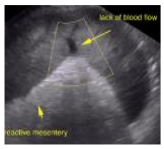
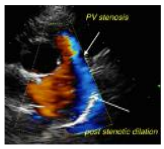
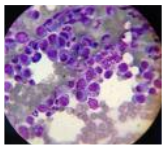
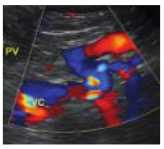
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Matilda Mae Steffes

SPECIES

Feline

BREED

Himalayan

SEX

Spayed Female

AGE

11 Years

WEIGHT

8.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Murphy, CVT

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

Dr. Ericka Haynes

INVOICE

37375

DATE

5/4/22

PRESENTING CLINICAL SIGNS

4 month history of abdominal distention. Physical exam-abdomen moderately distended, very firm, not pliable. Screening for neoplasia.
Abnormal PE/Chem/CBC/UA Results: BW- WNL

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 irregular in shape, measuring 5.63 cm. There is decreased corticomedullary distinction and it is hyperechoic. The renal parenchyma is intermixed with too numerous to count large renal cysts varying in size from 0.25-0.40 cm. There is no evidence of significant perinephric inflammation or effusion. There is no visualized pyelectasia, nephroliths, infarcts, or hydroureter. Findings are consistent with a severely polycystic kidney.

The right kidney is large and irregular in shape, measuring 5.65 cm. There is decreased corticomedullary distinction and it is hyperechoic. The renal parenchyma is intermixed with too numerous to count large renal cysts varying in size from 0.25-0.40 cm. There is no evidence of significant perinephric inflammation or effusion. There is no visualized pyelectasia, nephroliths, infarcts, or hydroureter. Findings are consistent with a severely polycystic kidney.

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.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, 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.

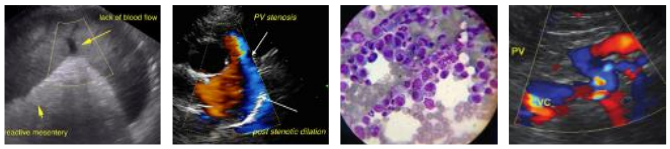
Liver

The liver is subjectively large in size with rounded, slightly irregular margins. The parenchyma is comprised almost entirely of too numerous to count, hypoechoic, fluid fille structures, varying in size from approximately 0.5-2.0 cm. I am unable to clearly visualize the gallbladder or bile duct, and there is minimal unaffected hepatic tissue.

The gallbladder was not clearly seen due to the severely cystic nature of the hepatic parenchyma.

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.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Matilda Mae Steffes

SPECIES

Feline

BREED

Himalayan

SEX

Spayed Female

AGE

11 Years

WEIGHT

8.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Murphy, CVT

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

Dr. Ericka Haynes

INVOICE

37375

DATE

5/4/22

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. Jejunum wall measured 0.26 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

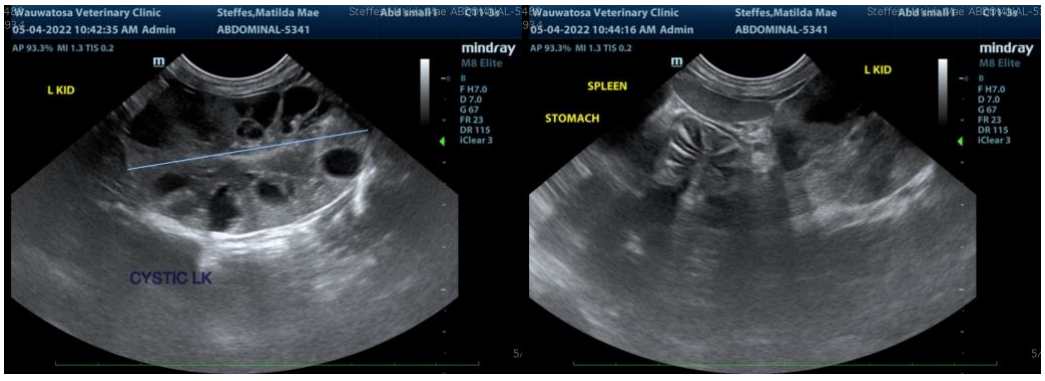
There is no significant abdominal effusion. There is no lymphadenopathy. The mesentery appears hyperechoic around the kidneys and liver.

