

**DATE PRESENTING CLINICAL SIGNS**

7/31/23 History: Julius has been eating less and lost about 1 lb. this month, he has renal disease.

PATIENT

Julius Lane

Current Medications: psyllium power, kidney diet, apoquel, porus one, fluticasone, mirtazapine Epakatin.

Radiographs: mineralization in kidneys, thickened bowel loops.

Date of Previous IntraPet Ultrasound: 2/2018 & 4/2022. See attached.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is adequately 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.

AGE

7/24/08

Multiple cortical anechoic cysts of various sizes are present. Overall echogenicity is increased (hyperechoic cortex) as the result of acoustic enhancement from the cysts and kidney shape is distorted. In the left kidney, the cysts range in size between 1.0 cm and 1.5 cm. The right kidney is more severely affected with cysts approaching 2.0 cm to 2.0+ cm in size. Both kidneys are large as a result of the cysts. The left kidney measures 4.61 cm. The right kidney measures 5.36 cm. Additionally, the right kidney contains small nonobstructive nephroliths.

WEIGHT

11.52 Pounds

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

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.

HOSPITAL NAME

Cat Hospital of
Towson

Liver

The liver parenchyma is diffusely mottled as a result of multifocal cysts and nodules/masses of mixed echogenicity, primarily hyperechoic in echogenicity but also containing multiple cysts of varying size.

REFERRING VET

Dr. Martin

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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

INVOICE

23730

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

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

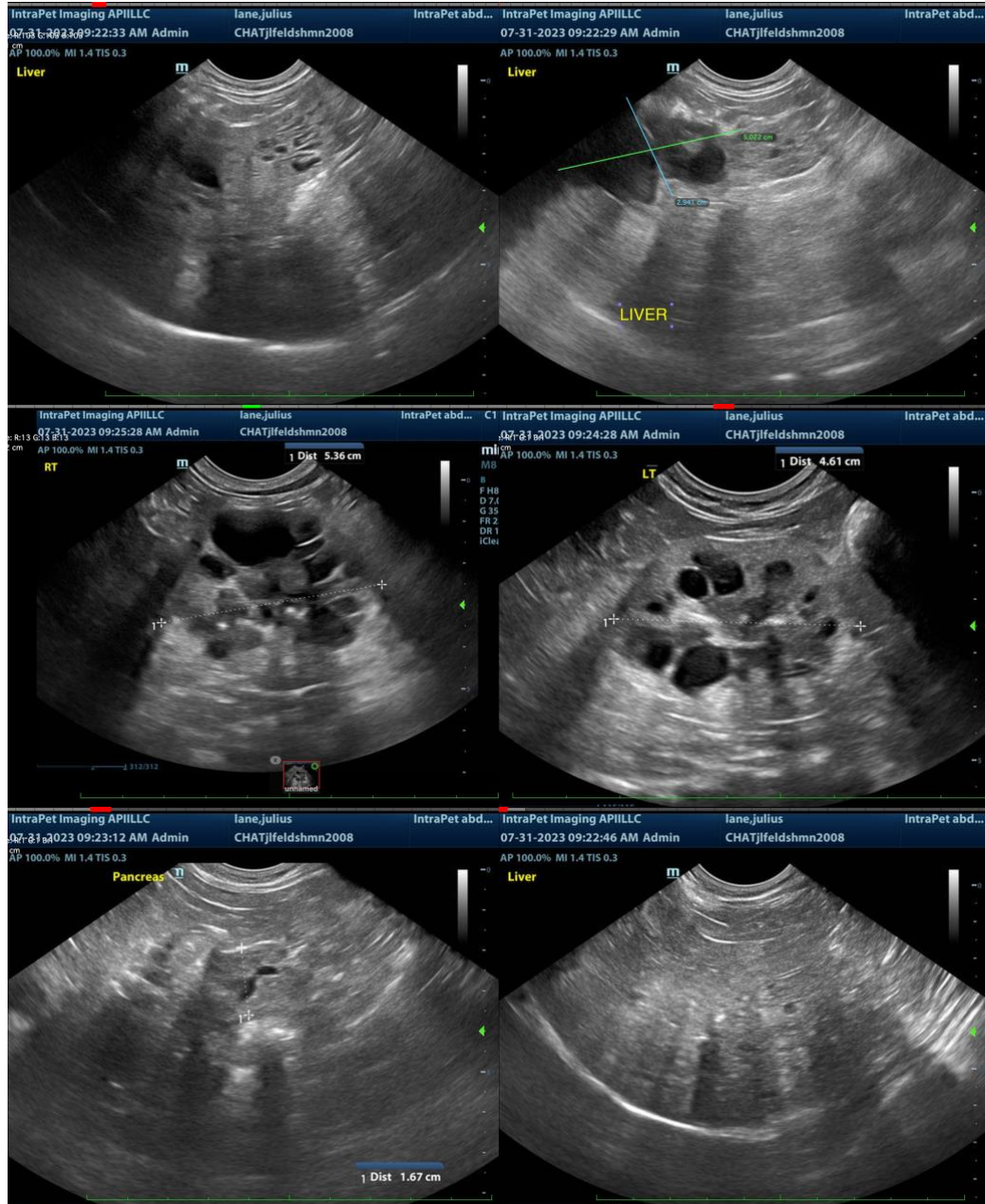
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Polycystic kidneys with nonobstructive nephrolithiasis in the right kidney – 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.
- Additionally, the liver changes are consistent with a cystic liver, as well as in the right cranial liver, a feline biliary cystadenoma – In a senior cat, this liver lesion is most consistent with a benign biliary cystadenoma. Malignancy cannot be ruled out but is considered less likely give lack of clinical signs and/or laboratory changes. This specific liver lesion has progressed mildly in size since last year's ultrasound and measures 3.0 cm x 5.0 cm in this study compared to 2.7 cm previously.
- 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

Overall, the appearance of this study is relatively static to mildly progressive compared to the ultrasound a year and a half ago. Given this patients reported decreased appetite, and decreased weight loss, supportive/symptomatic medical management of possible gastritis, secondary to chronic kidney disease could be considered in the form of antiemetics and gastroprotectants, but ultimately, appetite stimulants and/or even feeding tube placement may be necessary if the kidney disease has progressed to a level resulting in decreased appetite. Occasionally, if not already in place, at home subcutaneous fluid therapy helps appetite as well.



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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