

**DATE PRESENTING CLINICAL SIGNS**

9/1/21 History: losing weight, increased drinking/appetite, enlarged kidneys.

**PATIENT** Current Medications: Methimazole 5mg 3/4 tablet BID.

Lab Results: Attached separately.

Sheba Riley Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

**SPECIES** Sedation: not needed

Stat Report: not requested

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED** *Urinary System*

DSH

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.

**SEX**

Spayed Female

The left kidney is large and has a very irregular shape. It measures approximately 5.94 cm in length with a large, irregular, solid but mixed echogenic mass involving the caudal pole, measuring 3.52 cm x 3.14 cm. The kidney itself has decreased corticomedullary distinction and is somewhat hyperechoic. There is no evidence of nephroliths or hydronephrosis, and the renal vasculature appears normal.

**AGE**

9/16/10

**WEIGHT**

7.5 Pounds

The right kidney has a normal shape and size (3.81 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. Mild pyelectasia noted at 0.4 cm. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

**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.

**HOSPITAL NAME**

Taylorville Vet Clinic

**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.

**REFERRING VET**

Dr. Lucas

**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.

**INVOICE**

25134

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 bile duct is prominent and 0.35 cm, but does not appear obstructed. No stones or mucus plugs visualized.

**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 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 most areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.39 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 prominent and mottled compared to the surrounding isoechoic 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.

## **PRIMARY FINDINGS**

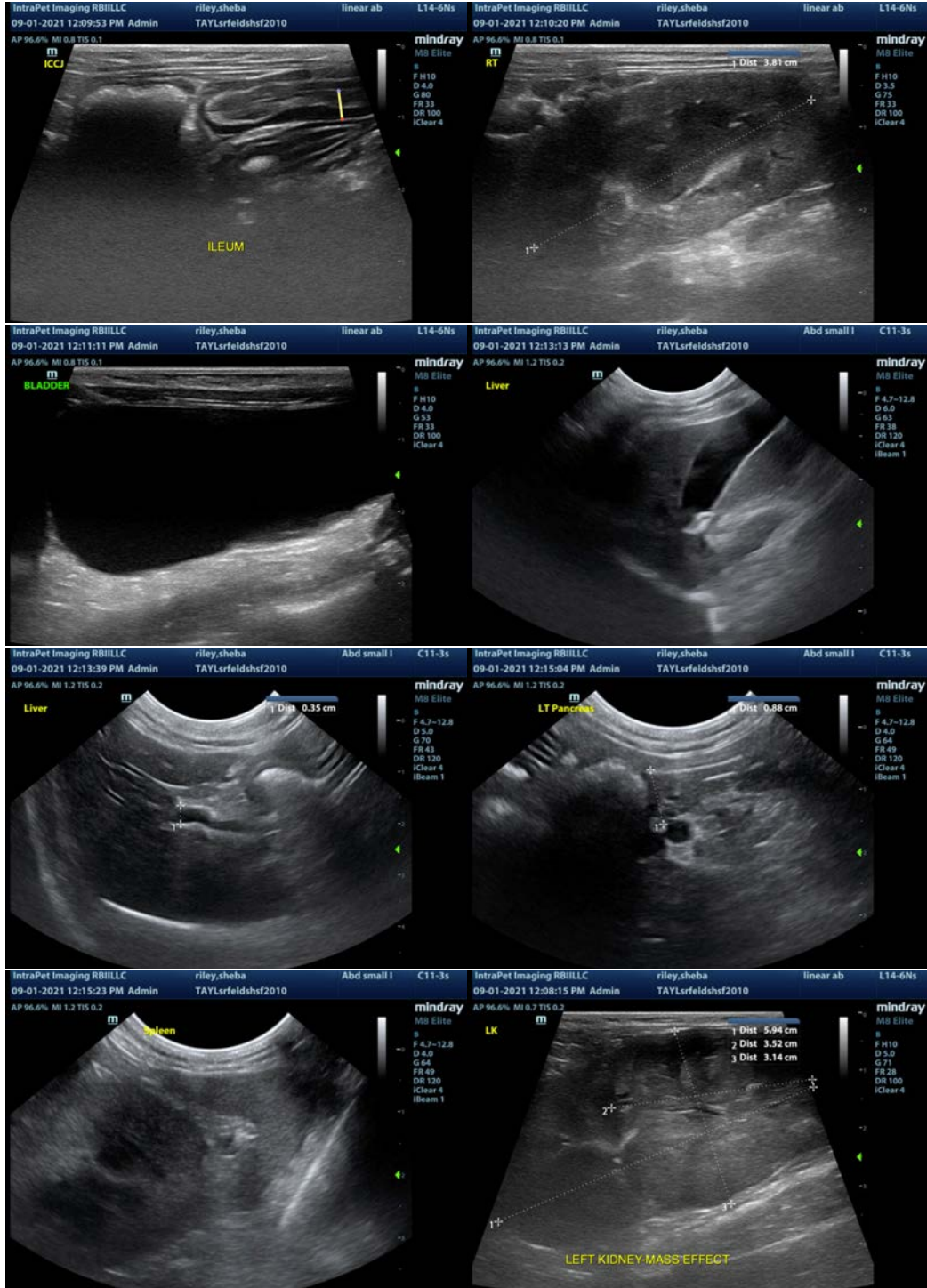
- Large, left-sided renal mass at the caudal pole – most likely differential would be a primary renal carcinoma, but other possibilities exist.
- Subjectively thickened small intestine with prominent muscularis layer – the bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Decreased corticomedullary distinction in both kidneys and right-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

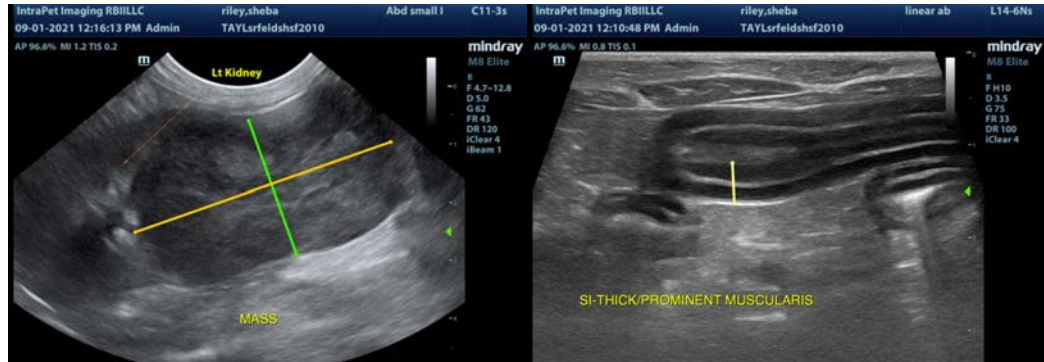
## **SECONDARY FINDINGS**

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a large left-sided renal mass. I'm concerned that this is causing secondary polycythemia, as a hematocrit of 68 is very high for a cat. Correlate this finding with hydration status, but phlebotomy may be necessary to stabilize this patient. Recommend fine needle aspirate of the renal mass, blood pressure evaluation, clotting times, 3-view thoracic radiographs, and possible nephrectomy if lymphoma is ruled out. I suspect that the polycythemia would be reversible if the tumor was removed. If surgery is pursued, recommend biopsies of the small intestine, as small intestinal disease is suspected.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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