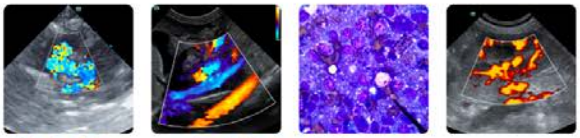

PATIENT

Daisy Lu

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 11 Months

WEIGHT

10.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Vine Veterinary Hospital

REFERRING VET

Dr. Beeson

INVOICE

72762

DATE

2/5/26

PRESENTING CLINICAL SIGNS

P has history of bilateral enucleation due to cataracts and perforating corneal ulcer- P was at home with pet sitter for 4 days and left eye area very swollen, rdvm aspirated blood, palpated abdominal mass

Swelling around eye has soft tissue opacity on US with some blood flow on doppler

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended 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 and slightly irregular in shape, measuring 4.49 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a large, hypoechoic mass effect visualized in the caudal pole measuring 2.79 cm x 2.72 cm. Additionally, there is a large, shadowing, mineralized lesion adjacent to the mass effect measuring 2.61 cm, which obscures full visualization of much of the kidney, including the renal pelvis, proximal ureter, etc. There is scant fluid and significant inflammation surrounding the left kidney.

The right kidney is borderline small and irregular in shape, measuring 3.5 cm. The cortex is hyperechoic, with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a large cystic region at the cranial pole measuring 1.48 cm x 1.01 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized. **Left renal mass/pathology interferes with visualization of the left adrenal gland.*

The right adrenal gland is normal in size measuring 0.41 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 (0.75 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 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. There are small mineralized foci in some of the intrahepatic bile ducts.

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There is the appearance of three gallbladder lumens containing echogenic debris. This is suspicious for a triplicate gallbladder, although a folded cystic duct with debris or similar can sometimes have this appearance. The walls of the gallbladder are not thickened and have a smooth mucosal surface. Debris appears non-organized. 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. Duodenum wall measures 0.37 cm. Jejunum wall measures 0.27 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 visible/mildly mottled in the right limb. 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. No significant lymphadenopathy noted. The omentum is hyperechoic around the left kidney.

PRIMARY FINDINGS

- Large left kidney with a large, hypoechoic mass effect at the caudal pole, a large area of mineralization obscuring the pelvis and ureter, and significant perinephric inflammation and mild effusion – Findings are most consistent with a neoplastic lesion (carcinoma, round cell neoplasia, hemangiosarcoma, etc.). A benign lesion is possible. The visualized stones could be associated with the renal pelvis, ureter, or the renal parenchyma. Evidence of an obstruction is not clearly visualized.

SECONDARY FINDINGS

- Mild suspended echogenic debris in the urinary bladder.
- Prominent/mildly mottled right limb of the pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Mildly heterogeneous liver with mild focal intrahepatic mineralizations – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. Biliary mineralizations can be seen with mild chronic inflammation.

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- Suspect triplicate gallbladder or multiseptated gallbladder – This is likely incidental, but there is significant debris noted. Recommend chronic Ursodiol therapy and continued monitoring of the gallbladders.

- Small right kidney with decreased corticomedullary distinction and a large cystic lesion at the cranial pole – Findings are suggestive of chronic renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

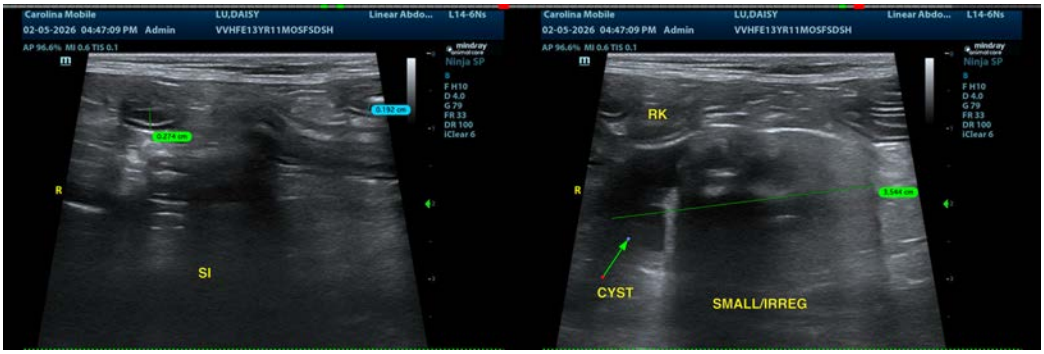
The left kidney has a large mass effect in the caudal pole as well as a large area of mineralization that obscures full evaluation of the kidney. No evidence of a significant urinary obstruction is noted at this time. Correlate with urinalysis results, radiographs, and current lab work +/- culture and blood pressure. The mass effect could represent a primary renal mass lesion or metastatic lesion if there is a concern for a primary neoplastic process associated with the eye. A fine needle aspirate could be considered provided coagulation parameters and blood pressure are normal.

