



PATIENT

Mr. Olive O'Connor

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.9 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

45002

DATE

2/9/23

PRESENTING CLINICAL SIGNS

Has been on Benazepril and Fortekor daily. Eats S/O diet. Concerns on palpation of mass and worry about kidneys. Recommend straight to ultrasound.

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 normal in size (3.25 cm) but irregular, with mild pyelectasia at 0.20 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a large fluid-filled cystic structure surrounding the kidney, measuring approximately 5.82 cm, most consistent with a perinephric pseudocyst. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.24 cm). Overall echogenicity is slightly hyperechoic 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is obscured by the left kidney.

The right adrenal gland is normal in size measuring 0.52 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 (0.66 cm). The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous hyperechoic foci visualized within the spleen.

Liver

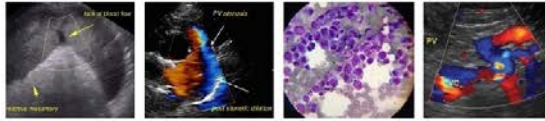
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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 duct appears somewhat prominent, measuring at 0.36 cm.

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



PATIENT (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.)
Mr. Olive O'Connor Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES 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.
Feline There is no observed focal or generalized colon wall thickening or loss of layering.

BREED *Pancreas*

DSH 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.

SEX *Free Abdomen*

Neutered Male Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

6.9 Pounds

- Irregular left kidney with decreased corticomedullary distinction and mild pyelectasia surrounded by a cystic structure – Findings are most consistent with chronic renal disease and a perinephric pseudocyst.
- Hyperechoic foci within the splenic parenchyma – These likely represent benign lesions, but continued monitoring and/or sampling is warranted.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large cystic structure surrounding the left kidney, which is irregular in shape with decreased corticomedullary distinction and mild pyelectasia. These findings are consistent with a perinephric pseudocyst, which tends to be a benign process associated with renal disease in cats. These cysts can be drained, but typically recur. Some can be incidental, but surgical resection by a veterinary surgeon is recommended for a more definitive plan, provided renal function is adequate in this patient for surgery. Recommend a blood pressure evaluation, urinalysis and culture.

There are occasional hyperechoic foci within the spleen. This is suggestive of a benign lesion, although an underlying neoplastic lesion cannot be ruled out. Consider continued monitoring +/- fine needle aspirate.

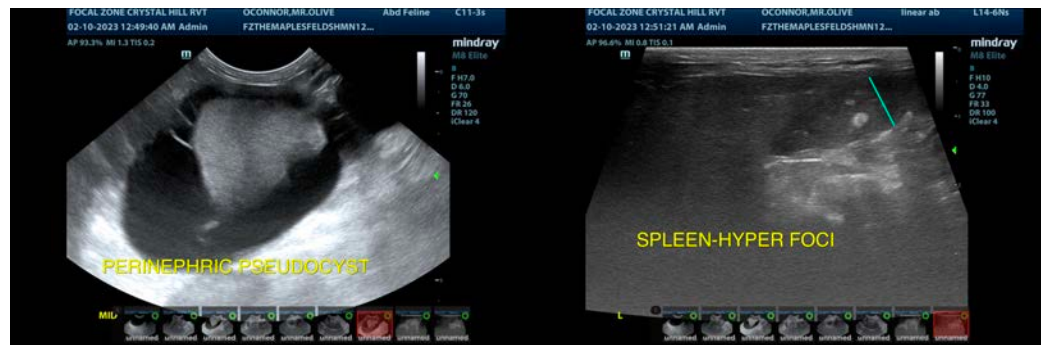
Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

