IMAGING PERFORMED BY

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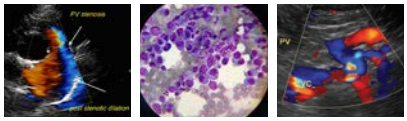

SonoPath
Clinical Sonography & Telecytology
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DATE

11/9/22

PATIENT

Bruzo Blight

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11/1/14

WEIGHT

11.1 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Belvedere Vet Center

REFERRING VET

Dr. Moulder

INVOICE

42663

PRESENTING CLINICAL SIGNS

~3months PU/PD with unremarkable labs. abdominal rads appeared to show enlarged kidneys but radiographic review stated WNL. P is indoor/outdoor so o is unable to fully quantify intake and output.

Current Medications: convenia, gaba.
Lab Results: Low USG- 1.006.
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 is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is large (5.29 cm) and irregular. Many of the irregularities in the renal capsule are likely secondary to previous infarcts. There is significant pyelectasia present with the renal pelvis measuring 0.61 cm, and some dilation at the calices. There is poor corticomedullary distinction with a typical 1:3 cortex:medulla ratio. Additionally, there are some irregular cortical areas, which are hypoechoic and irregular and nodular in appearance. One nodule in the caudal pole measures 1.1 cm. This could represent an early nodule/mass effect. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is large (5.28 cm) and irregular. Many of the irregularities in the renal capsule are likely secondary to previous infarcts. There is pyelectasia present with the renal pelvis measuring 0.20 cm. There is poor corticomedullary distinction with a typical 1:3 cortex:medulla ratio. There is a hypoechoic area in the caudal pole twith the appearance of a nodule measuring 1.0 cm. This could represent an early nodule/mass effect. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline large in size measuring 0.73 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal/borderline large in size measuring 0.58 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.92 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent mesenteric lymph node visualized measuring 0.91 cm in width. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

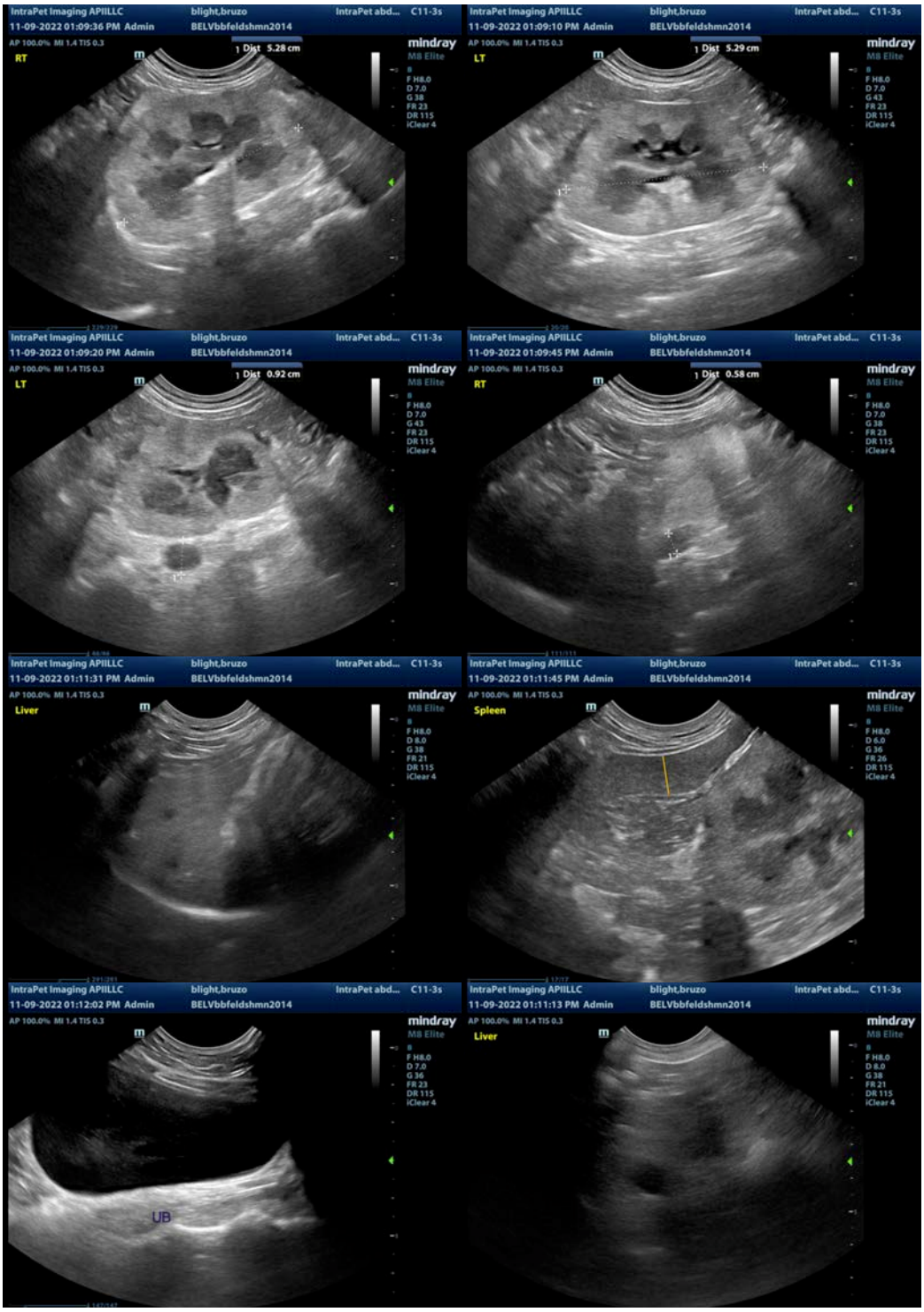
- Large, irregular, lobular kidneys with ill-defined nodular hypoechoic regions – these are concerning for a possible neoplastic process.
- Borderline bilateral adrenomegaly – This enlargement could be secondary to stress or underlying endocrine disease such as Cushing's, growth hormone excess, etc.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are large and irregular with abnormal cortical echogenicity. In some views, there the appearance of focal nodules. Correlate these findings with clinical signs. Possible differentials include lymphoma, FIP, less likely early abscesses etc.. Additionally, there is pyelectasia present, which could be a result of the PU/PD, but recommend a urinalysis, culture, and blood pressure evaluation. If blood pressure and coagulation parameters are normal, consider a fine needle aspirate of the kidney (ideally a nodule and cortex). Additionally, you could consider a fine needle aspirate of a mesenteric lymph node

