**DATE**

9/14/21

PRESENTING CLINICAL SIGNS

History: Patient presented on 9/7/21 for follow-up from the ER for acute vomiting. While at the ER, patient was guarding left abdomen and had bloody urine. Radiographs showed deviation in kidney size compared to left and right. Quick scan of abdomen showed abnormal architecture and shape of left kidney. bloodwork showed mildly elevated renal values. After supportive care at the ER, patient was eating and acting normal. Current Medications: Cerenia (16mg) 1 tab PO SID, Amoxicillin (50mg/ml) 1cc PO BID, Provable- 1 cap PO SID,

PATIENT

Ripley OGallcobhair

Tramadol gel pen (100mg/ml) 0.1cc to inner pinna BID PRN pain,
Hills k/d food.

SPECIES

Feline

Lab Results: Urinalysis (from ER): bloody urine with large amount of sediment visible on cystocentesis. Hyperechoic debris; WBC 5-10/hpf; RBC TNTC; bacteria: none seen.

BREED

Domestic Shorthair

Bloodwork 9/5/21 (from ER): BUN 66; Cre 2.2.
Bloodwork 9/7/21 after hospitalization: BUN 20.5; Cre 1.0.

SEX

Neutered male

Radiographs: Radiographs (from ER - do not have radiographs): Enlarged L Kidney with wispy surrounding fluid appearance.

Kidney scan (from ER): Left kidney enlarged, misshapen, multiple large nodular soft tissue densities in parenchyma. No recognizable architecture remaining. Fluid pocket surrounding kidney.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not needed.

Stat Report: Not requested.

AGE

2006

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****WEIGHT**

9 lbs

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The **right 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. 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. The right kidney measured 4.2 cm. The **left kidney** revealed a mixed, hypoechoic, undifferentiated complex mass that measured 2.8 x 3.0 cm. The left kidney measured 4.0 cm in length. Peripheral inflammation was noted around the left kidney; however, it appears resectable.

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Heydt

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 0.46 cm.

INVOICE

91831

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** revealed coarse architecture with increased portal markings. The gallbladder and common bile duct were unremarkable.

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. The colon was filled with luminal fluid. The mesenteric lymph nodes were reactive and measured 1.0 x 0.5 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 dilation was noted and measured 1.05 cm.

ULTRASONOGRAPHIC FINDINGS

Moderate, degenerative right renal changes.

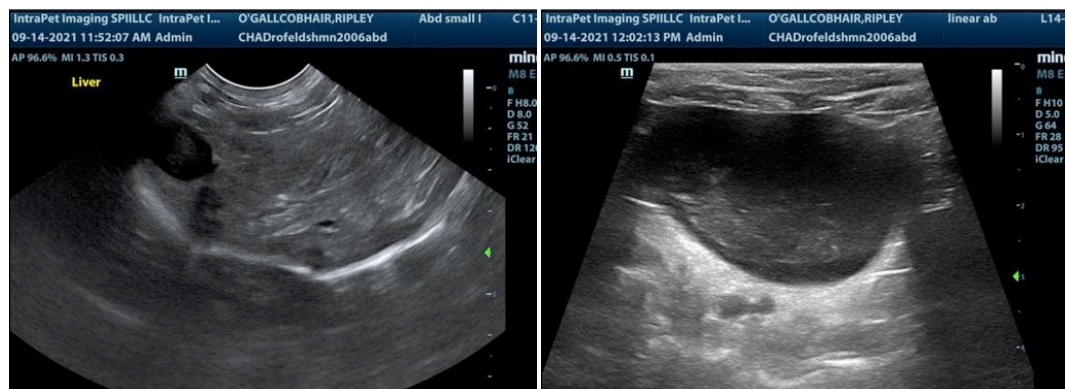
Left renal mass.

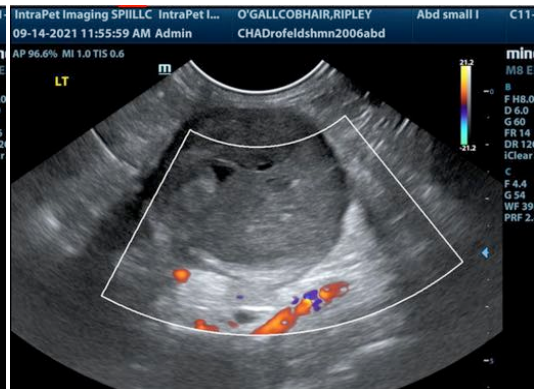
Otherwise, geriatric changes with chronic pancreatic changes.

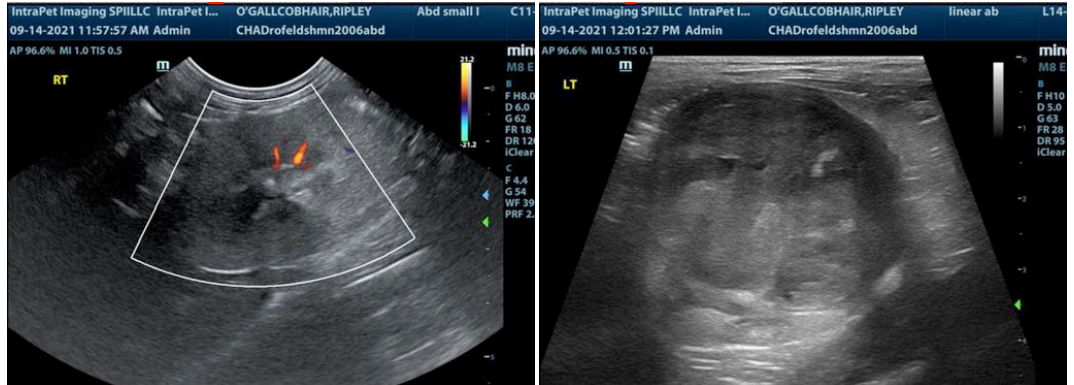
Reactive lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney appears resectable. Blood flow to the right kidney appeared to be slightly subnormal in size. IV fluid support, correction of any azotemia would be warranted with left nephrectomy as long as chest radiographs are free of evident pathology. I do not see a reason for elevated bilirubin in this patient. Lab artifact should be considered as a potential. Carcinoma with a minor potential for hemangiosarcoma or lymphoma of the left kidney.







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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