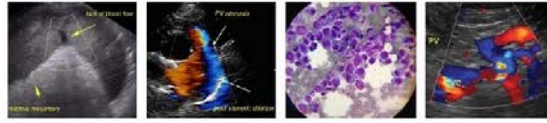
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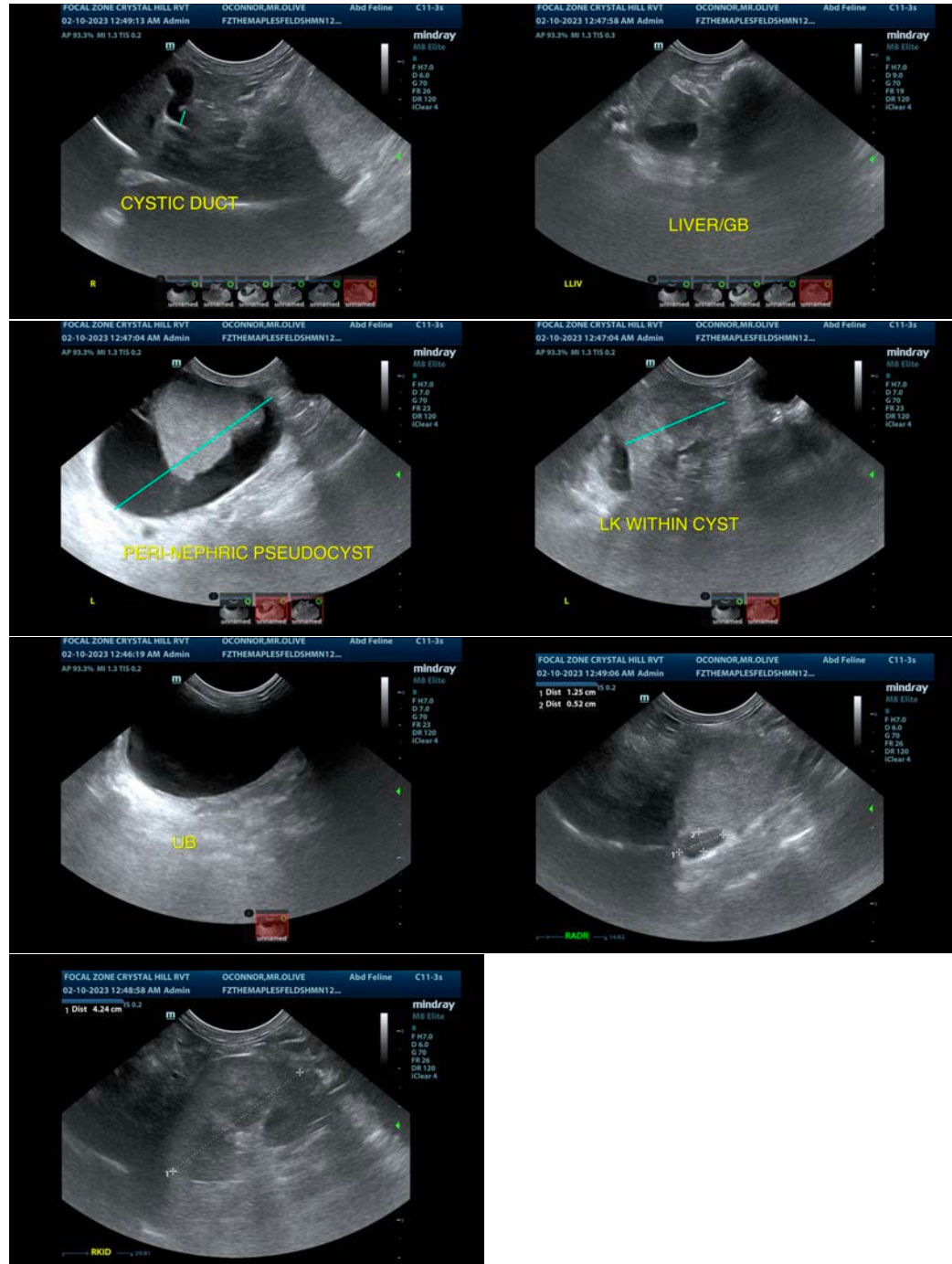
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com