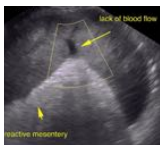
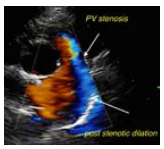
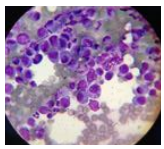
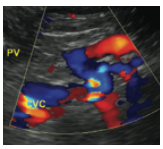
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Henry Steinbrenner

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
12 years

WEIGHT
4.5 kg

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Dr. Biederbeck

HOSPITAL NAME
Lomsnes VH

REFERRING VET
Dr. Biederbeck

INVOICE
42583

DATE
1/9/23

PRESENTING CLINICAL SIGNS

History: Ultrasound for neighboring clinic- was seen there this am as he was lethargic over the weekend. Enlarged LK palpable. Dx with Stage 4 kidney this morning Is quite depressed
Abnormal PE/Chem/CBC/UA Results: IRIS stage 4 renal failure

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

Left kidney is enlarged with mottled renal structure, irregular cortical surface, and intracapsular fluid. Pinpoint areas of cortical mineralization. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm.

Right kidney is prominent though not overtly enlarged with hypoechoic cortext and hyperechoic medulla. Pinpoint areas of cortical mineralization. No evidence of pelvic dilation was present. The right kidney measured 4.3 cm.

Adrenal Glands

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.84 cm in length x 0.34 cm at the caudal pole and 0.43 cm at the cranial pole.

Spleen

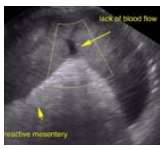
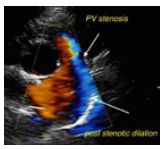
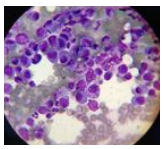
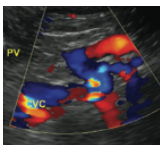
Spleen is prominent measuring 0.94cm with hyperechoic homogenous parenchyma and slightly irregular capsule with no specific masses visualized. Surrounding mesentery is hyperechoic.

Liver

The liver is subjectively normal in size with slightly irregular contours and normal structure. The parenchyma is slightly heterogenous with a coarse appearance and poorly defined hyperechoic to heterogenous nodules throughout parenchyma. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and

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there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Left renomegaly, prominent right kidney, left larger than right
2. Left renal intracapsular fluid accumulation and structural changes
3. Coarse liver with nodules
4. Prominent spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bilateral renal changes are consistent with acute nephritis with left renal changes more severe with significant suspicion of infiltrative disease such as renal lymphoma. Renal FNA is recommended. Other infiltrative neoplasms (renal carcinoma, adenocarcinoma, hemangiosarcoma, etc) are possible, as well as non-neoplastic causes such as acute infectious nephritis , acute renal toxin (lily, NSAID, ethylene glycol, etc). Urinalysis and culture should be pursued and aggressive treatment for acute renal failure including intravenous fluid therapy, broad spectrum antibiotic coverage, GI support as indicated while awaiting cytology results. Consider indwelling catheter placement for monitoring or urinary output as well as frequent electrolyte monitoring. Urine production appears adequate based on urinary bladder volume.

Liver and splenic changes are concerning for round cell infiltrative disease in the face of the severe left renal structural changes with concern for lymphoma. They may also represent a benign age related change, reactive or inflammatory changes. Splenic and liver aspirate are recommended to further differentiate.

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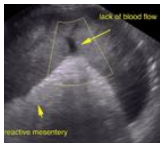
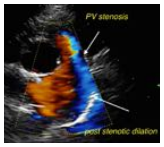
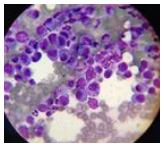
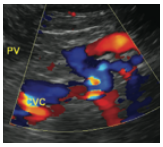

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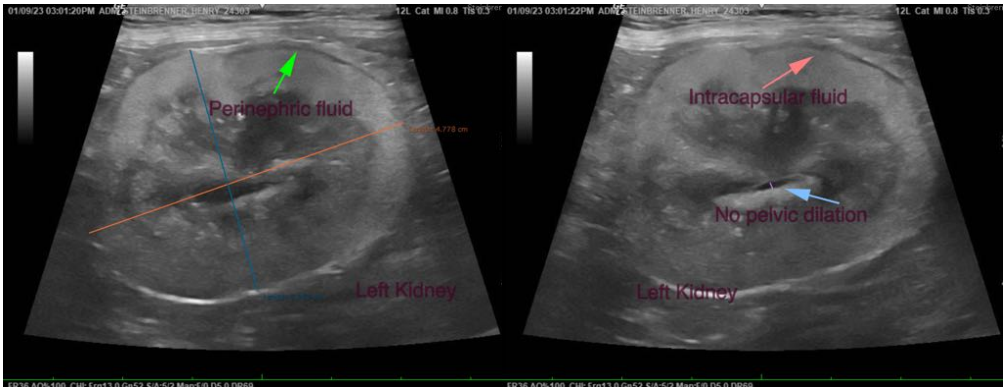

