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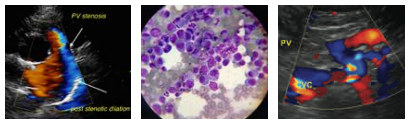

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
12/20/21

PATIENT
Kit Kat Clar

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
12/3/13

WEIGHT
8.38 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Bay Country VH

REFERRING VET
Dr. Smith

INVOICE
94751

PRESENTING CLINICAL SIGNS

History: weight loss, chronic vomiting, PU/PD.
Lab Results: Mild hypercalcemia; 4+ proteinuria USG 1.011. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a 0.7 cm calculus that was non-obstructive. The bladder itself was otherwise unremarkable.

The **left kidney** 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. Non-obstructive corticomedullary calculi were noted. The left kidney measured 4.87 cm with minor microcystic changes. The **right kidney** presented a 7.8 cm cyst. Minimal, residual parenchyma was noted. A 4.8 x 1.6 cm tissue thickening or blood clot was noted in the right kidney. Minor blood flow was noted to the remaining parenchyma.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.66 cm.

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 was 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

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

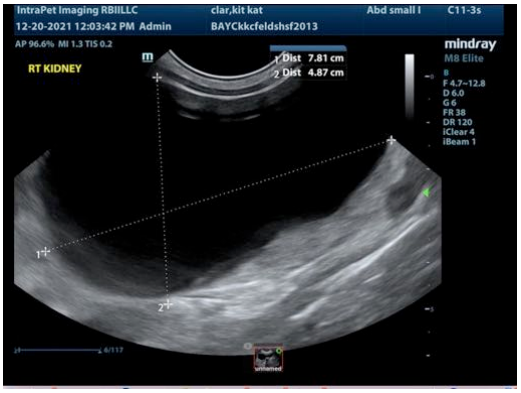
Large right renal cyst with minimal, remaining degenerative parenchyma.
Chronic interstitial nephrosis pattern on the left kidney with minor microcystic changes.
Stress adrenal glands.
Bladder calculus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Justification to right nephrectomy, cystotomy, stone analysis and culture could be considered. The left kidney appears 50% compromised. IVP would be ideal to assess for functionality of both kidneys. The prognosis is guarded. 72 hour IV fluid protocol is warranted. Given that no azotemia is reported then it is possible that the left kidney would maintain metabolic need with strict supportive protocol. The prognosis long term is guarded. I do not feel that the right kidney is significantly viable and may be harboring infection and possibly causing discomfort for the patient. Blood pressure measurements and urine culture are warranted given the isosthenuria and the presence of white cells underlying infection is suspected.

**The size of the cystic mass limits visualization.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services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clar,kit kat
Abd small I
C11-3s
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BAYCkkcfeldshsf2013
AP 96.6% MI 1.3 TIS 0.2
RT KIDNEY
Dist 7.81 cm
Dist 4.87 cm
mindray
M8 Elite


IntraPet Imaging RBIILLC
clar,kit kat
Abd small I
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RT KIDNEY
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Dist 1.60 cm
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M8 Elite


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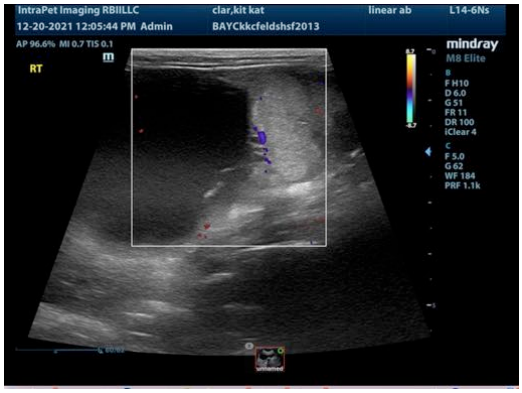
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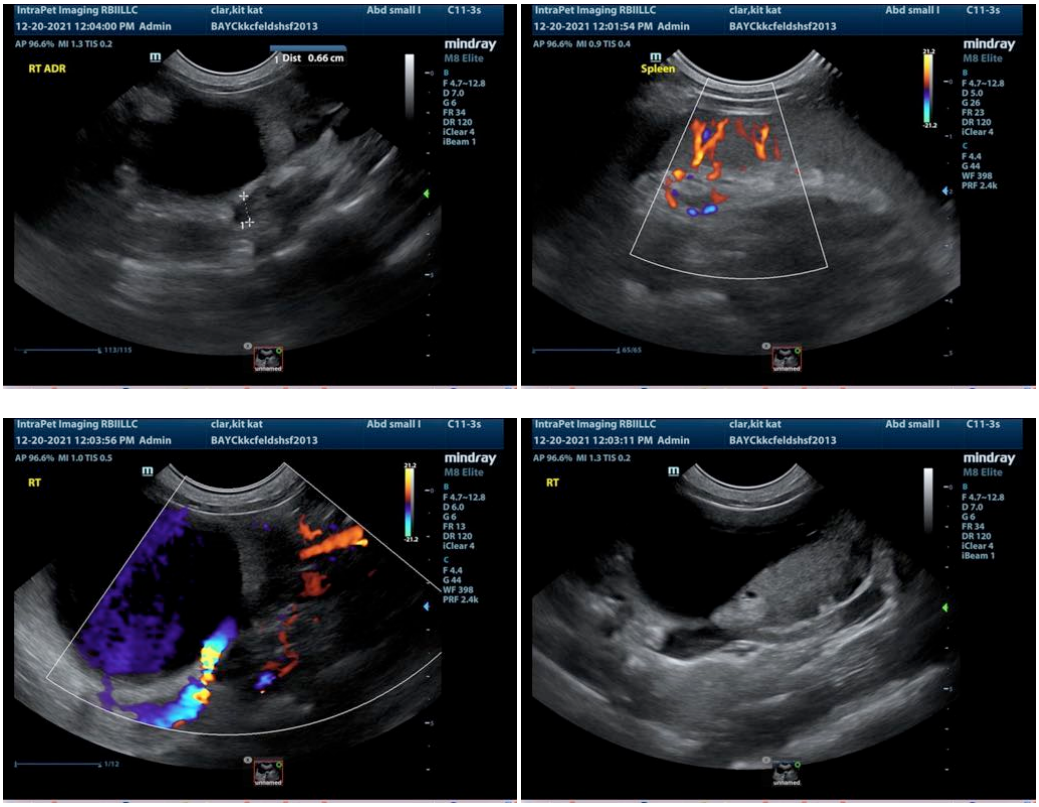

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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