

**DATE PRESENTING CLINICAL SIGNS**

2/3/23

History: Large mass felt in her mid-abdomen. Does not seem painful on palpation.

PATIENT

Current Medications: None listed.

Radiographs: See attached.

Penny Benden

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: Not required to complete full diagnostic ultrasound.

Feline

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DSH

Urinary System**SEX**

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. Ureteral papillae were normal. The urinary bladder extends cranially to the caudal pole of the left kidney.

Spayed Female

AGE

The **right kidney** was normal in size and contour with minor degenerative changes. The right kidney measured 4.5 cm. Blood flow to the right kidney appears normal.

2/3/14

WEIGHT

The **left kidney** revealed severe hydronephrosis with echogenic debris. The left kidney measured 8.7 cm.

10 Pounds

Minimal recognizable cortical parenchyma was noted in the left kidney. No significant blood flow to the left kidney noted.

INTERPRETED BY**Adrenal Glands**

Both **adrenal glands** were 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 right adrenal gland measured 0.43 cm.

Eric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME****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.

Animal Medical
Center of Bel Air**REFERRING VET****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.

Dr. Chaudhry

INVOICE

20983

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

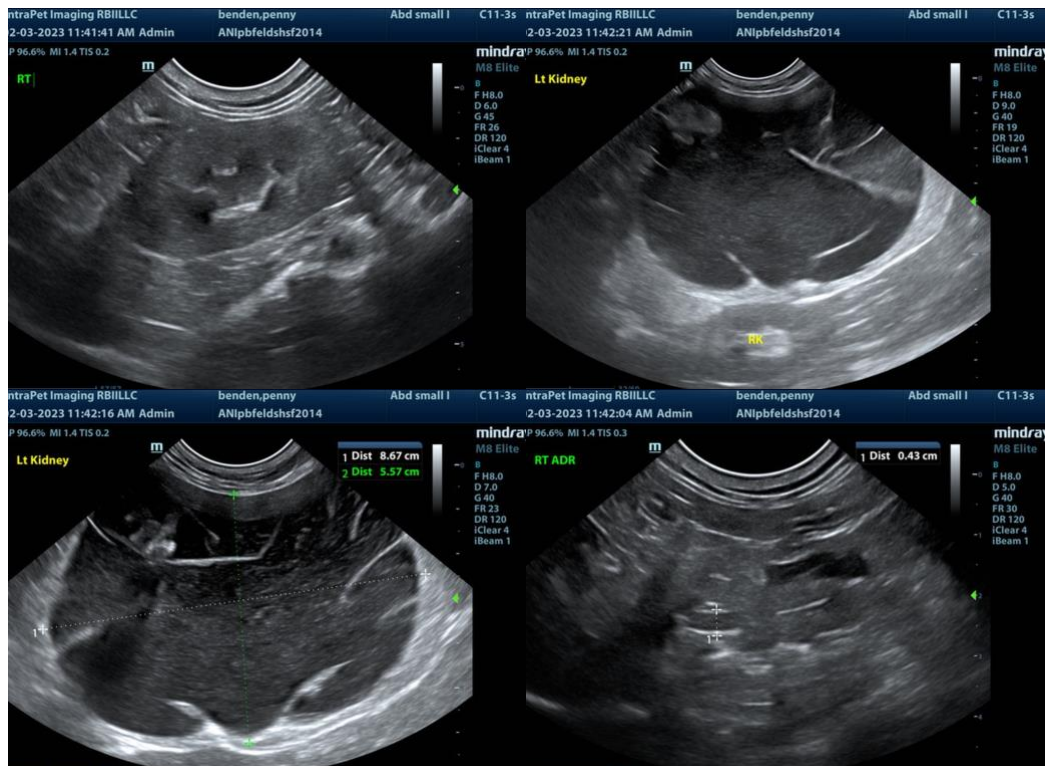
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

