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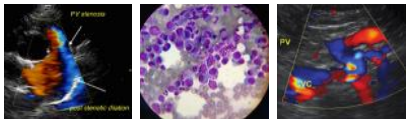

SonoPath
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DATE
7/11/22

PATIENT
Bunky Faulkner

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
5/6/07

WEIGHT
9/63 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Everhart VH

REFERRING VET
Dr. Menefee

INVOICE
16575

PRESENTING CLINICAL SIGNS

History: Pt presented on 7/9 for inappetance, lethargy. Hx of mild azotemia. Pt lost 3 pounds since January. Abdominal mass palpated on physical exam

Current Medications: Cerenia. Gabapentin 100mg prior to scan
Lab Results: BUN 42, Crea 2.5.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dexdomitor/Torbugesic.
Stat Report: Declined.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses or inflammatory changes are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. A 0.5 cm cystolith is present along the dependent wall.

Left kidney is normal in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Mild pyelectasia and nonobstructive nephrolithiasis is present. The left kidney measures 4.6 cm long but is surrounded by a 3.0 cm – 3.5 cm heterogeneous, primarily hypoechoic but partially mineralized irregular mass that appears to primarily extend from the caudal pole.

Right kidney is normal in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. Non-obstructive nephrolithiasis is present. The right kidney measures 4.11 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.31 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.39 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

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.

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 very echogenic reverbation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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 empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness 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

A large amount of echogenic free fluid is present primarily around the left kidney mass. Markedly enhanced hyperechoic clumped mesentery is noted throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- **A left kidney mass** - top differential for which includes a primary renal tumor, such as renal cell carcinoma. Sarcoma can't be ruled out, nor can infiltrative round cell neoplasia. Metastatic disease is also possible, however, there is no other sign of primary disease elsewhere. A benign lesion is possible but considered highly unlikely.
- **Chronic Kidney Disease with nonobstructive nephrolithiasis bilaterally –** This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- **Coarse splenomegaly –** can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- **Large amount of echogenic appearing free fluid**- concerning for neoplastic effusion, however, sampling is recommended to determine.

Secondary Findings

- **Urinary bladder cystolith**
- **Chronic active pancreatitis**

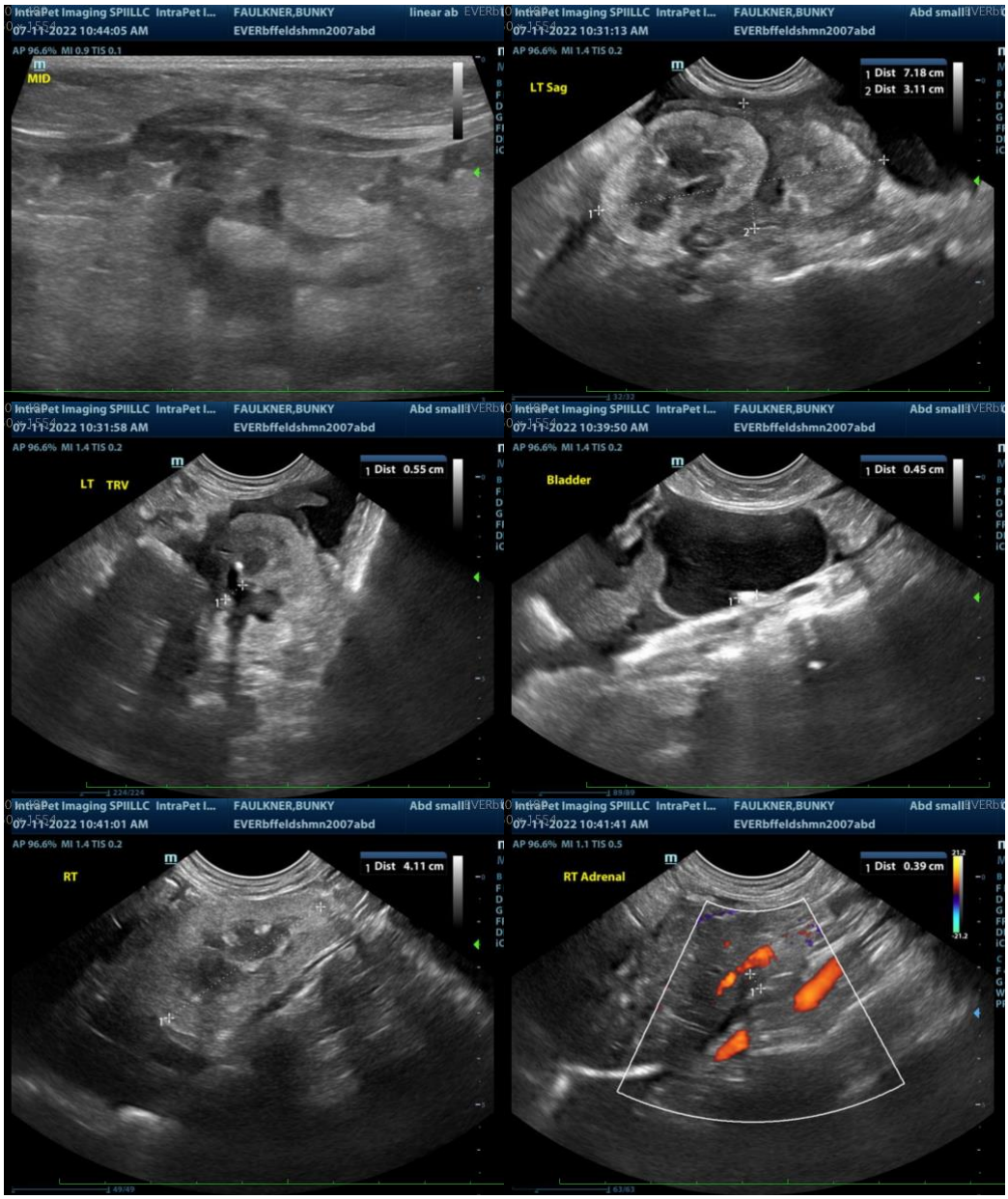
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

