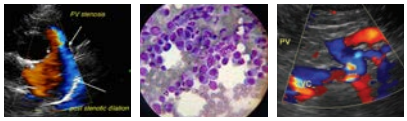
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

7/27/22

PATIENT

Noah Lobos

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11/29/16

WEIGHT

14.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Rolling Hills AH

REFERRING VET

Dr. Gividen

INVOICE

39859

PRESENTING CLINICAL SIGNS

Ovoid mass effect in vicinity of left kidney- lime to lemon size. Unrelated to presenting complaints of ocular issues (OS is suspected blind with red to yellow in ant chamber with misshapen pupil. R/O neoplasia/trauma/infection. Plans to have Optho consult pending outcome of US. Recent bloodwork not ran but plans to run depending on results of US. Pet is FIV positive. Indoor only but other cats go out.

Current Medications: Convenia inj 80mg/mL 0.66cc administered 7/15/22. Neopolydex drops OS TID.
Radiographs: See attached. No obvious mets but mass effect in cranial left abdomen. No free fluid.
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 is large, measuring 6.76 cm. It is irregular in shape. Overall echogenicity is hyperechoic with poor corticomedullary distinction. Architecture is generally abnormal, and there is significant pyelectasia evident at 0.48 cm. Additionally, there is significant perinephric fluid and inflammation seen. Additionally, there is a large, irregular hypoechoic region extending off the kidney, measuring 4.15 cm x 3.95 cm, most consistent with a mass effect, although portions of this lesion could be partially cystic and consist of echogenic fluid. Findings are most consistent with a renal mass. Secondary abscessed areas may be possible.

The right kidney has a normal shape and size (4.45 cm). Overall echogenicity is normal with adequate 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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 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 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 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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The small intestine has a slightly prominent muscularis layer. Bowel loops follow a curvilinear path with distinct wall layering maintaining 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 scant free abdominal fluid in the region around the kidney. There is a generalized mild mesenteric lymphadenopathy with mesenteric lymph nodes measuring 0.27, 0.25 cm. The omentum is hyperechoic around the left kidney mass.

ULTRASONOGRAPHIC FINDINGS

- Large, abnormal, irregular left kidney with hypoechoic mass lesion – concerning for possible neoplastic mass lesion. Recommend a fine needle aspirate of the hypoechoic tissue and fluid analysis and cytology of the subcapsular fluid. Possible differentials include round cell neoplasia, carcinoma, abscessed kidney, FIP, other.

- Prominent muscularis layer to 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.

- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

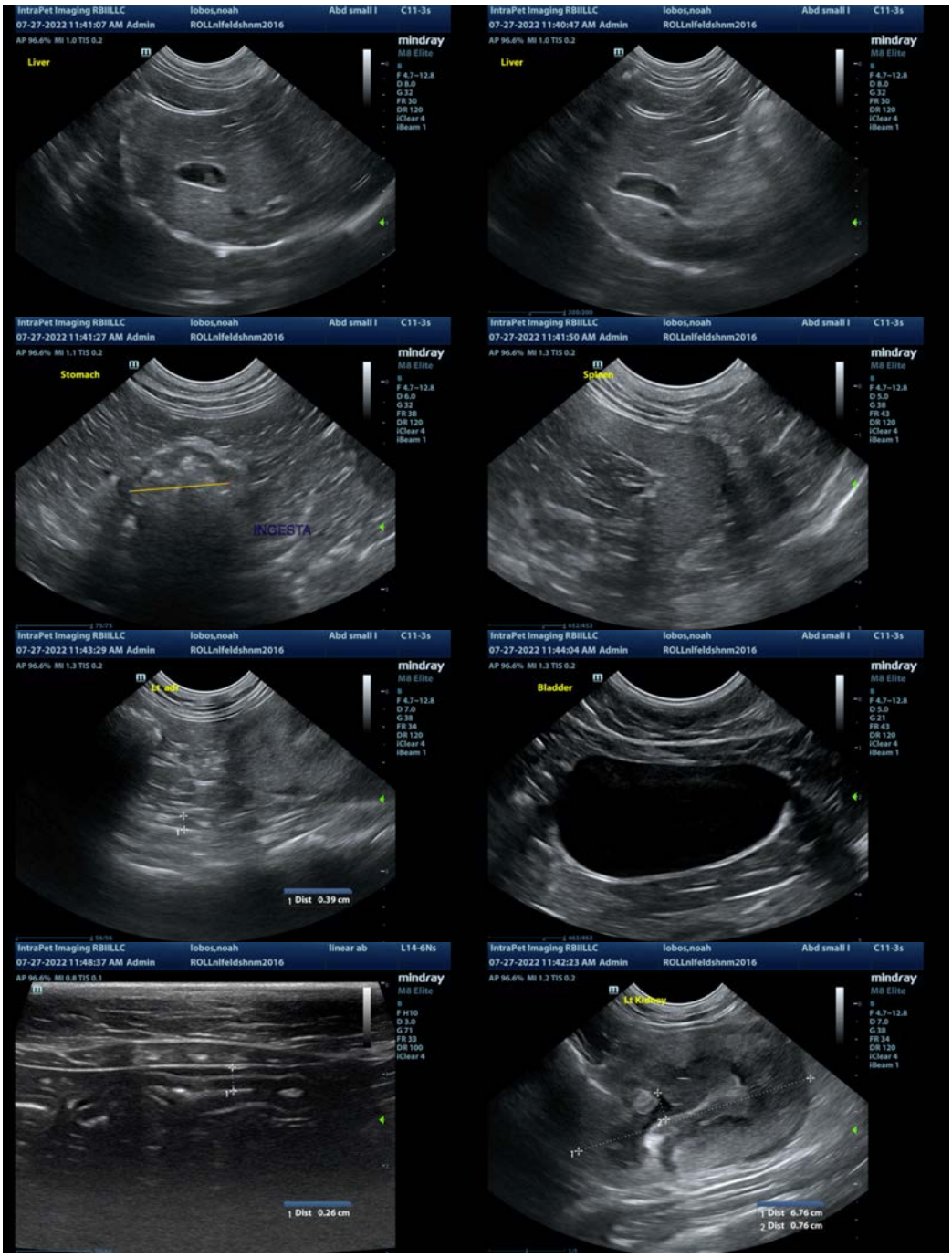
The left kidney is large and very irregular with a large, irregular, hypoechoic mass lesion arising from the more “normal” tissue. This is most consistent with a mass lesion, although some of this could consistent of cystic echogenic fluid as well. Recommend a fine needle aspirate of both the hypoechoic mass lesion and the subcapsular fluid, provided blood pressure evaluation and clotting parameters are normal.

