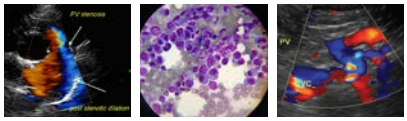
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

2/14/23

PATIENT

Louie Vuitton Cormack

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9/15/08

WEIGHT

8.8 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Cianelli

INVOICE

45117

PRESENTING CLINICAL SIGNS

Severe weight loss. Mild renal disease, poor appetite. Lost 6 pounds between 01/20/2022 and 10/24/2022. Lost an additional 2 pounds between 10/24 and 2/8/23. From 17 to 8.8

Current Medications: None.
Lab Results: Mild renal changes, new mild anemia
Date of Previous IntraPet Ultrasound: No previous.

Sedation: butorphanol 0.09 IV.

Stat Report: Declined.
Imaging Performed By: Rachel Brilhart, RDMS.

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 has a normal shape and size (4.31 cm). Overall echogenicity is normal with adequate 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is large and irregular, measuring 5.23 cm with decreased corticomedullary distinction and severe pyelectasia at 0.57 cm. There is a scant amount of perinephric fluid and significant inflammation in the region surrounding the right kidney. There is no evidence of nephroliths or hydroureter, but there is abnormal tissue extending into the region of the right renal artery and caudal vena cava, possibly consistent with invasion of abnormal tissue.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 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 in size measuring 0.47 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 (0.73 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.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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

There is scant free retroperitoneal fluid. No lymphadenopathy noted. The omentum is hyperechoic around the right kidney.

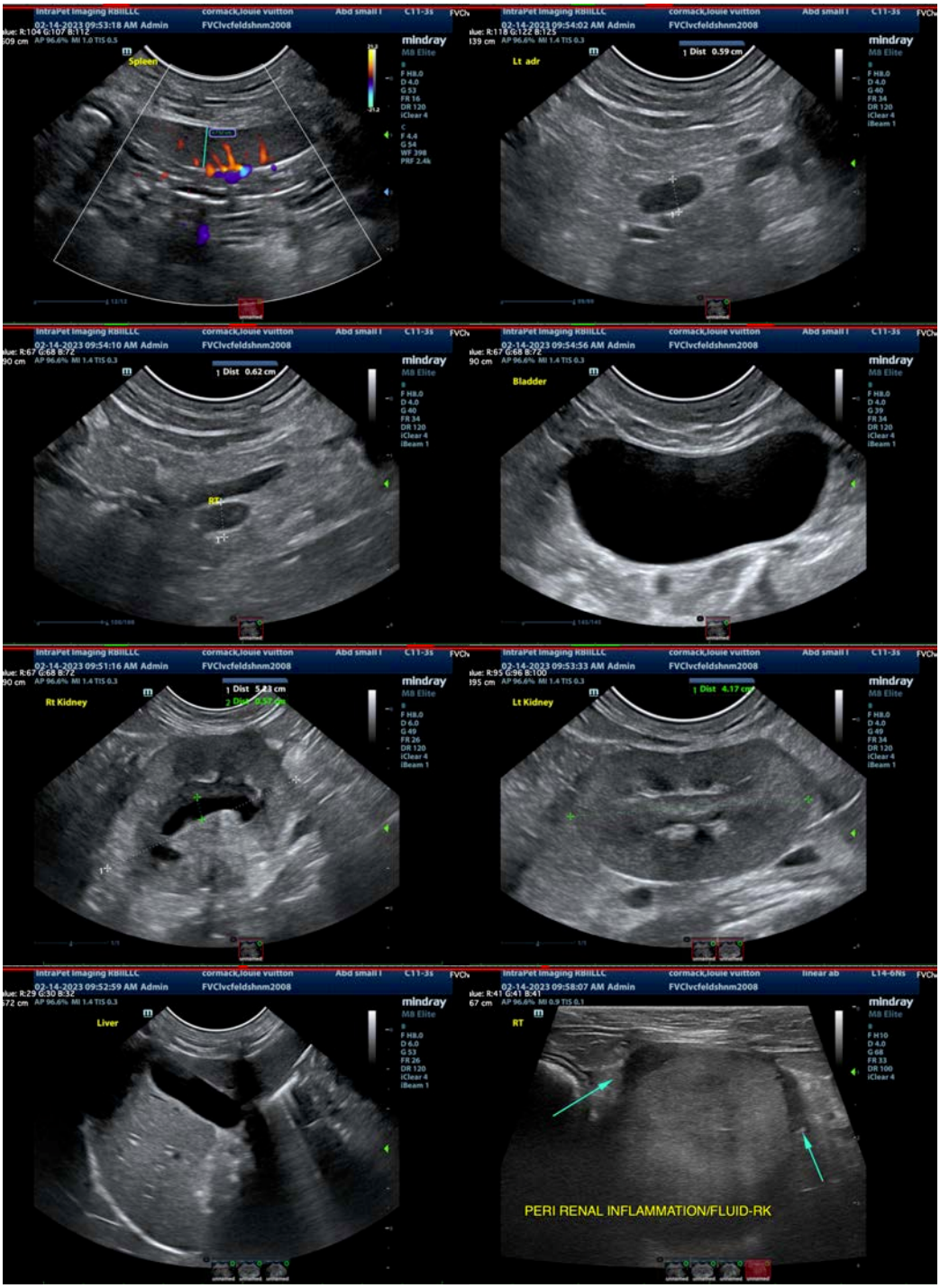
ULTRASONOGRAPHIC FINDINGS

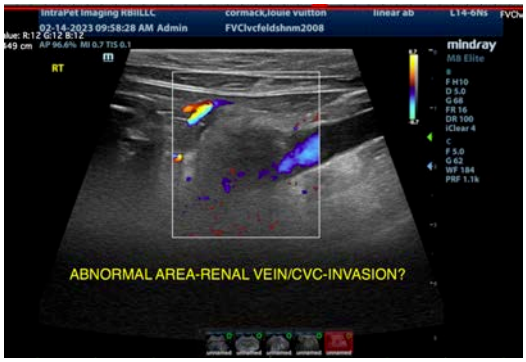
- Mildly heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Large, irregular right kidney with pyelectasia and perinephric inflammation and fluid – Findings are most concerning for a possible mass effect, although severe pyelonephritis, etc. is possible. Consider a fine needle aspirate of the kidney.
- Abnormal tissue and inflammation in the region of the caudal vena cava/renal artery – There is concern for possible invasion of abnormal tissue into these structures.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right kidney appears large, irregular, and inflamed, and has a dilated renal pelvis. Additionally, there is abnormal tissue in the region of the adrenal vein and caudal vena cava, concerning for possible invasion of abnormal tissue. These findings are concerning for a mass effect involving the right kidney. Consider a fine needle aspirate of the kidney provided coagulation parameters are normal and blood pressure is normal and recommend 3-view thoracic radiographs as well as urinalysis and culture.

Based on the cytologic results, I would consider consultation with a veterinary oncologist, as a CT scan may be recommended to further evaluate the lesions associated with the renal vein and caudal vena cava prior to considering nephrectomy. A non-neoplastic lesion is still possible, but seems much less likely based on the changes observed around the large vessels.


Spleen
Lt adr
Dist 0.59 cm
Dist 0.62 cm
RT
Bladder
Rt Kidney
Lt Kidney
Liver
RT
PERI RENAL INFLAMMATION/FLUID-RK



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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