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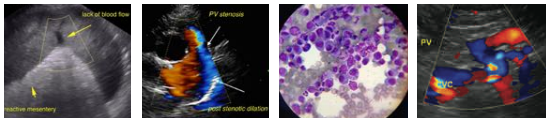

imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Kimbra Song

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2011

WEIGHT

11.93 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

95926

DATE

02/08/22

PRESENTING CLINICAL SIGNS

History: very enlarged kidneys bilaterally

^BUN/Crea 52/3.6

Anemia 31.8 %

Sl increased amylase – Evaluate 2* renal

Evaluate for lymphoma vs hydronephrosis vs other

Labs + Radiographs attached

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 was 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 chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. There were areas of infarcts. Peri-renal pseudocyst formation was noted. The right kidney measured 3.09 cm. The left kidney revealed pyelectasia that measured 0.34 x 0.64 cm with 3.83 cm of parenchymal length.

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 left adrenal gland measured 0.34 x 0.64 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** was mildly heterogenous and hypoechoic to the falciform fat. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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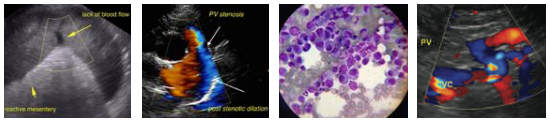

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No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was noted with areas of loss of mural detail.

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.

Free Abdomen

Free fluid was noted in the abdomen between the liver and diaphragm.

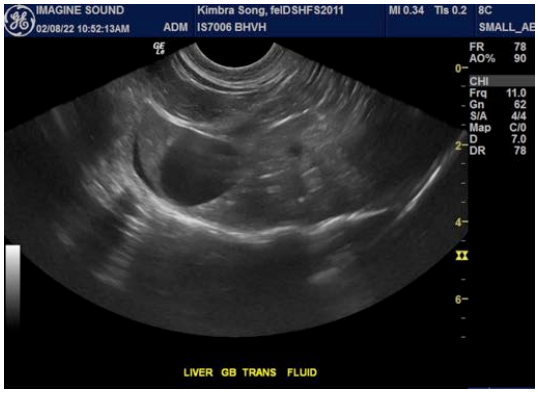
ULTRASONOGRAPHIC FINDINGS

Bilateral peri-renal pseudocyst with chronic interstitial nephrosis pattern.

Free fluid is likely owing to cyst leakage.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence or suspicion of neoplasia. Peri-renal fluid aspiration will likely be necessary periodically in this patient. The long term prognosis is guarded depending upon response to therapy.



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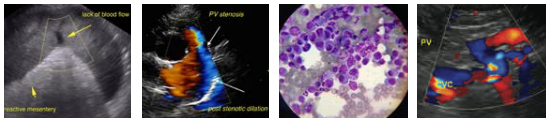

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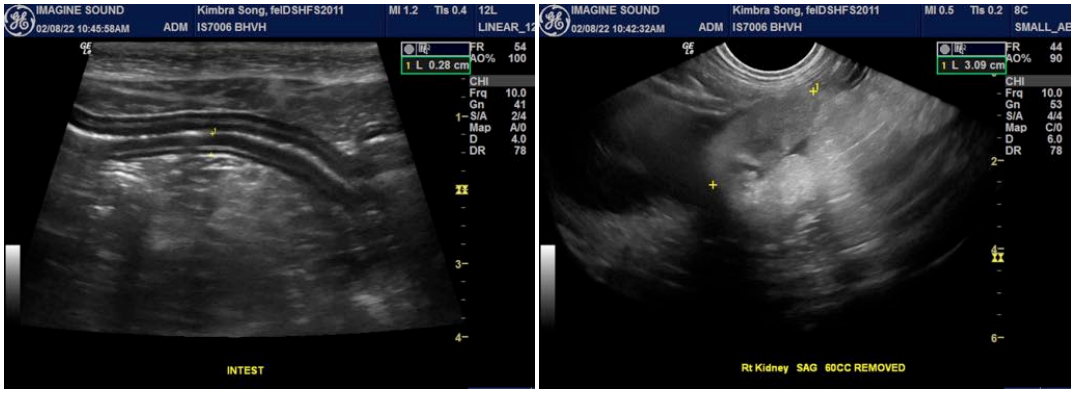