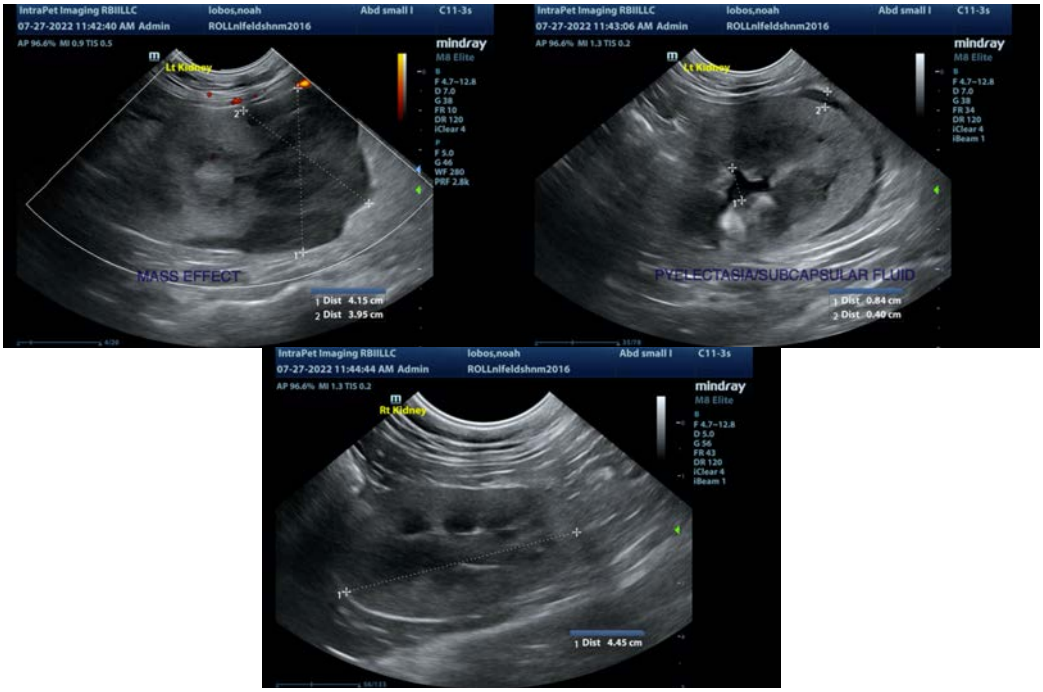
Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

If a cytologic diagnosis cannot be obtained, then consider consultation with a veterinary surgeon regarding possible nephrectomy for histopathology and cultures.

The muscularis layer of the small intestine appears somewhat prominent, and there is a diffuse mild mesenteric lymphadenopathy present. The significance of these lesions is unclear, and they may represent an

inflammatory response. For now, recommend continued monitoring while dealing with the left kidney lesion.





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