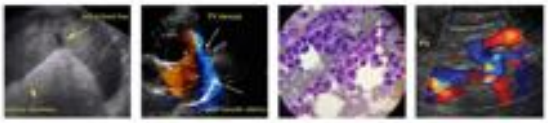


PATIENT

Frankie Boyles

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

10y

WEIGHT

5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pine Creek Veterinary Clinic

REFERRING VET

Dr. Dayna Mills, DVM

INVOICE

10153

DATE

3/29/2023

PRESENTING CLINICAL SIGNS

History * Seen 3/25/23 for UTI, change in behaviour, hiding, not wanting to be social. On ultrasound found tissue in right mid-abdominal area that appears abnormal Working diagnosis UTI. R/o crystals, stones etc.

Abnormal PE/Chem/CBC/UA Results: CBC - WBC count of 8,100 with 5,994 neutrophils; HCT 44%; PLT count of 342,000 Chem - BUN 28; Creat 1.6: SDMA 10.4; Remainder unremarkable T4 - 3.4 UA - USG of 1.066; ph of 7.5; 3+ protein; no blood; no bacteria; 0 WBC/hpf; 0 RBC/hpf;

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 (3.83 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.

The right kidney has a normal shape and size (3.65 cm) with corticomedullary rim sign. 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 normal in size measuring 0.36 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.

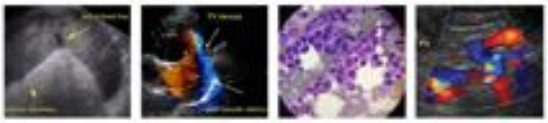
The right adrenal gland is normal in size measuring 0.44 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.83 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.



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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. The stomach measures as slightly thickened at 0.4 cm, with some variability due to the presents 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 jejunum measured as normal (0.21 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

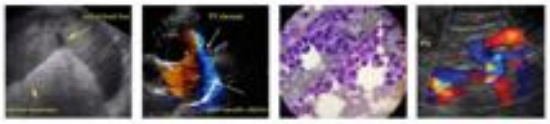
The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent pancreaticoduodenal lymph node visualized in the cranial abdomen measuring 0.34 cm. Additionally, there is a round hypoechoic structure visualized near the stomach measuring 0.62 cm in diameter. Most consistent with a lymph node or a pancreatic nodule. The omentum is generally of normal echogenicity.

PRIMARY FINDINGS

- Hyperechoic kidneys with somewhat abnormal architecture and corticomedullary rim sign in the right kidney. Findings are most consistent with interstitial nephritis and a possible mild mineralization, causing the medullary rim sign. The clinical significance of corticomedullary rim sign is uncertain and can be seen in normal patients and in cases of ethylene glycol toxicity, FIP, chronic interstitial nephritis, and leptospirosis.
- Mildly thickened gastric wall. Gastric wall thickening is very mild with intact wall layering. Findings could be within normal limits or associated with mild gastritis.
- Prominent pancreaticoduodenal lymph node. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Hypoechoic structure in the cranial abdomen most consistent with a prominent lymph node or pancreatic nodule. Recommend continued monitoring if a window could be obtained for sampling, consider a fine needle aspirate.



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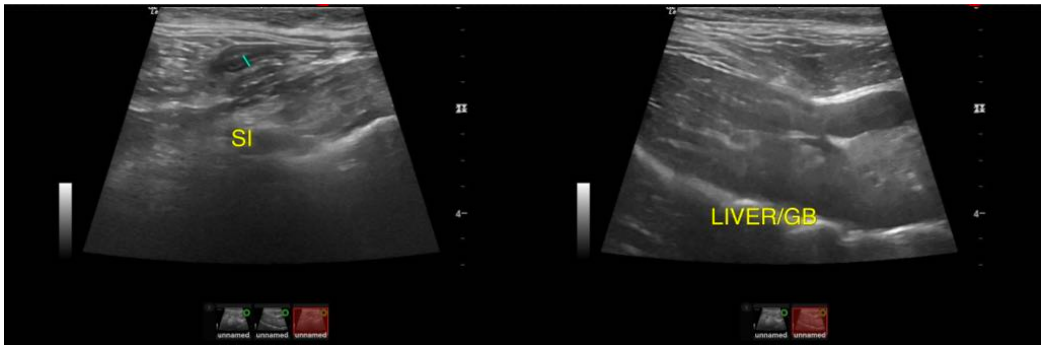
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