If endocrine disease is suspected (borderline diabetic, large jaw etc..), you could consider adrenal function testing, pituitary imaging, etc.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.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Spleen
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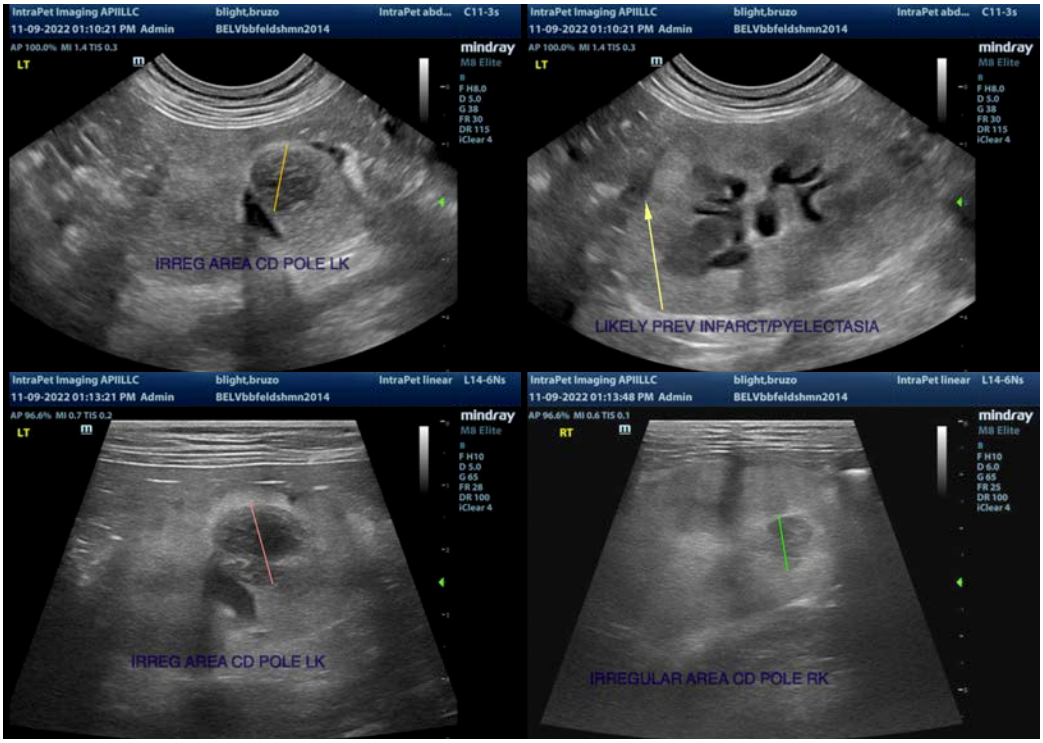
Liver



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com