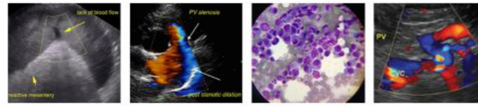


PATIENT

Shiloh Smith

SPECIES

Feline

BREED

Domestic Long Hair

SEX

Neutered Male

AGE

14 Years

WEIGHT

6.68 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

New England AMC

REFERRING VET

Dr. Alverto Fernandez, DVM

INVOICE

13605

DATE

1/24/22

PRESENTING CLINICAL SIGNS

History: Azotemia, irregular kidneys with mineralization on radiographs, r/o acute on chronic (ureteral stone, UTI) vs progression of CKD, neoplasia, blood clot to kidney vs other. Anorexia. Gallop rhythm, cardiomegaly on radiographs; history diabetes (currently in remission); history constipation. Having bi-cavity ultrasound exams.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size containing anechoic urine. No sediment or calculi were present. No evidence of inflammatory or neoplastic urinary bladder criteria. The area of the proximal urethra was overtly normal without evidence of proximal urethral dilation. Aortic trifurcation was normal.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. Mild to moderate pyelectasia was present in both kidneys. Focal areas of mild medullary mineralization were present in both kidneys. Subtle evidence of increased left retroperitoneal echogenicity and scant free fluid was present in the left kidney. The left kidney measured 4.3 cm in length. Mild dilation of the proximal right ureter, exiting the right kidney, extending caudally for approximately 1-2 cm, measuring 0.39 cm in diameter. Overt evidence of obstructive right ureter pathology (i.e., calculus, mucus, stricture, etc.) was not definitively evident. The right kidney measured 4.0 cm in length.

Adrenal Glands

Both adrenal glands were mildly prominent yet within normal limits for size, symmetrical contour and uniform hypoechoic parenchyma. The left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.44 cm.

Spleen

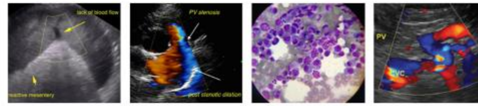
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Solitary non-homogeneous to cystic mass was present in the caudal left liver, measuring 6.0 cm in diameter. Concurrent non-associated intermittent intraparenchymal cysts noted.

The gallbladder was non distended in size with Mild congealed yet nonorganized particulate gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic nonspecific nephritis pattern exhibiting mild to moderate pyelectasia and mild nonspecific right ureter dilation, mild evidence of potential left retroperitonitis
- Non-homogeneous to cystic liver mass with concurrent intermittent intraparenchymal hepatic cysts- cystic biliary adenoma, cystic biliary adenocarcinoma or other possible
- Mild gallbladder debris- incidental
- Overtly normal yet mildly distended urinary bladder
- Mild heterogeneous pancreas- age-related pancreatic changes, potential for low-grade chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for acute on chronic renal insult possible if recent increase in degree of azotemia. However, the presentation of the bilateral kidneys was most consistent with chronic nephropathy/nephritis. Interstitial nephritis, pyelonephritis or other possible. Renal neoplasia is considered a less likely differential diagnosis. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Assuming normal clotting status, ultrasound guided FNA of the liver mass cold be considered for screening cytology. Sonographic monitoring would be a more conservative approach. Spec FPL could be considered. Continued as needed gastrointestinal support and therapy for CKD with monitoring of blood pressure recommended.