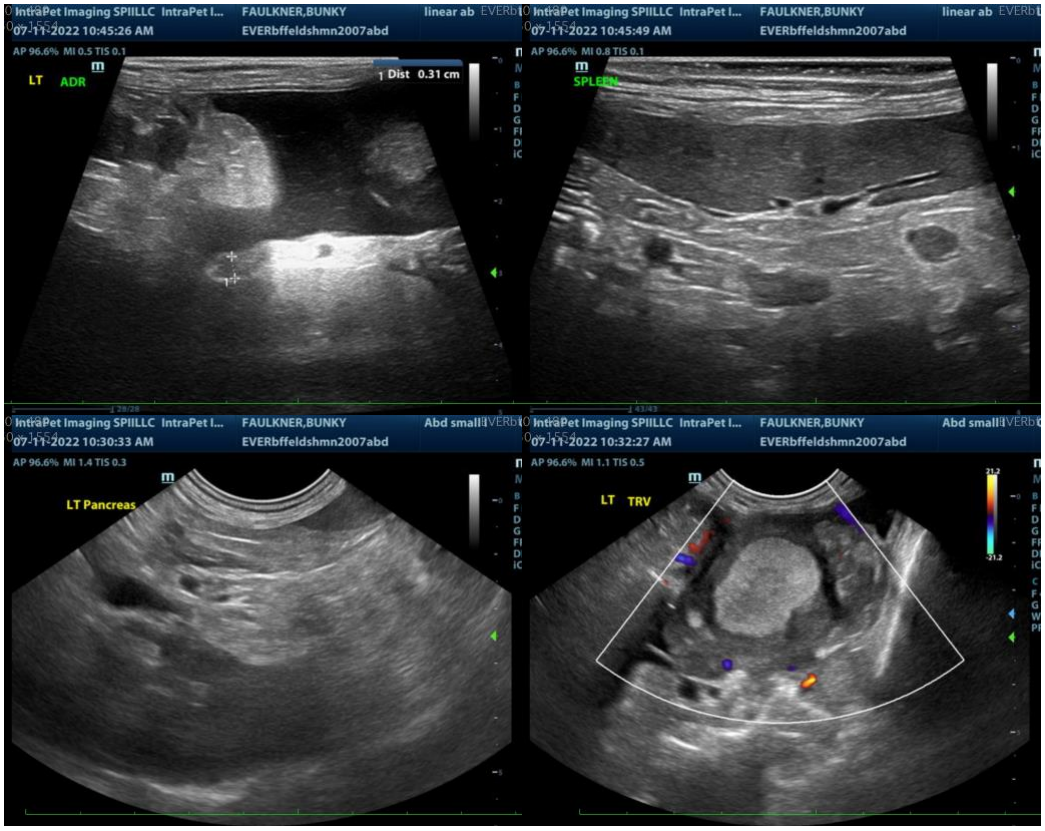
- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary

status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

- Sampling of the fluid for cytology +/- culture (if indicated) is recommended and if the diagnosis is not obtained from the fluid, a fine needle aspirate of the mass is recommended, if patients coagulation status is appropriate.

- 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.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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