



DATE PRESENTING CLINICAL SIGNS

3/26/26 **Patient History:** Bilateral enlarged kidneys palpable during annual exam. History of irregularly-shaped kidneys.

PATIENT

Boo King **Current Medications:** Kidney diet.
Labwork Results: Labwork attached.

SPECIES

Feline **Date of Previous IntraPet Ultrasound:** No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

SEX

Spayed Female

AGE

10/5/18

WEIGHT

10 lbs

INTERPRETED BY

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

HOSPITAL NAME

Timonium Animal
Hospital

REFERRING VET

Dr. Stephens

INVOICE

74063

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 and slightly irregular in shape, measuring 8.1 cm in length. The parenchyma is slightly hyperechoic and is comprised of too numerous to count, variably sized, expansile, primarily anechoic cystic structures. The renal pelvis is visualized and appears mildly dilated, measuring at 0.32 cm. There is no evidence of perinephric inflammation or effusion and no evidence of nephroliths, infarcts, or hydroureter.

The right kidney is large and slightly irregular in shape, measuring 8.1 cm in length. The parenchyma is slightly hyperechoic and is comprised of too numerous to count, variably sized, expansile, primarily anechoic cystic structures. The renal pelvis is visualized and appears mildly dilated, measuring at 0.52 cm. There is no evidence of perinephric inflammation or effusion and no evidence of nephroliths, infarcts, or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 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 0.55 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 (0.76 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 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. Duodenum wall measures 0.24 cm. Jejunum wall measures 0.21 cm. Visualized peristalsis appears appropriate. Many areas of small intestine exhibit a prominent muscularis layer.

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. No significant lymphadenopathy. A cystic structure is visualized near the iliac trifurcation, most consistent with a cystic lymph node measuring 0.62 cm x 0.93 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, severely polycystic kidneys.
- “Ropey” areas of small intestine with a prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Likely cystic iliac lymph node – This is likely incidental at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are severely cystic with limited solid parenchyma. SDMA levels and renal values are still normal. Urine concentrating ability is questionable. Consider starting a renal diet, and evaluation of blood pressure is recommended.

In the absence of underlying gastrointestinal symptoms, the significance of the intestinal changes is questionable. Recommend continued monitoring.





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