



PATIENT PRESENTING CLINICAL SIGNS

Draco Ruiz enlarged kidney on rads, in hospital for renal failure
Abnormal PE/Chem/CBC/UA Results: severely elevated BUN, creat, phosph

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

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.

Norwegian Forest Cat

SEX

The left kidney is large and rounded in shape, measuring 4.76 cm. Overall, echogenicity is increased with decreased corticomedullary distinction and diffuse small cystic lesions throughout the cortical region. There is no evidence of perinephric inflammation or effusion. There are no nephroliths, infarcts or hydroureter visualized.

Neutered Male

AGE

The right kidney is large and rounded in shape, measuring 4.38 cm. Overall, echogenicity is increased with decreased corticomedullary distinction and diffuse small cystic lesions throughout the cortical region. There is no evidence of perinephric inflammation or effusion. There are no nephroliths, infarcts or hydroureter visualized.

8 Years

WEIGHT

Adrenal Glands

3.1 kg

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.

INTERPRETED BY

The right adrenal gland is normal in size measuring 0.40 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.

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

Spleen

IMAGING PERFORMED BY

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.

Kelly Reschny

Liver

HOSPITAL NAME

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.

St. Catharine's AH

REFERRING VET

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.

Dr. Boctor

INVOICE

Gastrointestinal

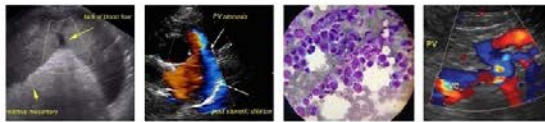
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The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

DATE

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

6/2/22



PATIENT

Draco Ruiz

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.

SPECIES

Feline

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.

BREED

Norwegian Forest Cat

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.

SEX

Neutered Male

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.

AGE

8 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

3.1 kg

- Large, swollen kidneys, which are hyperechoic with loss of corticomedullary distinction and diffuse cystic lesions – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Bilateral renomegaly could be consistent with inflammation/pyelonephritis, infiltrative neoplasia, normal variant (large breed), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

Both kidneys are large, hyperechoic, have abnormal architecture, and are diffusely cystic. These lesions are most consistent with chronic progressive renal disease, although the large size could indicate an acute insult, infiltration, etc. There is no evidence of an obstruction or an obvious mass effect.

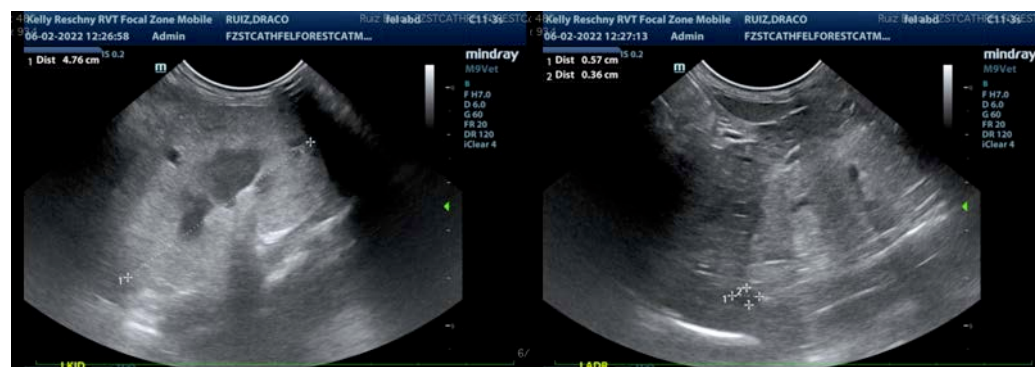
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Kelly Reschny

- Recommend blood pressure evaluation.
- Recommend urine protein to creatinine ratio.
- Recommend urinalysis and culture.
- A fine needle aspirate of the kidney could be considered to rule out round cell neoplasia, although this appearance is somewhat atypical.

