



PATIENT

I Kypta

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

18 Years 7 Months

WEIGHT

9.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Sarah Green

INVOICE

42570

DATE

11/6/22

PRESENTING CLINICAL SIGNS

History of weight loss
Abnormal PE/Chem/CBC/UA Results: Slightly distended abdomen, irregular right kidney on palpation, suspected splenomegaly. CBC, chemistry: Mild anemia, mild azotemia

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. Minor amount of suspended debris present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **left kidney** presented chronic interstitial nephrosis pattern and measured 4.4 cm. Cortical collapse and infarcts noted with loss of corticomedullary definition.

The **right kidney** presented a cystic disruptive mass or abscessation, measuring 6.5 cm with regional inflammation. Significant disrupted architecture. No visible functional parenchyma noted.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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

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

ULTRASONOGRAPHIC FINDINGS

- Chronic interstitial nephrosis pattern left kidney
- Right renal mass/complex polycystic change +/- abscessation
- Minor urinary bladder debris
- Volume contracted spleen



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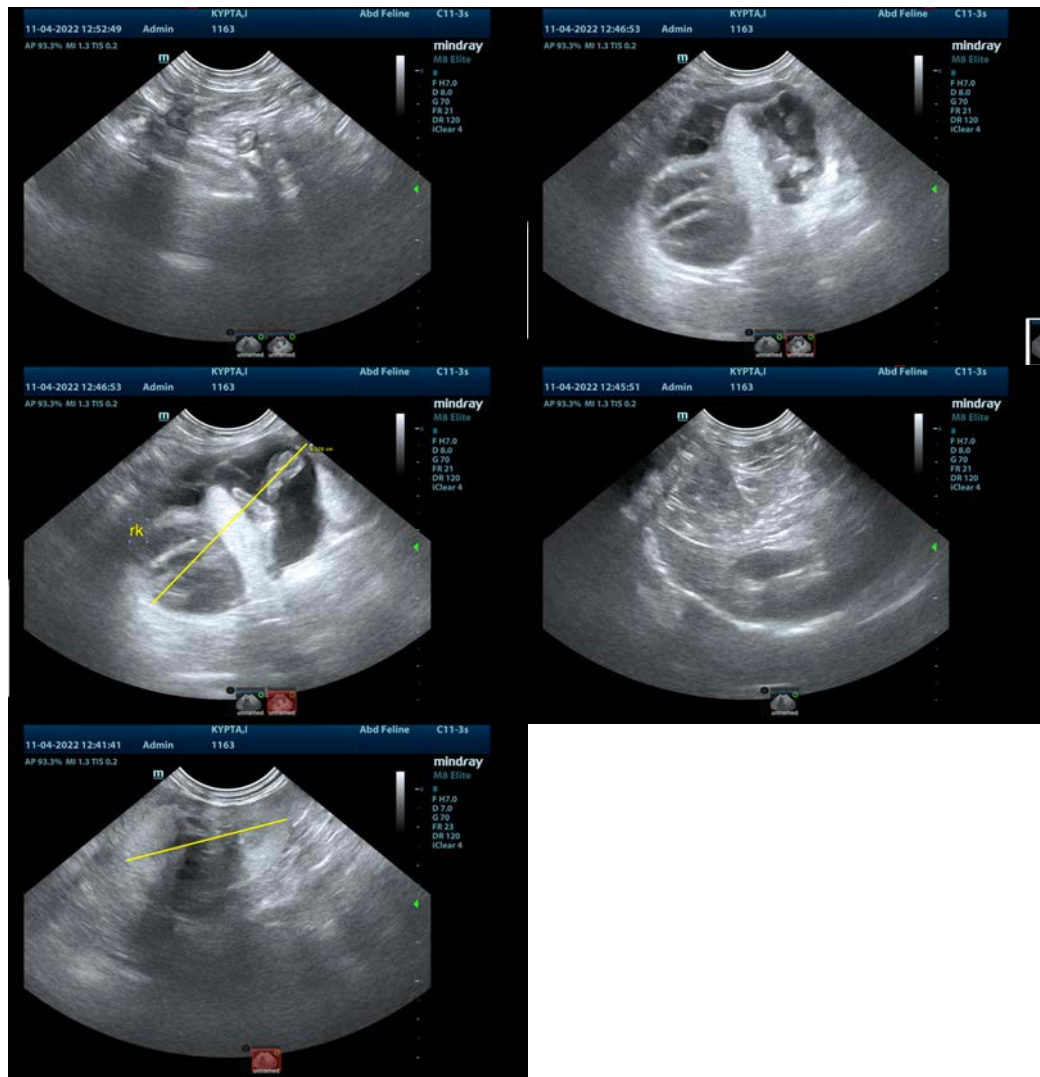
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the azotemia can be resolved in this patient, right nephrectomy indicated. However, long-term viability of the left kidney is concerning. Prognosis is guarded to poor. Complex polycystic right kidney with abscessation/inflammation versus renal carcinoma or less likely renal lymphoma.



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.

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