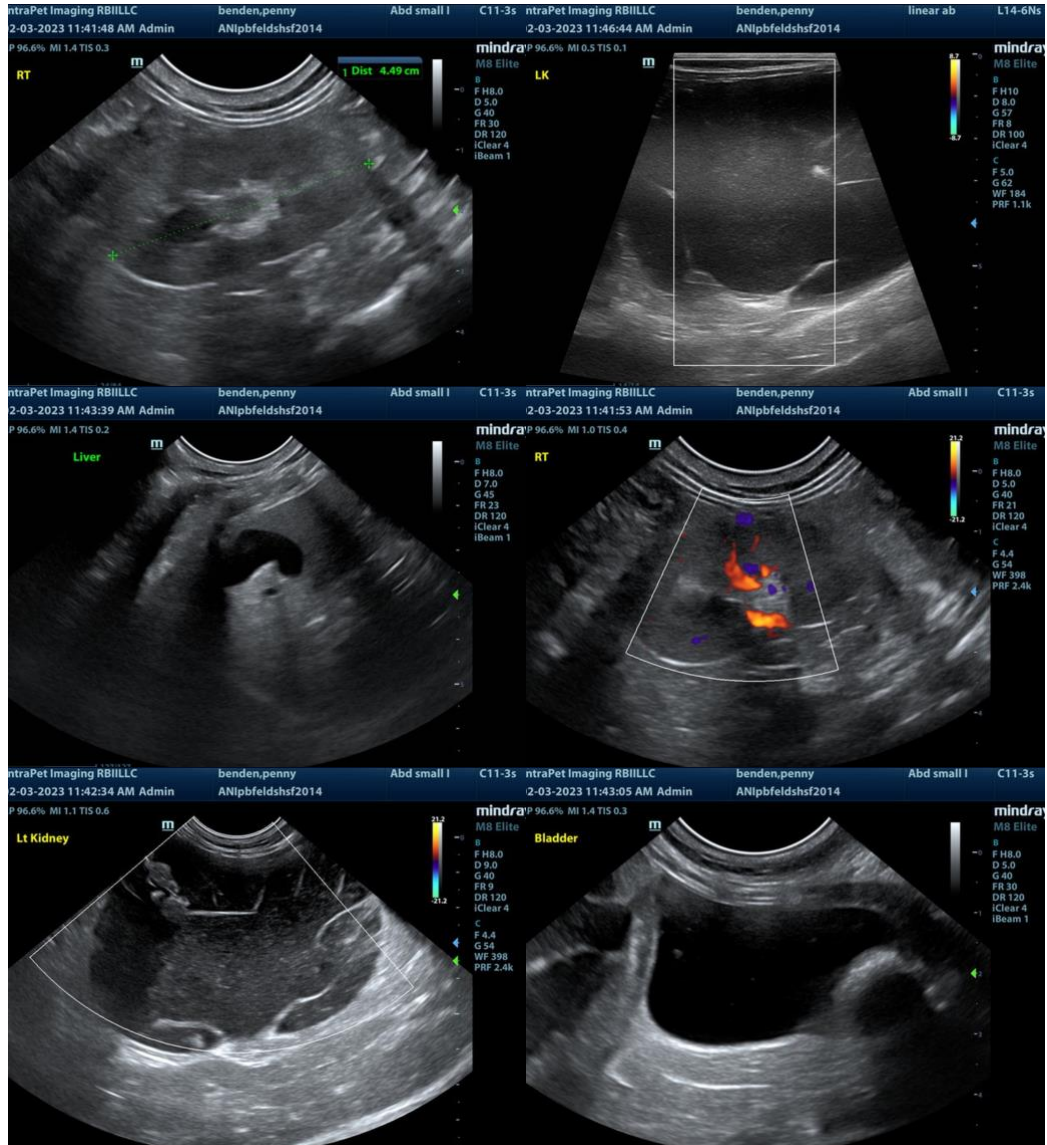
ULTRASONOGRAPHIC FINDINGS

- Severe hydronephrosis of the left kidney with echogenic debris- the cause is unclear
- Minor degenerative right renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the left kidney, past episode of pelvic scarring or stricture are possible or congenital development. Left nephrectomy is recommended on this patient. The remainder of the abdomen is unremarkable.





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.

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 info@SonoPath.com