SonoPath
Clinical Sonography & Telecytology
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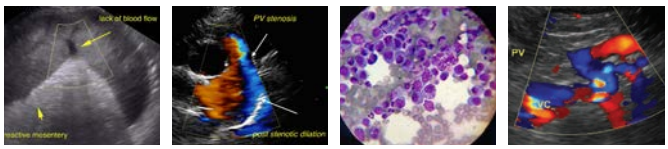


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Muff Deveckova

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
15 Years

WEIGHT
9 Pounds

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

IMAGING PERFORMED BY
Dr. Elaina Petrone

HOSPITAL NAME
Long Branch AH

REFERRING VET
Dr. Elaina Petrone

INVOICE
41534

DATE
9/22/22

PRESENTING CLINICAL SIGNS

Enlarged left kidney felt on palpation, pyuria and bacteriuria

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, measuring 5.65 cm x 4.96 cm. There is decreased corticomedullary distinction and pyelectasia at 0.42 cm. The architecture and appearance to the kidney is very abnormal in that there is hypoechoic irregular tissue/fluid surrounding the kidney. Findings are concerning for a renal mass with irregular pericapsular fluid/inflamation.

The right kidney is large and irregular, measuring 4.8 cm. Decreased corticomedullary distinction and pyelectasia (0.51 cm) is noted. The appearance of the right kidney is very abnormal. It has slightly more intact architecture than the left kidney, but there is similar irregular hypoechoic tissue/fluid surrounding the 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 (0.84 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous ill-defined hyperechoic nodules within the spleen. These do not deviate the splenic capsule.

Liver

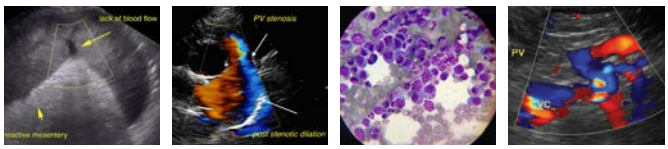
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and 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. Jejunum wall measures 0.16 cm.



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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.

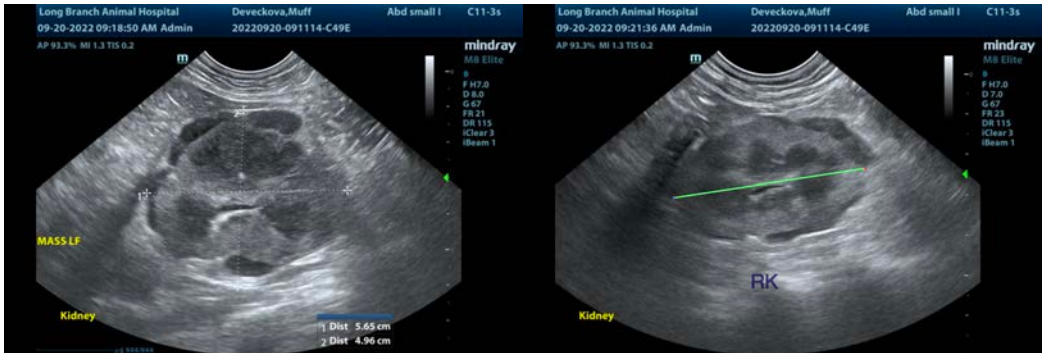
ULTRASONOGRAPHIC FINDINGS

- Irregular kidneys with abnormal architecture, pyelectasia, and surrounding irregular hypoechoic tissue/fluid – Findings are concerning for possible renal neoplasia.
- Ill-defined hyperechoic foci in the spleen – The appearance of these lesions favors a possible benign process, but underlying neoplasia cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have a very abnormal appearance. They have decreased corticomedullary distinction and pyelectasia and are surrounded by irregular hypoechoic tissue and subcapsular fluid with surrounding inflammation. Consider a color flow on the kidneys to try and differentiate tissue from fluid and recommend a fine needle aspirate of the kidneys. Underlying neoplasia is a primary concern but other differentials such as FIP are possible. Additionally, consider a blood pressure evaluation, urinalysis and culture.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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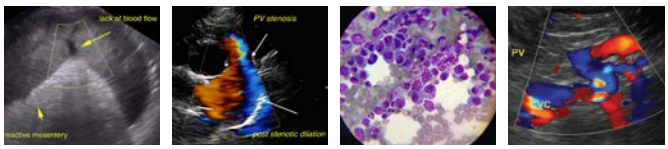

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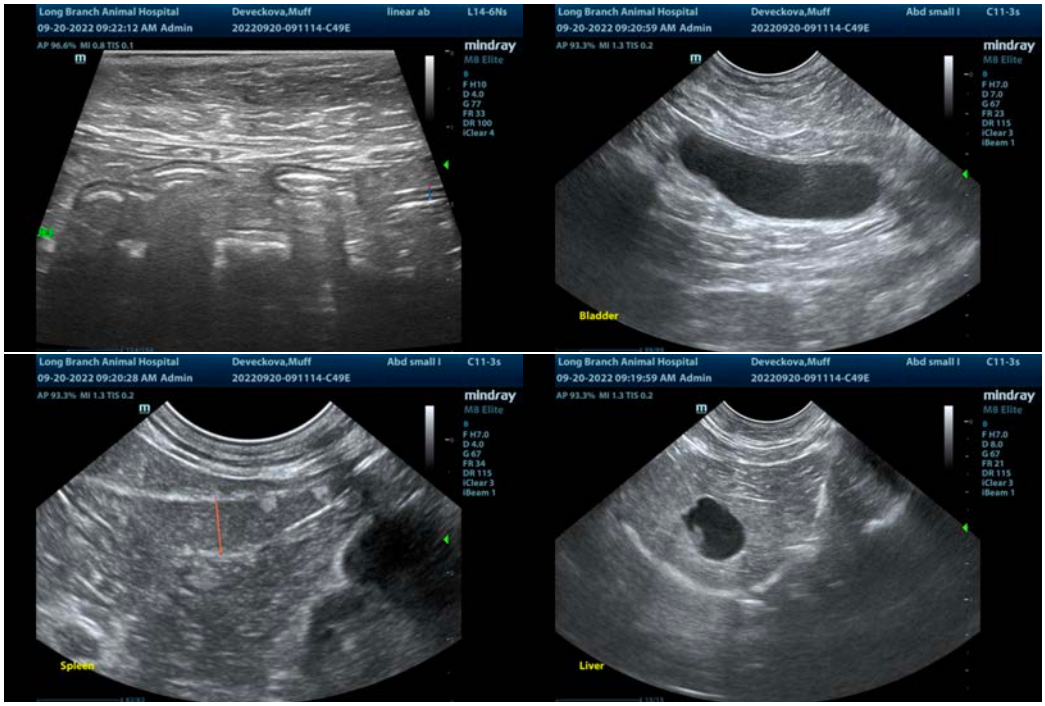

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com