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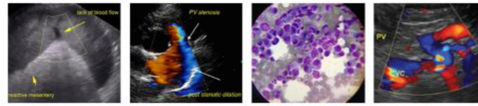

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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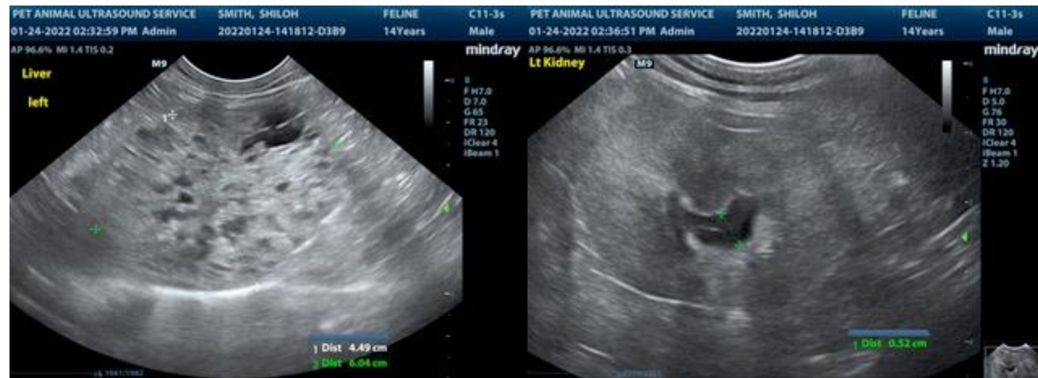

