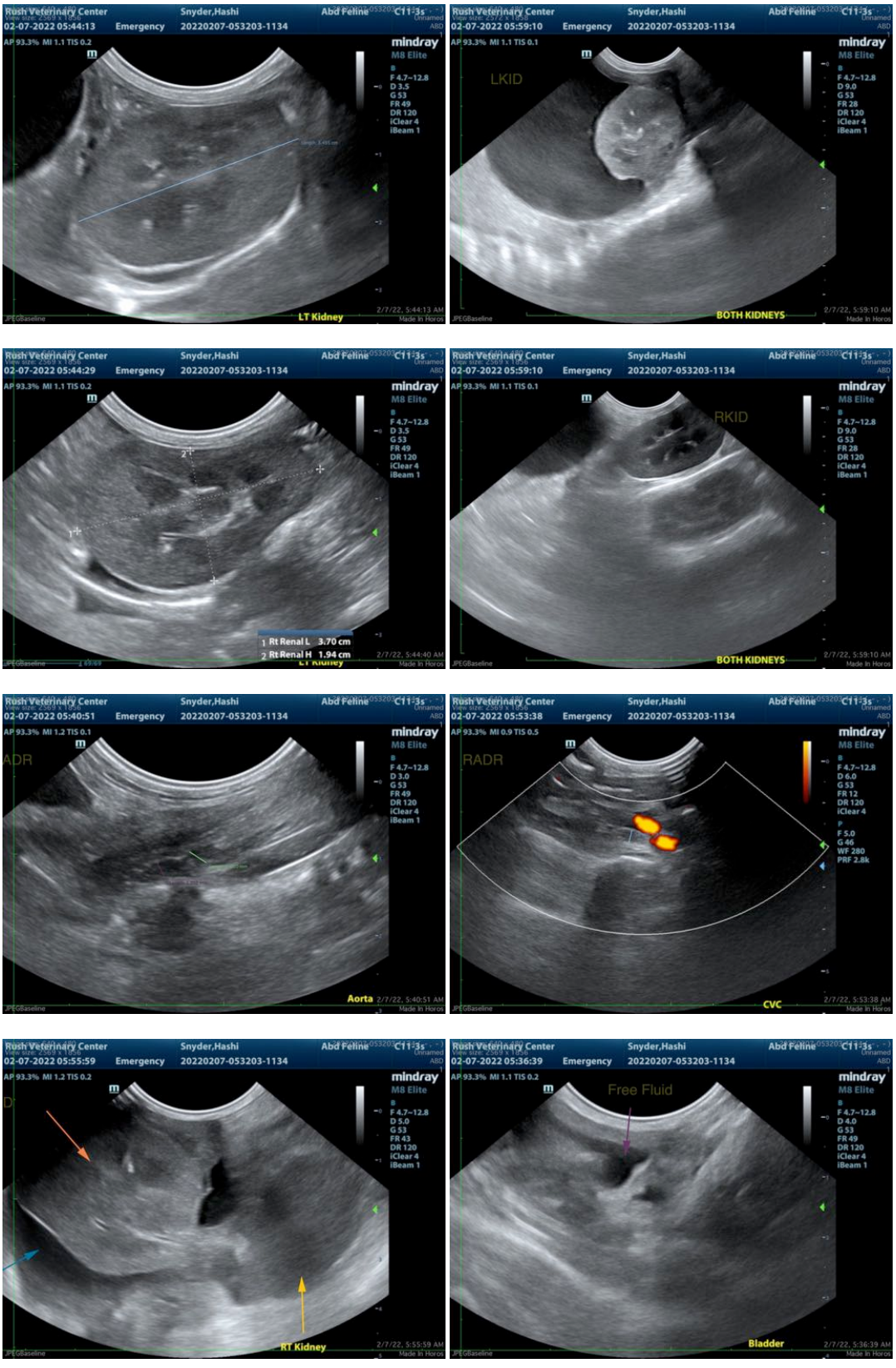

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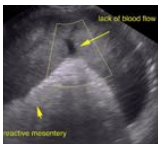
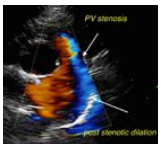
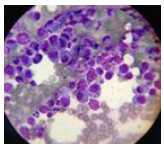
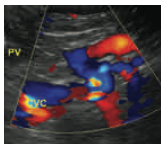

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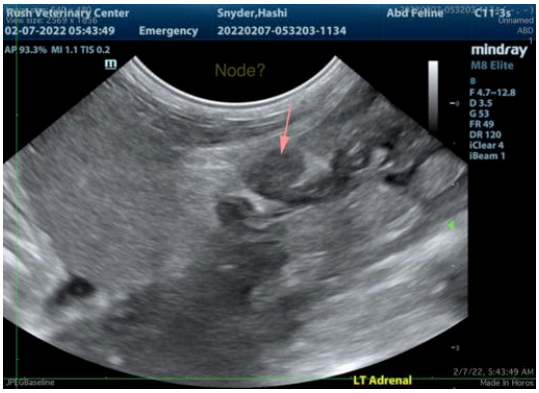


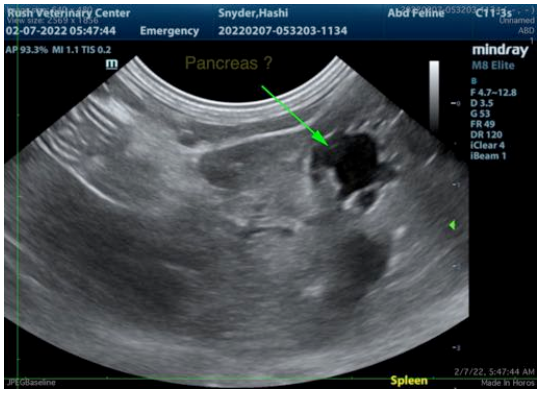


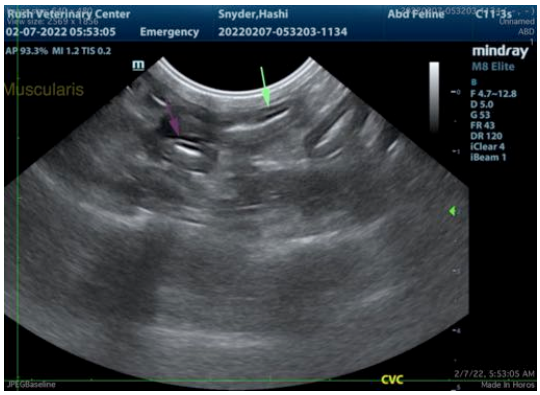


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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