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Clinical Sonography & Telecytology

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DATE

7/28/22

PATIENT

Pudding Schwaninger

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/21/08

WEIGHT

13.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. Sims

INVOICE

39946

PRESENTING CLINICAL SIGNS

Presented for annual exam and left kidney palpated large. Bloodwork reveals early CKD. Owner are pursuing AUS to further evaluate kidneys.

Current Medications: None listed.
Lab Results: Red cells 6-10, USG 1.014, BUN 38
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 **left kidney** presented multiple disruptive polycystic cortical changes and generalized enlargement at 7.4 cm.

The **right kidney** presented a chronic interstitial nephrosis pattern with cortical infarct. The right kidney measured 4.4 cm. Hyperechoic medullary rim sign also noted. Blood flow to the right kidney was subnormal on color flow assessment.

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 0.60 cm.

Spleen

The **spleen** presented a hyperechoic nodule measuring 0.48 cm. Parenchyma was uniform otherwise.

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

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Mesenteric lymph nodes were mildly enlarged, rounded, example measured 1.35 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. Duct dilation

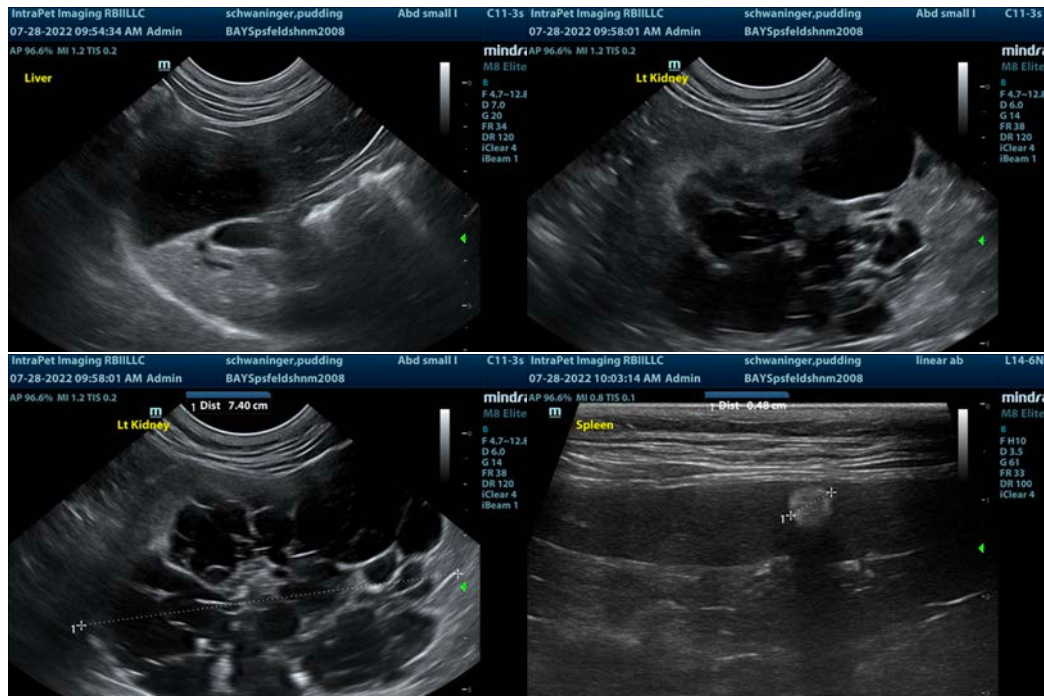
noted at 0.63 cm. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

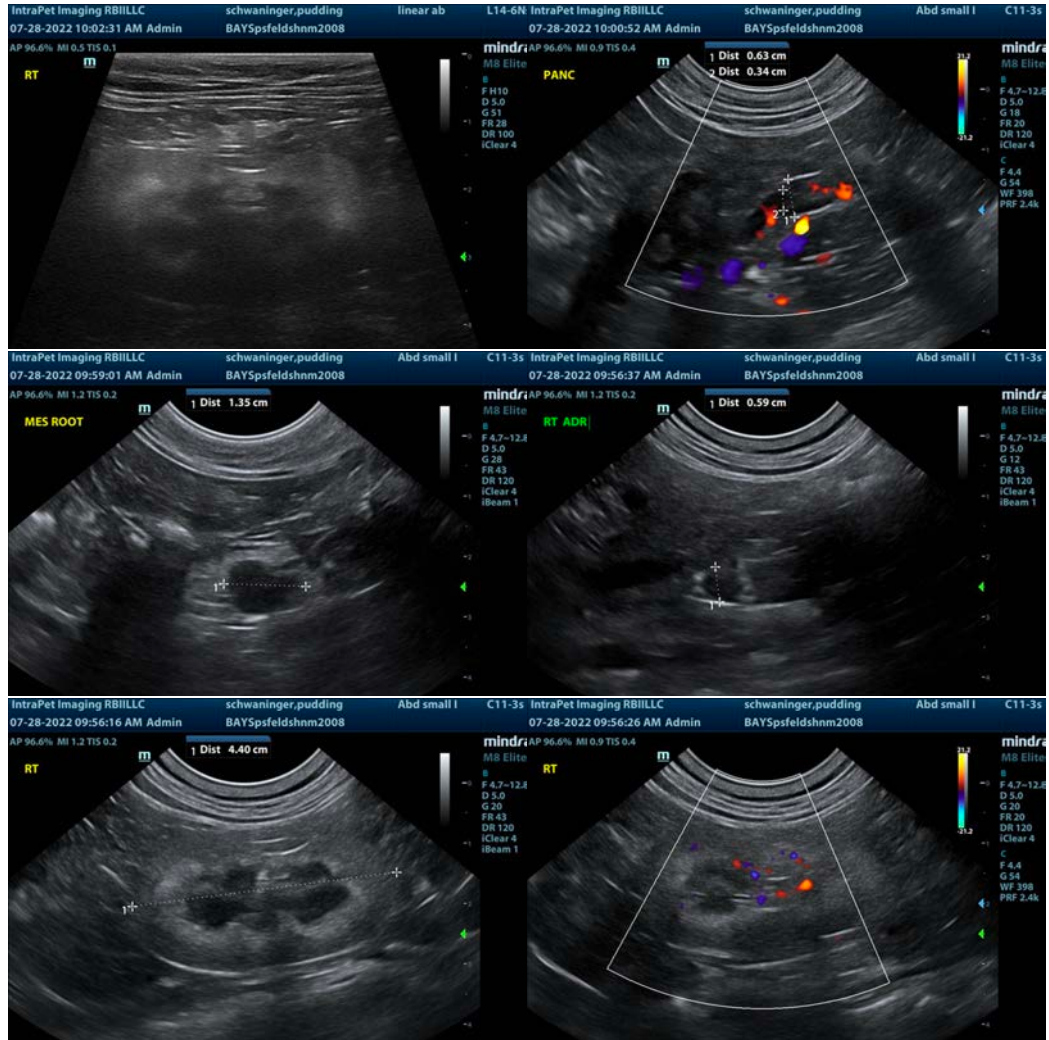
ULTRASONOGRAPHIC FINDINGS

- Polycystic left kidney – no obvious evidence of neoplasia, yet cystic carcinoma cannot be completely ruled out.
- Moderate degenerative right renal changes
- Chronic pancreatic changes
- Hyperechoic splenic nodule
- Variable intestinal thickening
- Minor mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mesenteric lymph node would be ideal. Subxyphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. I'm concerned for long-term viability of the kidneys with the isosthenuria and mild azotemia. Emerging renal failure may be an issue in this patient, owing to polycystic kidney and degenerative changes.





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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