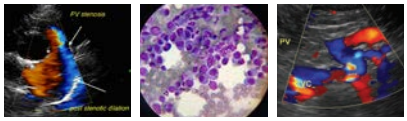
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/13/23

PATIENT

Vader Witkowski

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6/3/14

WEIGHT

8.75 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

43101

PRESENTING CLINICAL SIGNS

Vader has had fairly rapid weight loss with a big . PE revealed bilateral enlarged kidneys and he is pretty azotemic. He also has developed a grade 3/6 murmur in the last few days. Rads show enlarged kidneys with some mineralizations. Suspicious of renal carcinoma or possibly bilateral ureterolithiasis but hoping for bilateral pyelonephritis.

Current Medications: starting on sq fluids 100ml sid + renal diets
Lab Results: BUN=81, creat=5.2, urine s.g.=1.014
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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.

Multiple cortical anechoic cysts of various sizes are present in both kidneys. Overall echogenicity is increased (hyperechoic cortex) as the result of acoustic enhancement from the cysts and kidney shape is distorted. Both kidneys are enlarged, with the left measuring 5.92 cm and the right measuring 6.19 cm. Equally, both demonstrate pyelectasia, 0.48 cm in the sagittal view in the left kidney and 0.36 cm in the sagittal view in the right kidney. Both kidneys contain small non-obstructive nephroliths.

Adrenal Glands

The area of the right adrenal gland is examined without evident adrenal gland pathology.

The left adrenal gland is normal in size (0.32 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. The gallbladder is bilobed in appearance, which is most commonly a normal anatomic variant in cats.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with 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

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Polycystic kidneys with mild bilateral pyelectasia and bilateral non-obstructive nephroliths – Cysts may be inherited or acquired and may be a subclinical incidental finding or the result of chronic degenerative kidney disease. This finding should be interpreted in combination with breed (inherited polycystic renal disease is more common in some breeds including, but not limited to, Persian cats, cairn terriers and bull terriers), laboratory findings and clinical signs. Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

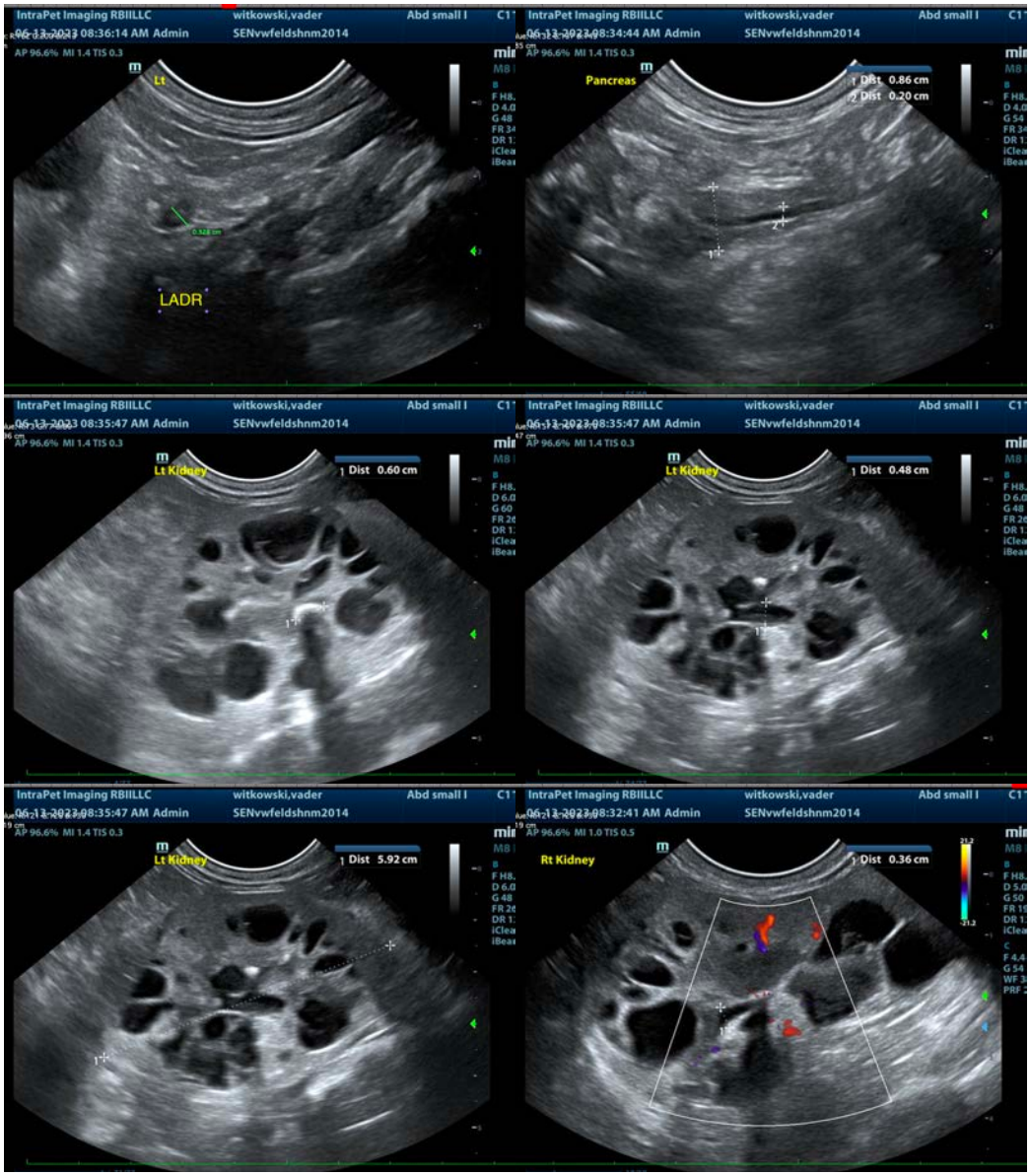
SECONDARY FINDINGS

- Bilobed gallbladder
- Chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's kidney changes are most consistent with polycystic kidney disease with the reported laboratory changes likely being progressive chronic kidney disease/kidney damage as a result. 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 ration is recommended. A blood pressure is also recommended.