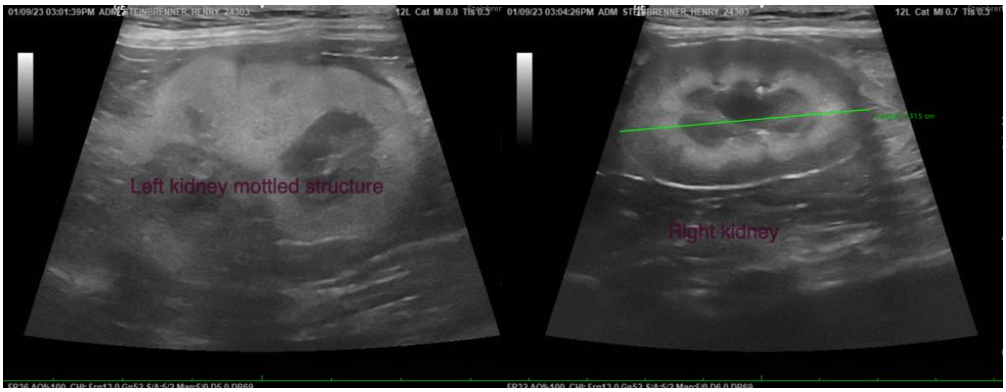

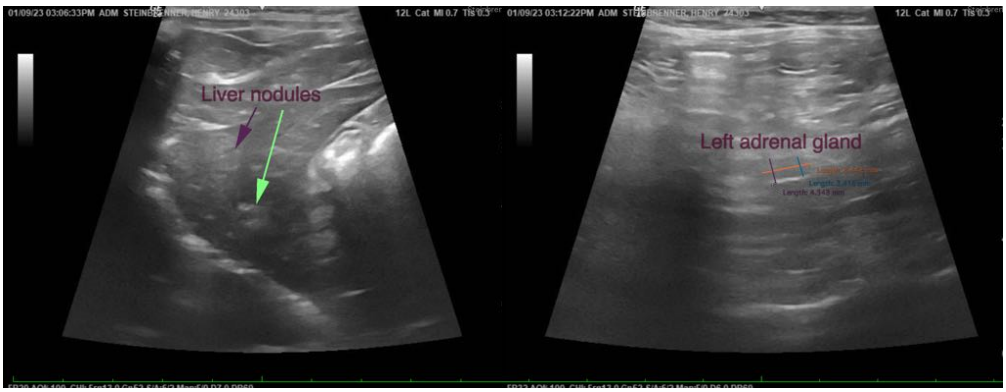

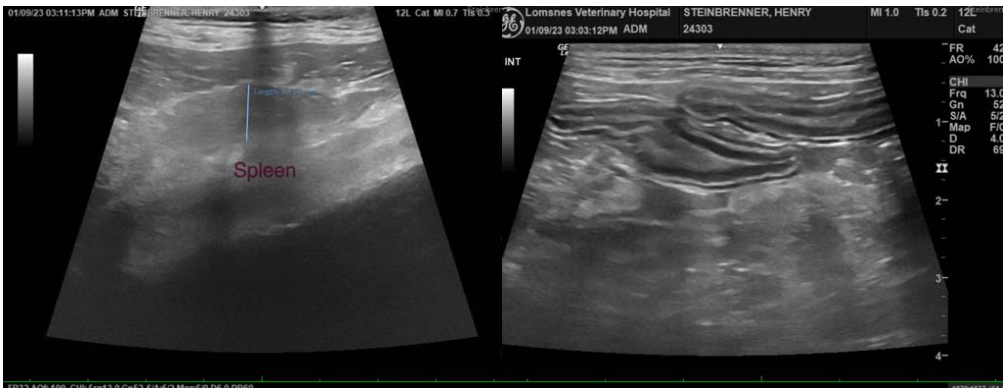

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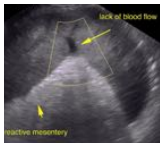
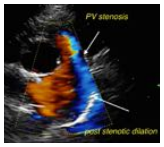
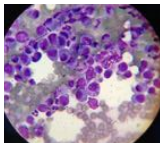
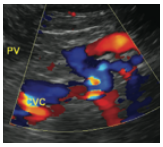

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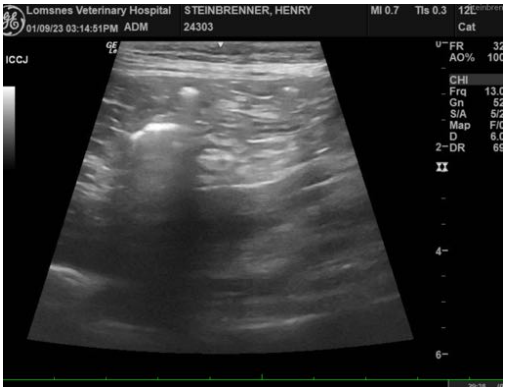

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com