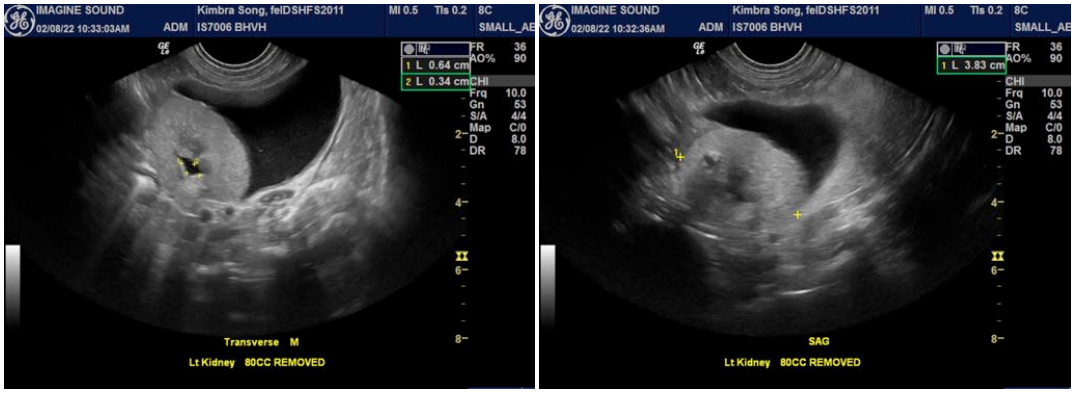

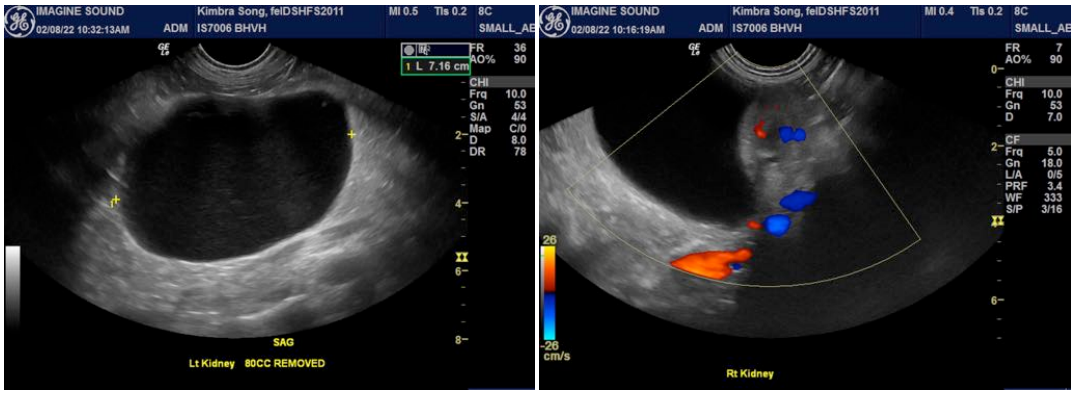

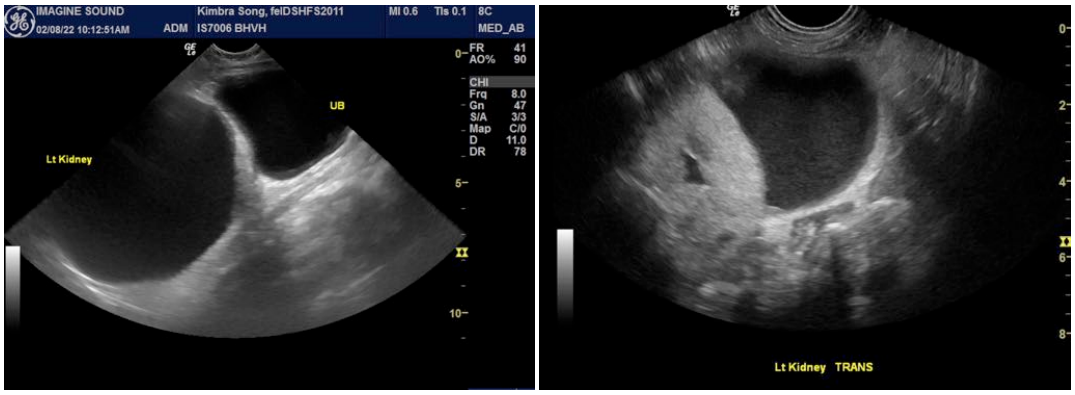

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the

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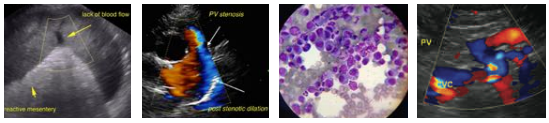

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image/video clips provided.

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
Eric.Lindquist@SonoPath.com