At this time, beginning management for chronic kidney disease is recommended, beginning with a kidney friendly diet (if tolerated) as well as management of any concurrent proteinuria, hypertension, electrolyte abnormalities, etc., as well as supportive/symptomatic medical management of any concurrent gastrointestinal signs such as nausea with antiemetics, gastroprotectants, an appetite stimulant if necessary, +/- fluid therapy if warranted. Monitoring of kidney values, urinalysis, etc. is recommended, as would be implemented with any other case of chronic kidney disease to help determine improvement versus progression, etc.


IntraPet Imaging RBIILLC
witkowski,vader
Abd small I
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SENvwfeldshnm2014
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Lt
LADR
IntraPet Imaging RBIILLC
witkowski,vader
Abd small I
06-13-2023 08:34:44 AM Admin
SENvwfeldshnm2014
AP 96.6% MI 1.4 TIS 0.3
Pancreas
1 Dist 0.86 cm
2 Dist 0.20 cm
IntraPet Imaging RBIILLC
witkowski,vader
Abd small I
06-13-2023 08:35:47 AM Admin
SENvwfeldshnm2014
AP 96.6% MI 1.4 TIS 0.3
Lt Kidney
1 Dist 0.60 cm
IntraPet Imaging RBIILLC
witkowski,vader
Abd small I
06-13-2023 08:35:47 AM Admin
SENvwfeldshnm2014
AP 96.6% MI 1.4 TIS 0.3
Lt Kidney
1 Dist 0.48 cm
IntraPet Imaging RBIILLC
witkowski,vader
Abd small I
06-13-2023 08:35:47 AM Admin
SENvwfeldshnm2014
AP 96.6% MI 1.4 TIS 0.3
Lt Kidney
1 Dist 5.92 cm
IntraPet Imaging RBIILLC
witkowski,vader
Abd small I
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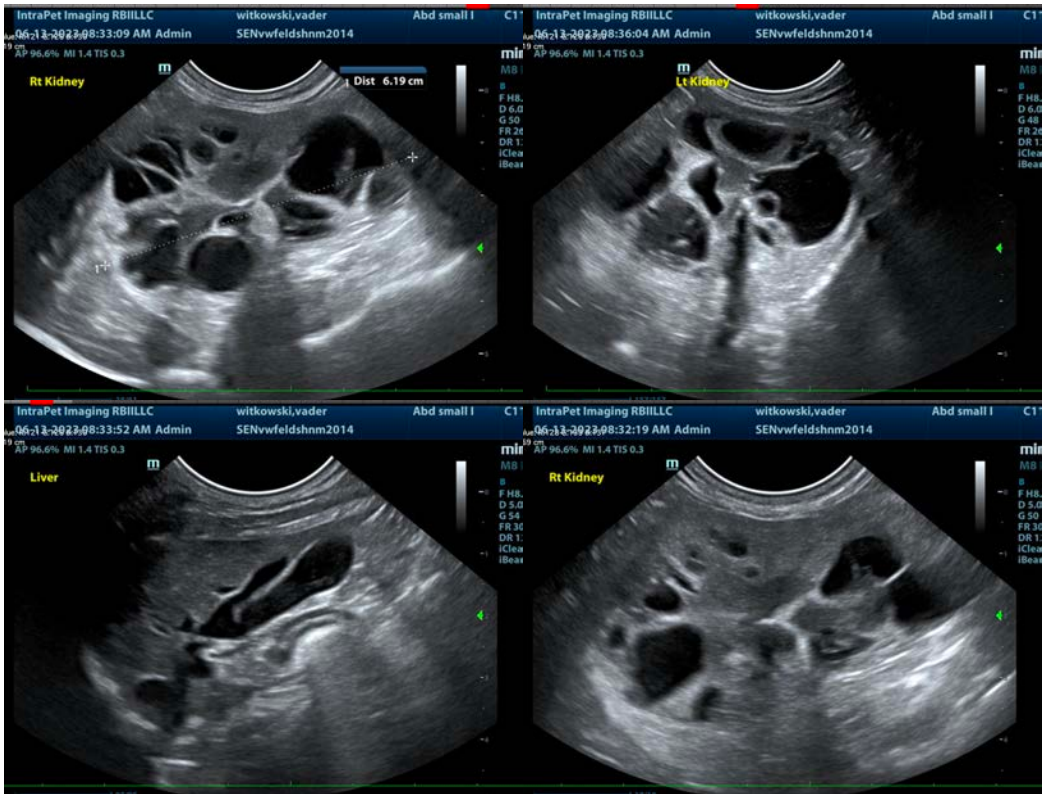
SENvwfeldshnm2014
AP 96.6% MI 1.0 TIS 0.5
Rt Kidney
1 Dist 0.36 cm



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
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