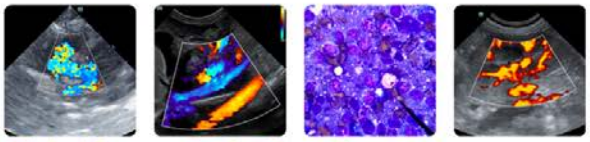


PATIENT

Calli McCune

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years 4 Months

WEIGHT

3.28 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Little Creek Veterinary Clinic

REFERRING VET

Dr. Sadler

INVOICE

72477

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History of stage 2 kidney disease who presented for inappetence, intermittent vomiting, weight loss, and a newly discovered abdominal mass, possibly associated with left kidney.. On examination the day prior to presentation, an abdominal mass was palpated. Subsequent radiographs and a brief abdominal ultrasound (AFAST) identified what is suspected to be an enlarged left kidney. The ultrasound revealed the kidney appeared cavitated with an irregular capsule. The patient was noted to be uncomfortable during the examination. The patient has a known history of stage 2 kidney disease, which has recently progressed, as indicated by a creatinine increase from 148 to 200. A recent urinalysis showed a urine specific gravity of 1013 with a quiet sediment. On physical exam, the patient was also noted to have a large bladder that was easily expressed with gentle pressure.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is large with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney is large with irregular margins, measuring 5.02 cm in length. There is significantly reduced corticomedullary distinction with hyperechoic cortex and significant pyelectasia at 0.54 cm. The proximal ureter appears somewhat thickened and dilated but is not visualized distally. There is a moderate amount of hypoechoic, echogenic subcapsular fluid present. In some areas there is associated abnormal thickened, hyperechoic tissue and surrounding inflammation. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. The left kidney structure including the perinephric fluid measures 6.24 cm x 4.1 cm.

The right kidney has a normal shape and size (4.32 cm) with mild pyelectasia at 0.19 cm. The cortex is increased in echogenicity with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

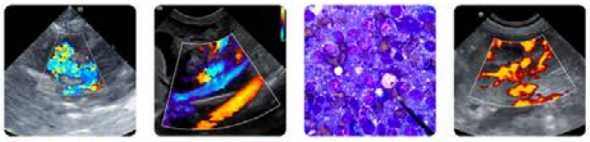
Adrenal Glands

The left adrenal gland is “plump” measuring 0.66 cm. 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 not clearly visualized.

Spleen

The spleen is subjectively normal in size (0.58 cm), 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.



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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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. 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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.19 cm. 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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small amount of free abdominal fluid. There is a diffuse mild to moderate lymphadenopathy present with prominent lymph nodes in the region of the abnormal left kidney. An example measures 0.41 cm. A lymph node near the ileocecal junction is visualized measuring 0.63 cm. There is an abnormal larger elongated structure most consistent with a lymph node visualized near the right kidney measuring 0.85 cm x 2.0 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Moderate amount of echogenic subcapsular fluid and inflammation associated with the left kidney. The left kidney itself is large with asymmetrical margination and poorly defined corticomedullary distinction. Possible differentials could include a perinephric pseudocyst +/- infection, with concurrent severe nephritis/pyelonephritis, but neoplasia (round cell neoplasia) would need to be considered as a likely differential.
- Right-sided renal changes consistent with chronic renal disease.
- Pancreatic changes consistent with chronic pancreatitis/chronic pancreatic remodeling.