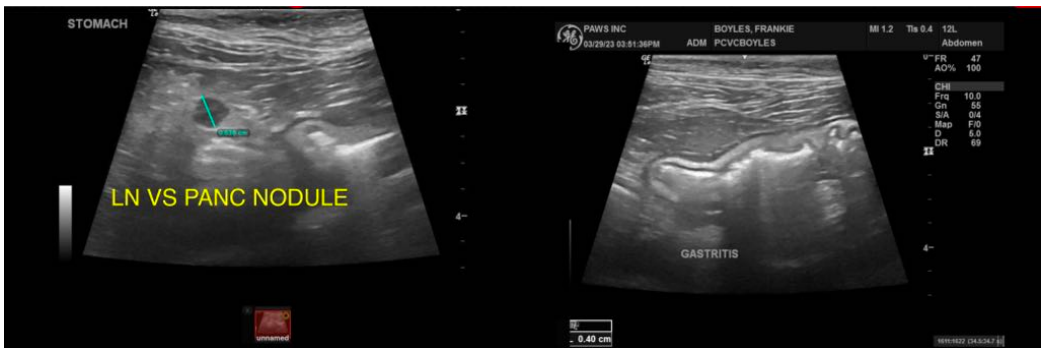
The changes observed on today's scan are somewhat non-specific. There are some likely chronic changes visualized associated with both kidneys. I suspect these are age related renal changes, but the urine is well concentrated, which is a good indicator of function. Consider a blood pressure evaluation, urine analysis, and culture and continued monitoring of the kidneys.

There is a focal hypoechoic nodule visualized near the stomach. This could be an isolated prominent lymph node. Additionally, it is overlying the region of the pancreas and could be a pancreatic nodule, but there is no evidence of concurrent pancreatic inflammation/pathology. Options moving forward at this time include continued monitoring and symptomatic treatment or if a window can be obtained for a fine needle aspirate of this lesion, a cytologic evaluation could be considered.

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

If this patient fails to improve consider a recheck ultrasound to reevaluate the nodule/lymph node.





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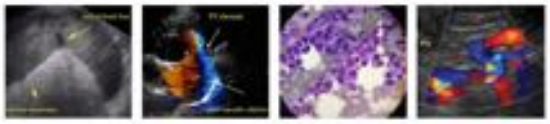

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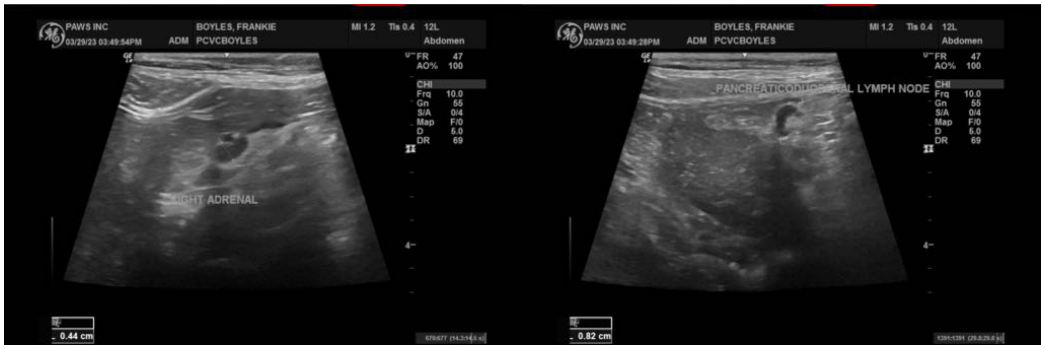

