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Clinical Sonography & Telecytology
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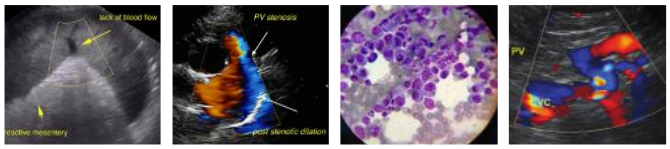

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Molly Deved

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

7.6 Lbs.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Wyman-Greenwald

INVOICE

13363

DATE

1/10/22

PRESENTING CLINICAL SIGNS

History: Chronic hematuria, weight loss, inappetence, vomiting. Hx of Hyperthyroidism, grade I-II/VI heart murmur. Current meds: Methimazole

Abnormal PE/Chem/CBC/UA Results: Bun 60 (37H), Creat 2.8 (2.3H), SDMA 28 (14H), Phos 7.7 (6.3H), ALP 73 (59H), T4 3.9(4.7H), USG 1.010, PH 6.5, Gluc. 1+, Urine culture-no growth

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with moderate chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.26 cm. The right kidney measured 3.14 cm. A hypoechoic nodule (0.72 cm x 0.46 cm) was noted at the caudal pole of the right kidney.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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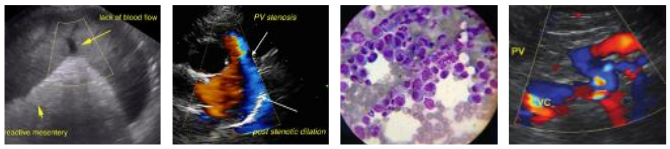

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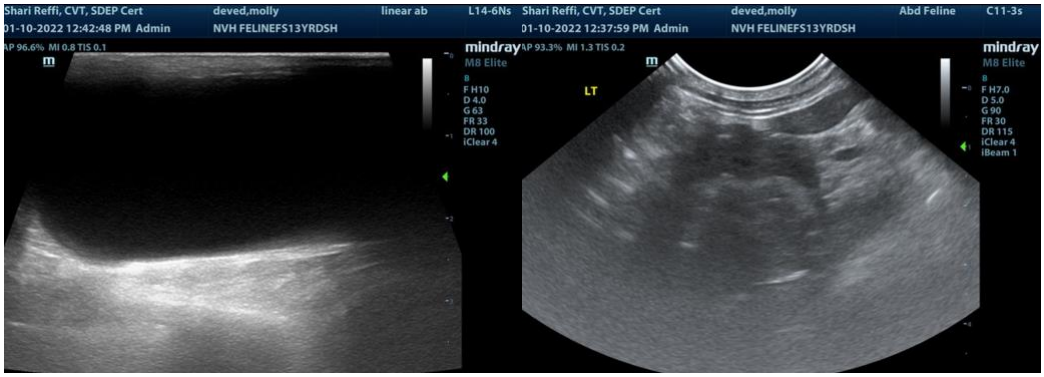
The right **pancreatic** limb was hypoechoic and mildly irregular, measuring 0.99 cm in width. The left limb of the pancreas was also enlarged, measuring 9 mm with undulating contour and hypoechogenicity.

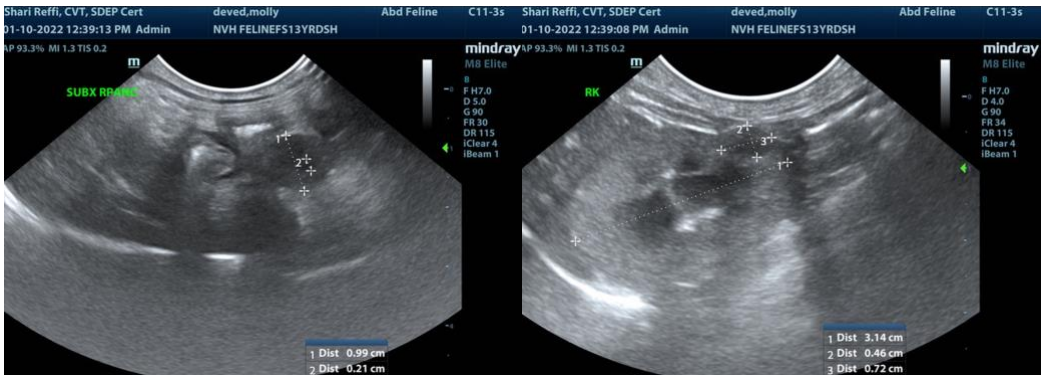
ULTRASONOGRAPHIC FINDINGS

- Right renal nodule
- Prominent irregular pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right renal nodule may be a complex cyst; however, an emerging neoplastic event cannot be completely ruled out. Recent infarct is also a potential. The inappetence, vomiting and weight loss are likely all related to pancreatitis. Prerenal azotemia is likely playing a role. The kidneys did not appear end-stage. 72-hour IV fluid protocol, blood pressures and subxiphoid palpation all indicated. No obvious evidence of neoplasia. Recheck sonogram in 1 week of the right renal nodule +/- FNA to assess for emerging neoplastic event.





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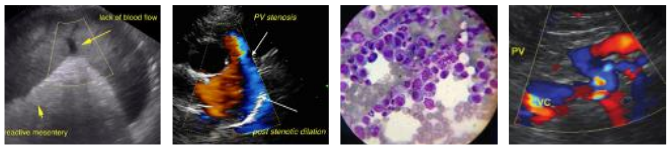

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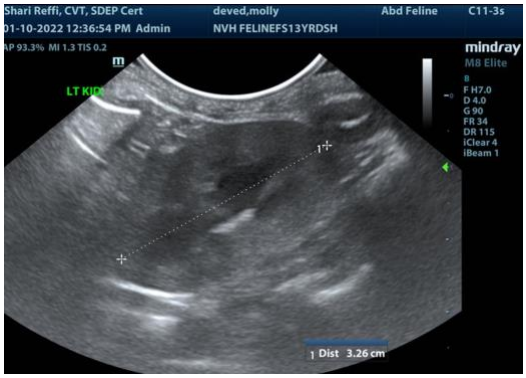

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com