HOSPITAL NAME

St. Catharine's AH



REFERRING VET

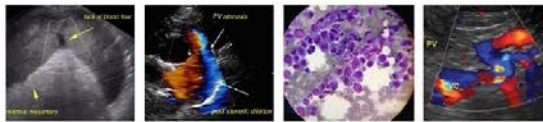
Dr. Boctor

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PATIENT

Draco Ruiz

SPECIES

Feline

BREED

Norwegian Forest Cat

SEX

Neutered Male

AGE

8 Years

WEIGHT

3.1 kg

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**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

St. Catharine's AH

REFERRING VET

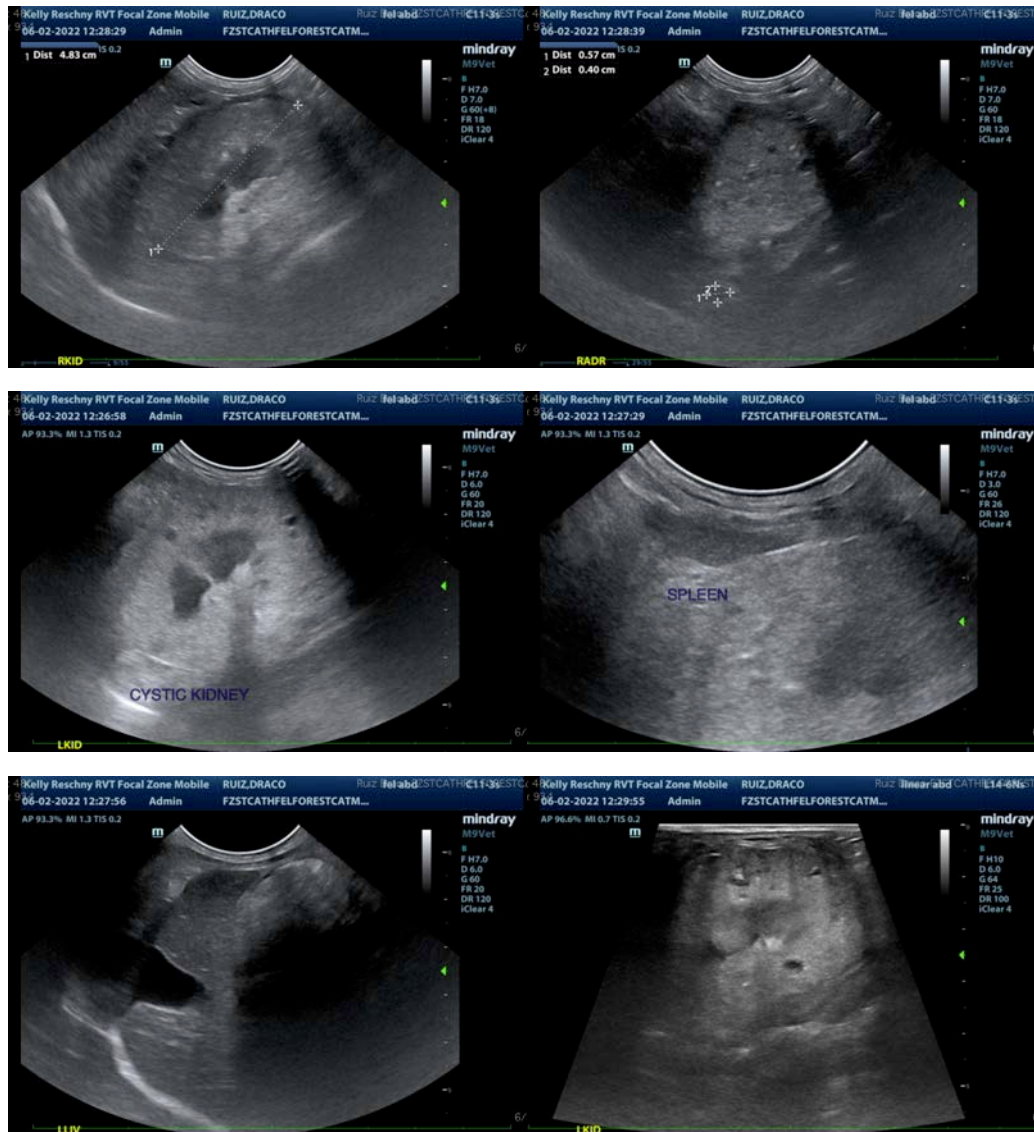
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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