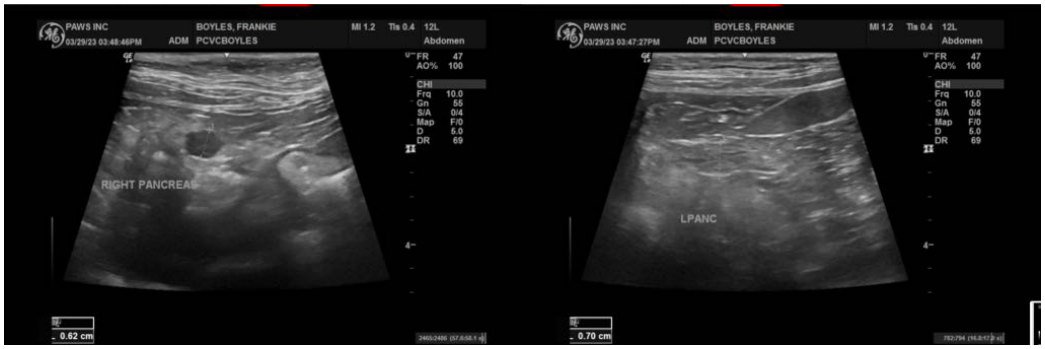

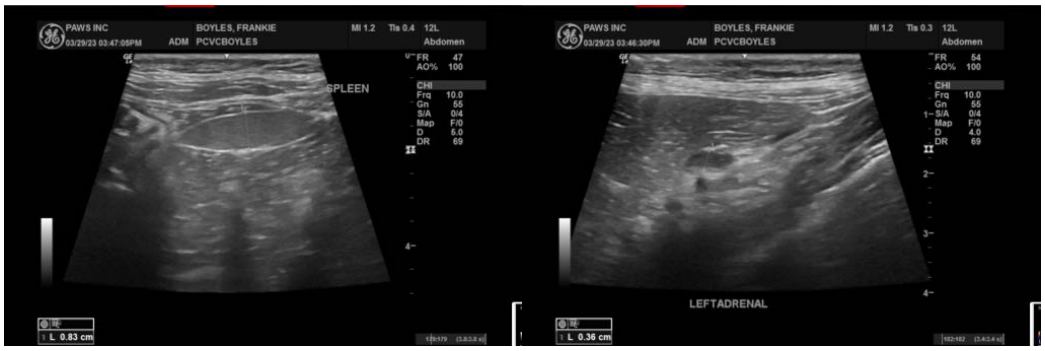

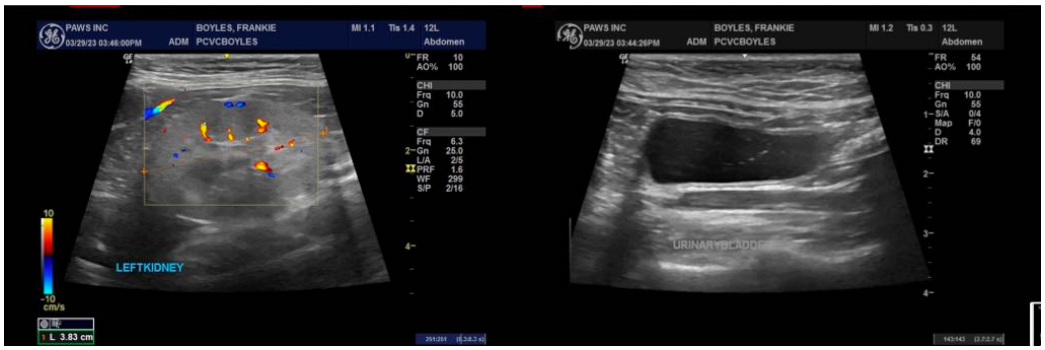

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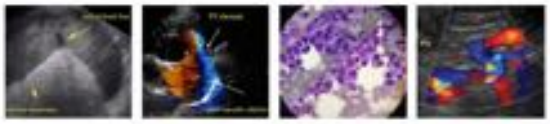

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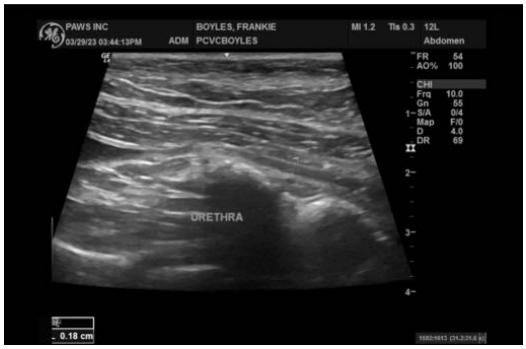

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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