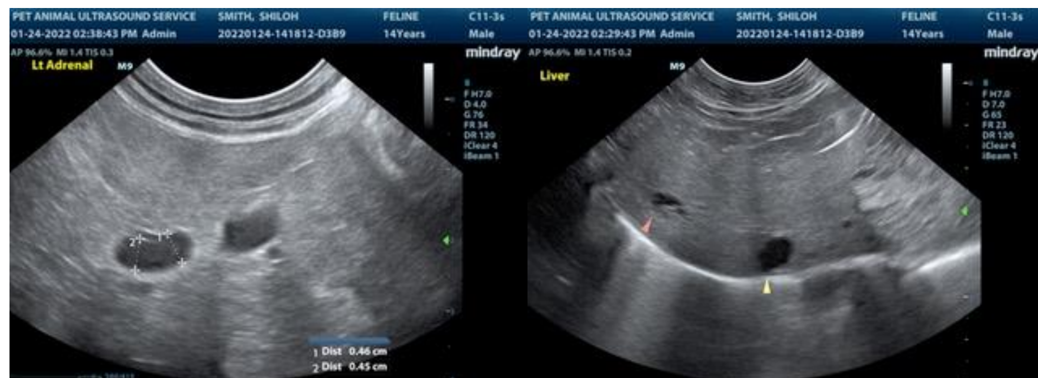

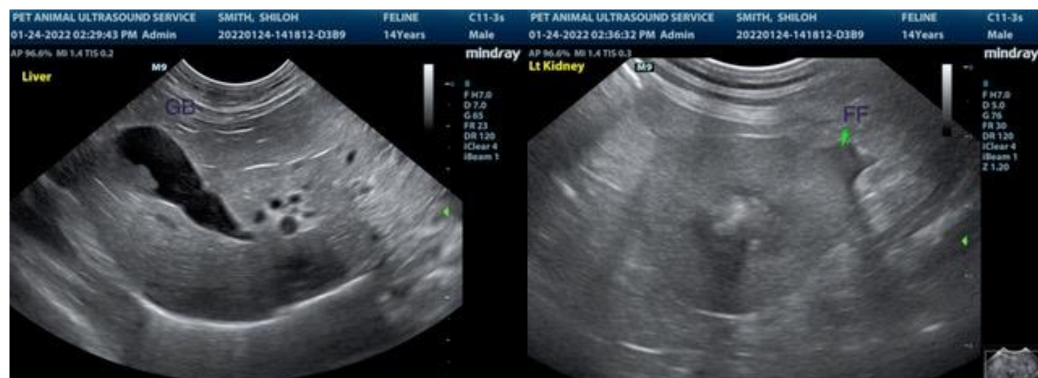

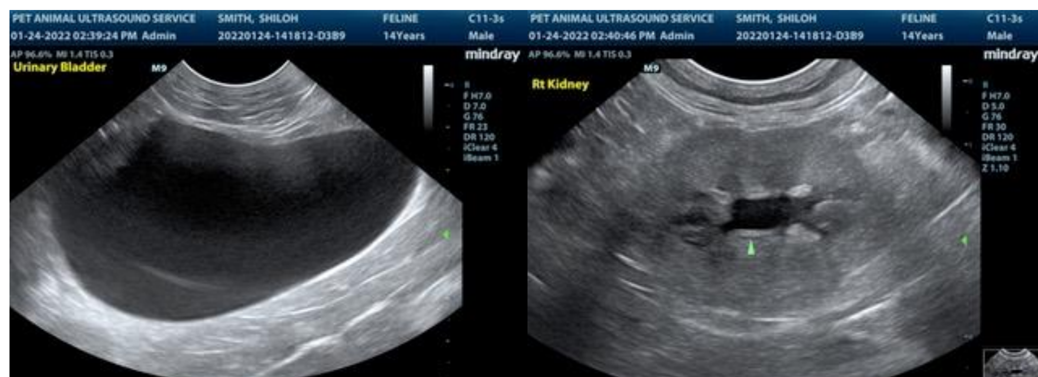

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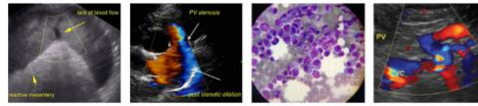

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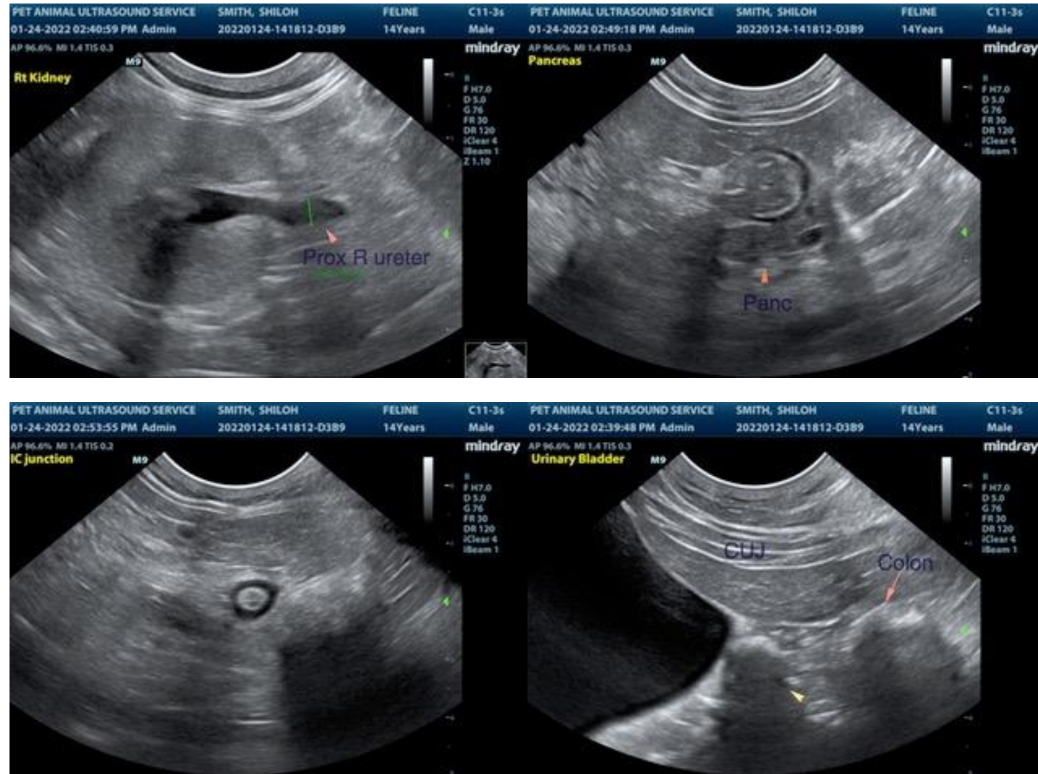

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com