ULTRASONOGRAPHIC FINDINGS

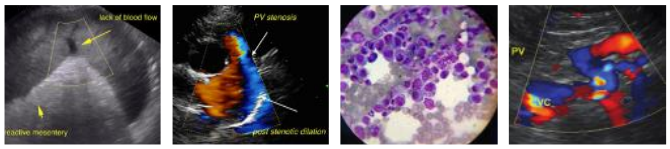
- Severely polycystic kidneys – most consistent with polycystic renal disease.
- Severely cystic liver – I suspect this is associated with the polycystic renal disease.
- Prominent muscularis layer of the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are large and severely polycystic. Additionally, the liver is very abnormal and largely infiltrated with too numerous to count cystic structures. Unfortunately, I don't see a good surgical options or treatment options other than supportive care. Most commonly, these patients develop diminished renal function due to reduced amount of viable renal parenchyma. This would likely be the same concern for the liver and/or complications associated with the organomegaly, etc.. With the number of small cystic structures visualized, drainage is unlikely to be clinically helpful.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Matilda Mae Steffes

SPECIES

Feline

BREED

Himalayan

SEX

Spayed Female

AGE

11 Years

WEIGHT

8.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Murphy, CVT

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

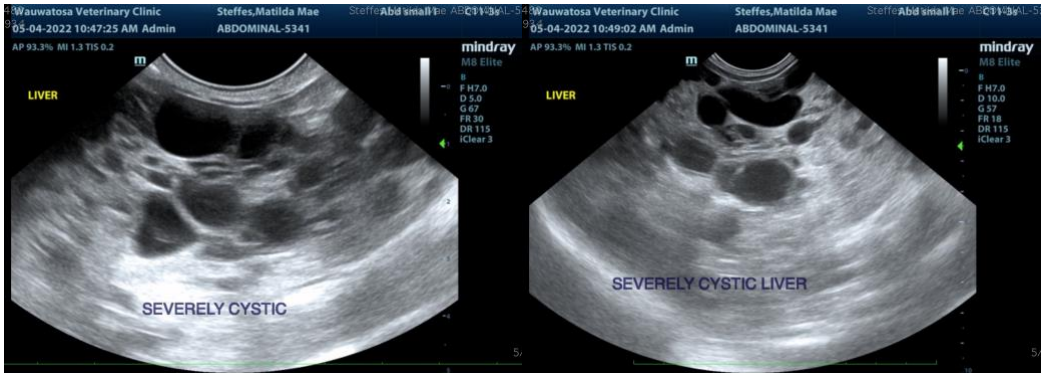
Dr. Ericka Haynes

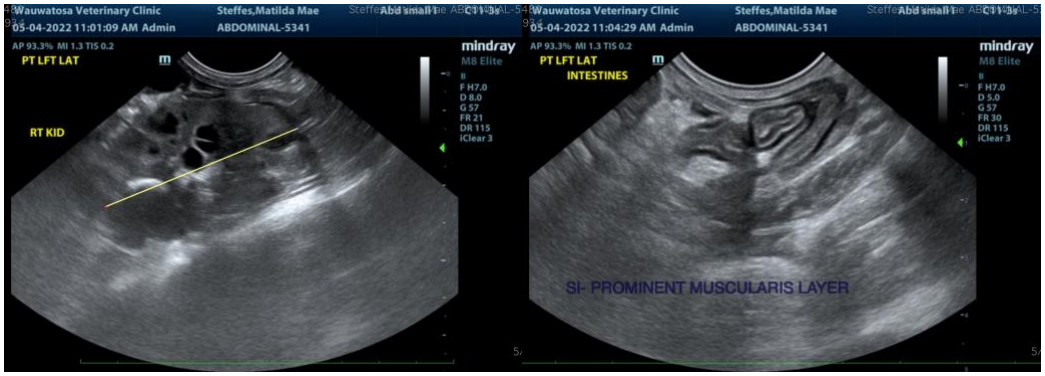
INVOICE

37375

DATE

5/4/22





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