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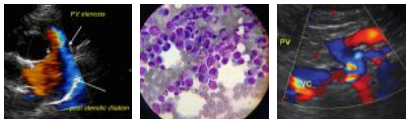

SonoPath
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DATE

5/6/22

PATIENT

Flash Zimmerman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1/21/07

WEIGHT

9.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Brand

INVOICE

37485

PRESENTING CLINICAL SIGNS

Presented 4/25/22 with a complaint of losing weight, vomiting (isolated). PE revealed very large right kidney, uncomfortable on palpation.

Current Medications: None.
Lab Results: T4 4.5, BUN 37, Creat 2.1, USPG 1.019.
Radiographs: Enlarged right kidney, suspect ureterolith, bladder stones, spleen appears abnormal on brief scan.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 (4.06 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (3.35 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a large perinephric pseudocyst visualized adjacent to the right kidney measuring approximately 7.34 cm x 5.75 cm. This is filled with anechoic fluid. There is no evidence of pyelectasia, nephroliths, infarcts, or hydroureter, and renal vasculature is normal to slightly decreased.

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 large and slightly irregular. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There are multiple multiloculated cystic mass lesions visualized, the largest measuring 5.12 cm x 4.38 cm on the right side. On the left side, there is a smaller lesion measuring 2.29 cm x 2.27 cm. Findings are most consistent with benign cystadenomas.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. 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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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, 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.

ULTRASONOGRAPHIC FINDINGS

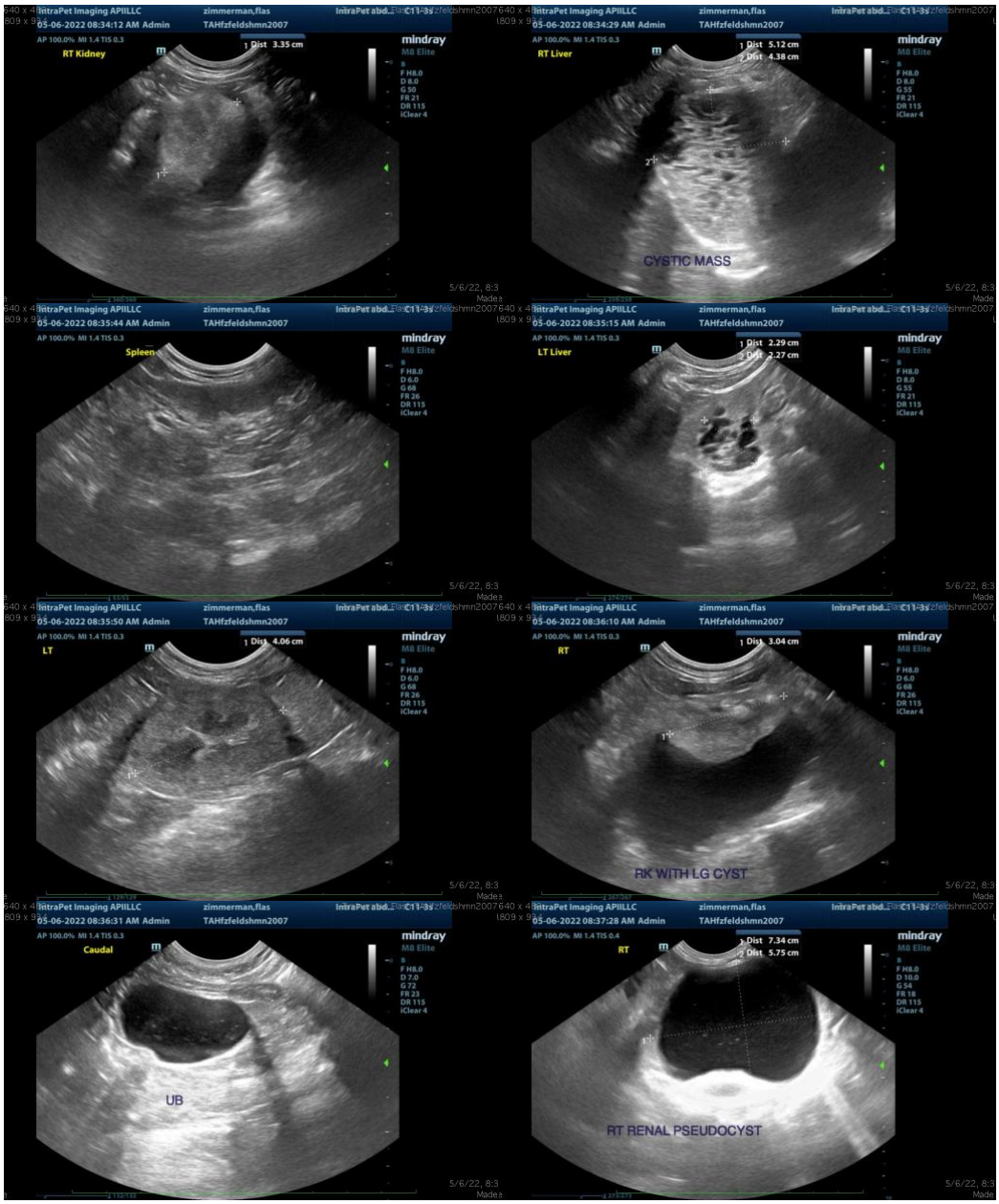
- Decreased corticomedullary distinction in both kidneys and a large right-sided perinephric pseudocyst – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The cystic structure visualized in the right kidney could be incidental, or could be causing some discomfort/renal interference. These are often incidental findings.

- Cystic liver masses – These lesions are most consistent with benign cystadenomas, which are sometimes seen with renal cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is very possible that the weight loss reported in the history is secondary to reduced renal function. This could be independent of the cyst adjacent to the right kidney, or there is the possibility that this cystic structure is causing some discomfort, or less likely affecting function of the right kidney. You can consider drainage of the cyst percutaneously to see if it results in clinical improvement, but my experience is that the cysts refill relatively quickly. Additionally, you can consult with a veterinary surgeon about omentalizing the cyst if you feel like there is a dramatic clinical improvement with drainage. Most commonly, these cystic structures are somewhat incidental.

Additionally, there are some cystic masses in the liver. These tend to be benign, and often have no symptoms associated with them unless they are enlarging to the point of interfering with other structures or causing discomfort due to organomegaly, and rarely they can impact liver function. Surgical removal can be considered, but a contrast CT would be recommended to determine the feasibility of actually removing the majority of this tissue. Most commonly, these lesions are monitored if there is no liver enzyme elevations and the pet is feeling fine.



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.

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