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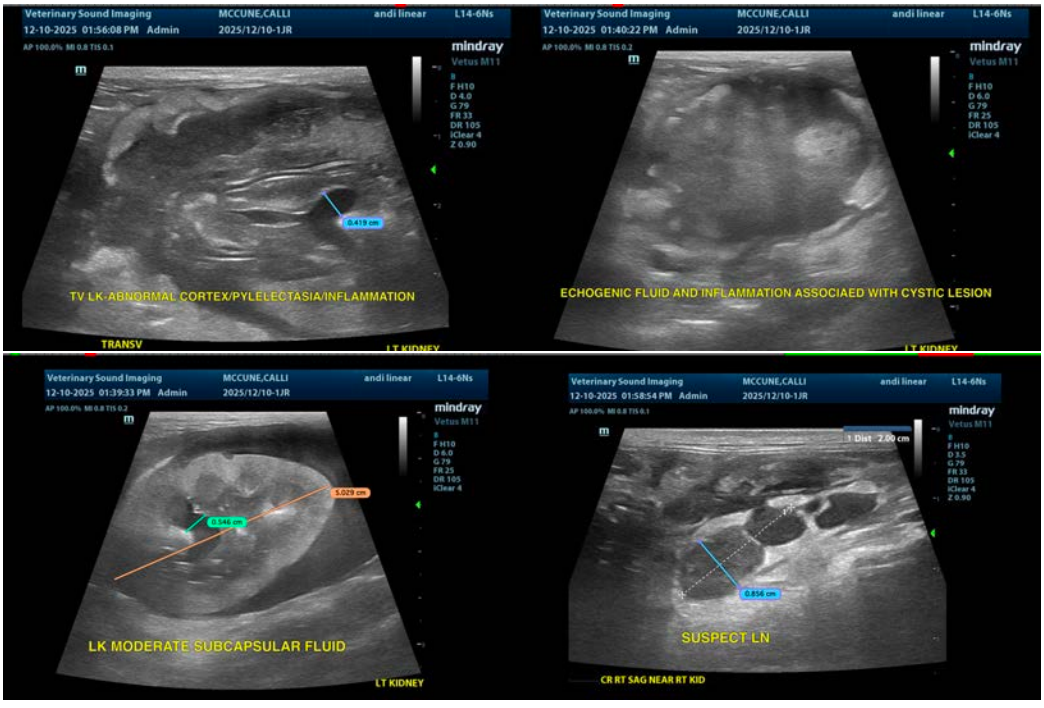
- Small intestinal changes consistent with a mild inflammatory pattern
- Mild/moderate regional and diffuse lymphadenopathy – Findings are most consistent with highly reactive or neoplastic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have changes consistent with chronic renal disease including significant pyelectasia. The left kidney has a significant amount of perinephric effusion with associated irregular tissue, echogenic fluid, and surrounding inflammation. This would be an atypical presentation for a simple perinephric pseudocyst. Findings are most consistent with chronic renal disease with a complicating factor such as severe pyelonephritis/renal abscessation, or more likely associated renal neoplasia. Recommend sampling of the perinephric effusion for fluid analysis and cytology +/- culture as well as a urine culture, blood pressure, urine protein to creatinine ratio, and current renal values. If an answer is not obtained based on evaluation of the effusion, consider a fine needle aspirate of the left kidney with a 25-gauge needle for further evaluation (provided coags and BP is normal). While awaiting these results, recommend treatment for acute on chronic renal disease as well as pyelonephritis.

If the patient appears to be improving with therapy, consider repeat imaging to try to determine if the inflammation is improving or if the renal changes are progressing, which may favor an underlying neoplastic process.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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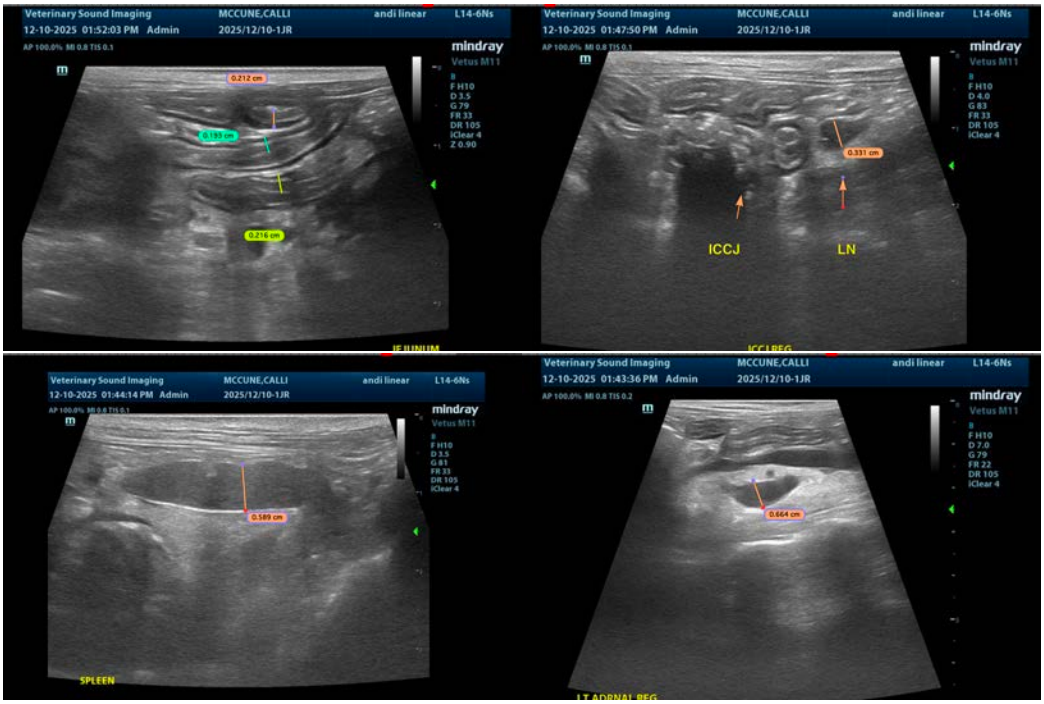

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com