There appear to be three gallbladder lumens with some debris. This could also represent a septated gallbladder or a folded cystic duct. I suspect this is incidental, but there is significant debris visualized in the lumens, and small intrahepatic biliary mineralizations in the liver, which could be consistent with mild chronic inflammation/cholecystitis. Recommend starting chronic Ursodiol therapy +/- antibiotic therapy depending on current liver values.

The right kidney is abnormal as well, increasing the concern for the possibility of a nephrectomy in this situation, as I'm concerned that renal function may not be normal in the right kidney. A GFR or some other means of estimating renal function would be necessary to further evaluate.

If not already done, recommend 3-view thoracic radiographs.

A contrast CT scan could be considered to further evaluate both the eye for an underlying mass effect and to evaluate the kidneys focal mineralization and the nature of the biliary anomaly.



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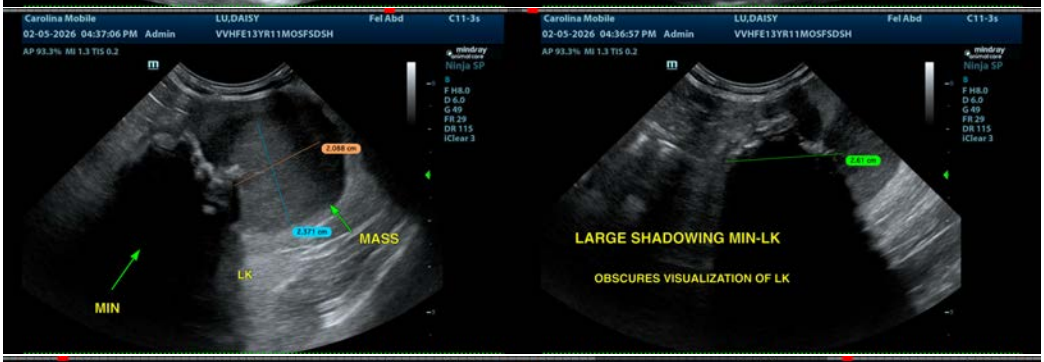

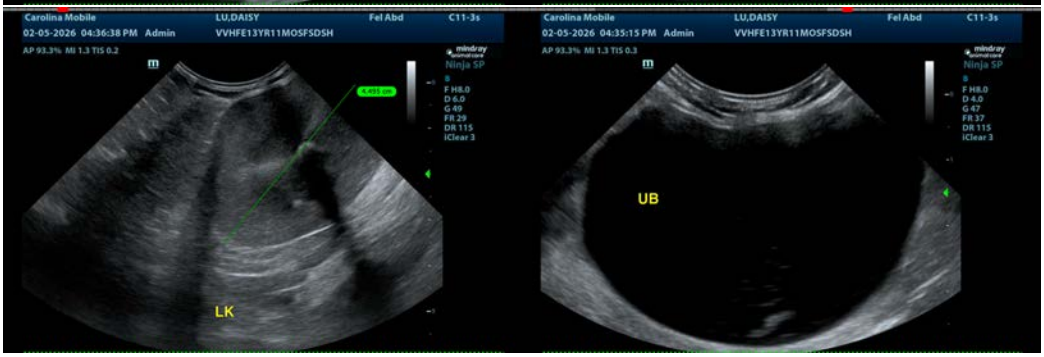

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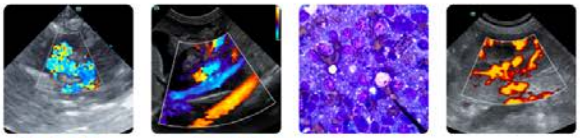

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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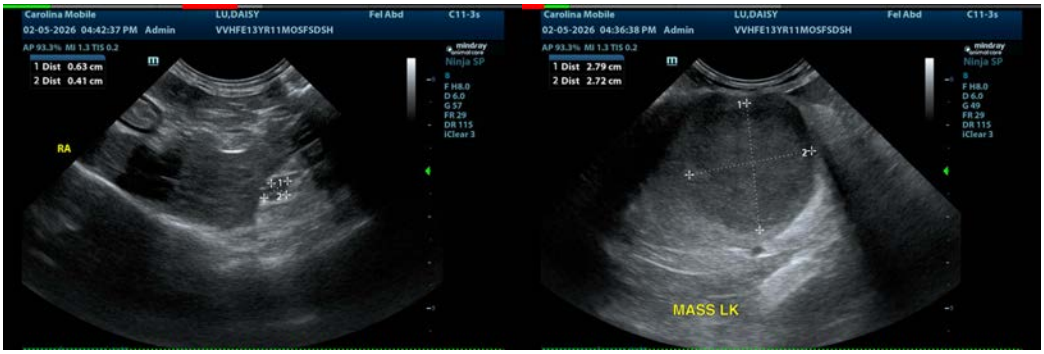

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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